World Health Organization
Zambia

# WHO Zambia


# Cooperation Strategy

## 2024 - 2027

World Health Organization
Zambia

# COUNTRY COOPERATION STRATEGY

## 2024 - 2027

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# Abbreviations

| | |
|---|---|
| AMR | Antimicrobial Resistance |
| AMS | Antimicrobial Stewardship |
| CCS | Country Cooperation Strategy |
| CHAs | Community Health Assistants |
| eIDSR | Electronic Intergrated Disease Surveillance |
| eLMIS | Electronic Logistics Management Information System |
| GPW | General Programme of Work |
| HCPs | Health Cooperating Partners |
| ICCM | Integrated Community Case Management |
| IRS | Indoor Residual Spraying |
| iHRIS | Integrated Human Resource Information System |
| LLIN | Long Lasting Insecticidal Nets |
| MoH | Ministry of Health |
| NDP | National Development Plan |
| NHSP | National Health Strategic Plan |
| NHIMA | National Health Insurance Management Agency |
| NTOP | National Training Operational Plan |
| PrEP | Pre-Exposure Prophylaxis |
| SDGs | Sustainable Development Goals |
| TB | Tuberculosis |
| TWG | Technical Working Group |
| UNCT | United Nations Country Team |
| UHC | Universal Health Coverage |
| UNSCDF | United Nations Sustainable Development Cooperation Framework |
| VMMC | Voluntary Male Medical Circumcision |
| WCO | WHO Country Office |
| WHO | World Health Organization |

# Message from the Minister of Health

The WHO Country Cooperation Strategy 2024–2027 reaffirms the strength of the relationship between the Government of Zambia and the World Health Organization in accelerating progress towards attaining the national and global health goals.

The health sector in Zambia has made significant strides over the past years. Maternal and child health services have improved, access to and provision of preventive, diagnostic, and treatment services for communicable diseases have improved, and initiatives to reduce illness and death due to non-communicable diseases are gradually being scaled up.

The Country Cooperation Strategy 2024–2027 builds on these achievements and challenges and paves the way for a new level of collaboration, aligning with our national health strategic plan that is strategically focused, result-oriented, and built on the longstanding collaboration.

Our partnership with WHO remains crucial in advancing health system strengthening, capacity building, and resilience. The CCS embodies our shared commitment to health security, improved health outcomes, and sustainable health development. I am confident that, through continued collaboration, we will build a healthier Zambia where everyone can live a dignified, healthy life.

As we embark on the implementation journey outlined in this CCS, I extend my heartfelt gratitude to WHO for its unwavering support, technical expertise, and collaboration. Together, we can achieve a stronger, more resilient health system that serves all Zambians.

**Hon. Dr Elijah J. Muchima, MP**
**Minister of Health**

# Message from the WHO Regional Director for Africa


The fourth generation of WHO Country Cooperation Strategy (CSS), WHO's strategic framework at the country level, crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO capacity.

I commend the Government of the Republic of Zambia for the strong leadership, the development of a robust National Health Strategic Plan (NHSP) 2022-2026, and its unwavering commitment towards improving the health and well-being of its citizens. Progress has been made towards reducing maternal mortality ratios and mounting an effective response against the COVID-19 pandemic, including high vaccination coverage, among many other achievements.

Several emerging issues have negatively impacted the delivery of health services in Zambia in the past five years. These include the COVID-19 pandemic and the effects of climate change, compounded by social and economic issues.

Lessons learnt during COVID-19 have shown how health systems can experience disruptions in providing essential, quality services.

It has highlighted how technology and innovations may and must be harnessed to ensure uninterrupted delivery of health interventions in times of crisis.

The development of WHO Zambia's CCS is timely as it comes as WHO prepares to launch its next global strategic plan, the 14th General Programme of Work (GPW 14).

Effective implementation of the CCS is anticipated to position WHO adequately to respond to country health priorities and contribute to the generation of evidence, monitoring of disease, and country dialogue on health matters.

Dr Matshidiso R. Moeti
WHO Regional Director for Africa

# Message from the WHO Country Representative Zambia

Zambia's health sector has made great achievements in addressing communicable and noncommunicable diseases, notably the progress in maternal mortality rate, malaria mortality, HIV/AIDs, tuberculosis, basic immunization, child health programmes and response to outbreaks and the COVID-19 pandemic.

This fourth generation of the Country Cooperation Strategy (CCS) provides a strategic vision of the collaboration between the Government of Zambia through the Ministry of Health and WHO to achieve national health goals. The five strategic priorities of this CCS are based on the Triple Billion goals of the WHO 14 General Programme of Work (GPW 14), 2019-2025:

- Build health system capacities to achieve and sustain Universal Health Coverage
- Accelerate progress towards ending HIV/AIDS, TB, Hepatitis, Malaria and NTDs
- Strengthen health emergency prevention, preparedness and response
- Address the burden of NCDs and promote mental health and well-being
- Optimize partnerships to achieve healthier populations

I am confident that through the implementation of this CCS, WHO along with its partners will adequately support the Government to attain its national goals within the medium-term framework.

Dr Nathan N. Bakyaita
WHO Representative for Zambia

# Executive Summary

The Zambia-WHO Country Cooperation Strategy 2024-2027 (CCS) sets out how the World Health Organization (WHO) will work with Zambia over the next 3 years to accelerate progress towards achieving the Sustainable Development Goals, WHO's GPW13, the 2023-2027 Zambia United Nations Sustainable Development Cooperation Framework (UNSDCF), the Eighth National Development Plan and the National Health Strategic Plan (2022-2026).

In developing the CCS, WHO conducted an evaluation of the CCS (2017-2021), updated the situational analysis of the country context and held an inclusive dialogue and consultation with key stakeholders to identify the strategic priorities and focus areas.

Zambia has made progress in achieving key health outcomes. Maternal and child health services have improved, with more children living beyond infancy, more women delivering in health facilities attended by professional service providers leading to a reduction in maternal mortality. Access to and provision of preventive, diagnostic and treatment services for communicable diseases has improved. Initiatives to address noncommunicable diseases and injuries are being scaled up.

Despite the substantial progress, achievements in health outcome have not been uniform, with inequities persisting across the provinces and districts. Although Zambia has registered a decline in common communicable diseases, including malaria, HIV, tuberculosis and vaccine-preventable diseases, the country is experiencing a triple burden of diseases, with growing prevalence of noncommunicable diseases, injuries and mental illnesses. Additionally, neglected tropical diseases still affect a large proportion of the population. The health system remains underfunded and under-staffed.

Frequent occurrence of natural and human-made disasters and public health emergencies also overburden the health system and strain available resources. Climate change has led to erratic rainfall patterns, floods, extreme heat waves, and changes in the epidemiology of vector-borne diseases with disruption of the health system, exacerbated health disparities, strained resources and amplified social inequalities.

The MOH Health Sector Devolution Plan (HSDP) envisages the transfer of resources and health service delivery functions to local authorities while maintaining MOH responsibility for policy, strategic guidance, and overall coordination.

The main national health priority areas outlined in the NHSP include strengthening prevention and primary health care (PHC); maternal, neonatal, child, and adolescent health and nutrition; communicable diseases – malaria, HIV and AIDS, STIs, and TB control; non-communicable diseases (NCDs); and strengthening of the integrated health support systems.

The overarching goal of WHO's support to Zambia is to ensure that all Zambians, regardless of their age, gender, socioeconomic or ethnocultural backgrounds, can lead healthy and productive lives in a healthy environment, including through timely and equitable access to quality and affordable health services. This will be achieved by implementing the five strategic priorities with their key focus areas and strategic deliverables.

### The five Strategic Priorities of the CCS 2024 -2027 are:

- Build health system capacities to achieve and sustain Universal Health Coverage
- Accelerate progress towards ending HIV/AIDS, TB, Hepatitis, Malaria and NTDs
- Strengthen health emergency prevention, preparedness and response
- Address the burden of NCDs and promote mental health and well-being
- Optimize partnerships to achieve healthier populations

The CCS implementation will be contingent on the availability of sufficient financial and technical resources. WHO will leverage on its global, regional and country resources to provide technical and policy advice. Besides UN agencies, engagement with various stakeholders such as line ministries/departments, other socio-economic sectors, the private sector, cooperating partners, Non-Governmental Organizations (NGOs, FBOs, CSOs, and others) will be necessary for the successful implementation of this CCS.

WHO budget estimates for implementing this CCS is estimated at **US$ 21,349,353**. A mid-term review of the CCS will be conducted in 2026 and a final evaluation in 2027.

# CHAPTER ONE
# INTRODUCTION

# Chapter One: Introduction

The Country Cooperation Strategy (CCS) is WHO's strategic framework for its work in and with a country. It is aligned with the national health and development agenda and sets out the collaborative priorities for WHO's support based on its comparative advantage to achieve maximum public health impact. In line with the General Programme of Work (GPW), the CCS supports the country's progress towards the health-related Sustainable Development Goals (SDGs). It also influences the United Nations Sustainable Development Cooperation Framework (UNSDCF)'s health component and underlines the UN Country Team (UNCT) health priorities.

Overarching goal: Ensuring healthy lives and promoting wellbeing for all

The Government of the Republic of Zambia (GRZ) and the WHO Country Office (WCO) have implemented the third generation (2017-2021) CCS corresponding with the implementation of the 2017-2021 National Health Strategic Plan (NHSP) and the 7th National Development Plan (7NDP). The third generation CCS was extended by a year to 2022 awaiting the official launch of the National Health Strategic Plan (NHSP) 2022-2026. This fourth generation CCS constitutes WHO's business plan for the period 2024-2027, and it takes into consideration the evaluation of the previous CCS, assessment of the current national health situation including existing and emerging health needs, and a systematic analysis of the recent political, social and economic context of the country.


*Figure 1: GPW13: A set of interconnected strategic priorities and goals*

The new CCS aims to accelerate progress towards the 2030 Agenda for Sustainable Development targets, WHO's GPW13, and the 2022-2027 Zambia United Nations Sustainable Development Cooperation Framework (UNSDCF). While SDG-3, "Good Health and Well-being," is the primary focus, other health-related SDGs and their targets will also be addressed directly or indirectly. The five priorities of GPW13 frame the strategic priorities of this CCS: (1) achieving Universal Health Coverage, (2) protecting against health emergencies, (3) promoting a healthier population, (4) promoting mental health and well-being (5) enhancing the effectiveness and efficiency of WHO support to countries.

The focus areas under each strategic priority are aligned with the current NHSP (2022-2026), GPW13, and the UNSCDF. This CCS also focuses on WHO's mission, functions, and role as a neutral broker and policy advisor. Moreover, it will serve as a reference document to guide WHO's biennial planning.

In developing this CCS, the WCO adhered to the updated global guidance for formulating the WHO Country Cooperation Strategy. Data was gathered from various sources including, the 2018-2019 and 2020-2021 biennial reports, as well as the 2022 semiannual performance reports of the country office. An internal evaluation of the previous (3rd generation) CCS was conducted, along with a situational analysis of the country context. Based on these findings, the strategic priorities and focus areas of the CCS were identified.

Furthermore, the development process involved an inclusive dialogue and consultation with a wide range of key partners and stakeholders. The CCS document outlines the implementation modalities and provides a framework for jointly monitoring and evaluating the progress in achieving the stated priorities.


*Figure 2: Health in the SDGs*

# CHAPTER TWO
# SITUATIONAL ANALYSIS

# Chapter Two: Situational Analysis

## 2. Country Context

Zambia is a landlinked, resource-rich country that shares its border with eight countries (Angola, Botswana, the Democratic Republic of Congo, Malawi, Mozambique, Namibia, Tanzania and Zimbabwe). Zambia is administratively divided into 10 provinces and subdivided into 116 districts. Two of these provinces, namely, Lusaka and Copperbelt, are classified as predominantly urban, while the remaining eight are predominantly rural provinces.


***Figure 3: Map of Zambia with provinces and neighbouring countries***

Zambia's current population is estimated at 19.6 million. With an annual population growth rate of 3.4%, it is one of the fastest-growing populations in the world, with the UN projecting that its population will double by 2050. The country stands to gain from the demographic dividend, but it also creates additional pressure on the demand for jobs, health care, and other social services.

Zambia gained its independence in 1964 under the leadership of its first president, Kenneth Kaunda. After many years of being a one-party state, Zambia became a multi-party state in 1991. For the past 30 years, Zambia has been a regional model of peaceful and multi-party-political transitions. The August 2021 elections ushered in Zambia's third transition of power, offering opportunities for democratic governance while setting high public expectations to respond to the needs of its growing population and achieve more inclusive economic development.

The Zambian economy recovered moderately in 2021, with growth estimated at 3.6% following a COVID-19 pandemic-driven contraction in 2020. The recovery continues in 2022 and is mainly driven by high copper prices, post-election market confidence, and the agricultural sector.

## 2.1 Overview of the Health System

Zambia has aligned its health system to the World Health Organization (WHO) health system building blocks outlined below:

- Leadership and Governance
- Service Delivery
- Health Financing
- Health Workforce
- Medical Products, Vaccines and Health Technologies
- Health Information System

### 2.1.1 Leadership and Governance

The MoH oversees the implementation of health sector policies. The 2013 National Health Policy aimed to achieve “Health for All' based on free primary healthcare. The 10-year-old health policy is under review to address emerging issues.

MoH uses the Sector-Wide Approach (SWAp) to coordinate the health sector. Activities include an Annual Consultative Meeting (ACM) with diplomats, UN agencies, and health cooperating partners. Policy meetings to monitor NHSP progress are also conducted quarterly, involving cooperating partners, civil society, the private sector, provincial directors, and line ministries.

WHO is a permanent member of the TROIKA, which meets quarterly to deliberate on sector issues, address concerns, and decide on the policy meeting agenda. Additionally, the health cooperating partners (HCP) meet monthly to harmonize partner efforts and align resources for coordinated health sector response to emergencies and health system challenges in supporting the government. Further, technical working groups (TWGs) are held quarterly to monitor program implementation, address technical challenges, and identify solutions across disciplines.

The Ministry has formulated the Health Sector Devolution Plan (HSDP) to guide the transfer of district functions, authorities, resources, and health services to local authorities while maintaining the Ministry of Health's responsibility for policy, strategic guidance, and overall sector program coordination. Successful execution of the devolution plan requires support and systematic monitoring to ensure a seamless transition process and enhanced large-scale implementation, drawing lessons from the initial phases of its execution.

### 2.1.2 Health Care Financing and Social Protection

Despite the 2017-2021 NHSP aiming for the Abuja target of allocating 15% of the national budget to the health sector, only 9% was achieved in 2021 (Figure 4). Similarly, the health expenditure as a percentage of the country's GDP was only 7% in the same year. However, there was a nominal increase in current health expenditure (CHE) (ZMK) from 11.8 billion in 2017 to 29.4 billion in 2021. The latest National Health Accounts report highlights a heavy reliance on external assistance, with donors contributing 42% (US$22.58 per capita) of the total per capita health expenditure. By 2021, domestic funding constituted just 43% of the total health expenditure. Domestic Private Health Expenditure (PVT-D) primarily relied on out-of-pocket payments, making up 8% of the current health expenditure (CHE).

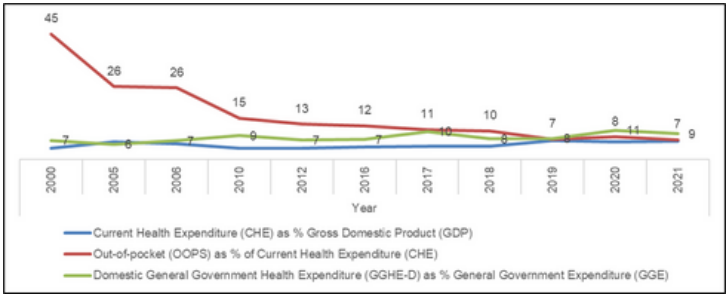



***Figure 4: Trends in government and out-of-pocket spending contribution to health expenditure in Zambia between 2000 and 2021.***

The incidence of catastrophic out-of-pocket spending is more than 10% of household total consumption or income, which is 3 per 1000 people. The share of out-of-pocket expenses in current healthcare spending has notably decreased from 15% to 7% in the past ten years. This is due to the implementation of policies promoting free primary health care services and the introduction of the National Health Insurance scheme.

The National Health Insurance Management Agency (NHIMA) was established in 2018, with approximately 13,500 employers registered as of February 24, 2022. This has facilitated the registration of 1,350,000 principal members, providing health insurance coverage to approximately seven million eligible beneficiaries, equivalent to around 35% of the Zambian population.

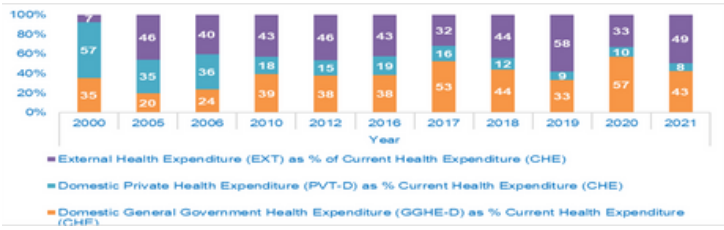



***Figure 5: The distribution current health expenditure by sources of funding in Zambia between 2000 and 2021***

The 2022 – 2026 NHSP was costed based on Output-Based Budgeting (OBB) projections and the 2022-2024 Medium Term Expenditure Framework (MTEF) guidelines. The total cost of the current Strategic Plan is estimated at ZMW 158.3 billion (equivalent to US$ 7.9 billion), with a total funding gap of approximately ZMW 27.6 billion (equivalent to US$ 1.3 billion) or 17% of the total cost of implementation. Despite progress with output-based budgeting and overall public financial management (PFM), there remain challenges in getting operational funds to frontline service providers. Addressing these demands urgent attention to achieve greater efficiency and productivity in service delivery.

### 2.1.3 Health Workforce

WHO has set a skilled health worker (physicians and nurses/midwives) density of 44.5 per 10,000 population as the SDG index threshold for the attainment of 80% coverage for the 12 selected SDG tracer indicators. According to WHO, in 2021, Zambia's skilled health worker density is 21.61 per 10,000, with medical doctors and nurses or midwives' density of 2.97 and 18.64 per 10,000 population, respectively. These figures indicate that recruiting competent and adequate healthcare personnel must be sustained and expanded to reach the SDG index threshold.

To tackle the challenges in health human resources, MoH increased its establishment from 63,057 positions in 2016 to 126,831 positions in 2021. However, only 48% of these positions (63,878) have been occupied, resulting in a 52% vacancy rate. The 2022-2026 NHSP aims to fill 70% of the establishment by 2026. Some progress has been made in this regard, for example, the Ministry of Health recruited more than 11,300 health workers in 2022.

The Ministry of Health has implemented the integrated Human Resource Information System (iHRIS), the National Training Operational Plan (NTOP 2019-2024) and National Human Resource for Health Strategic Plan (NHRH-SP) 2018 - 2024. To address the shortage of medical specialists, the ministry aimed to train 500 specialists by 2021 through the Specialists Training Programme (STP), enrolling 474 doctors by the end of 2021. Efforts also included training 3,400 Community Health Assistants (CHAs) and initiating the training of Public Health Nurses.

***Table 1: The distribution of establishments by type of health cadres in Zambia in 2021 and 2026***

| Cadre | Current filled against establishment in 2021 | Projected number to be recruited | Projected % to fill establishments in 2026 |
|---|---|---|---|
| Teaching Staff | 25% | 200 | 34% |
| Orthopedic Technician | 12% | 20 | 26% |
| Medical Doctors | 50% | 2,100 | 84% |
| Dentists | 34% | 120 | 41% |
| Midwives | 40% | 3,200 | 67% |
| Laboratory | 78% | 558 | 91% |
| Clinical Officers | 62% | 2,600 | 95% |
| Clinical Anesthetic | 63% | 435 | 99% |
| Clinical Opthalmic | 63% | 240 | 99% |
| Cl.Officer/Dema/ENT | 63% | 80 | 80% |
| Medical Licentiate | 63% | 400 | 99% |
| Nutritionists | 41% | 441 | 66% |
| Env't/Public Health | 59% | 800 | 73% |
| Nurses | 70% | 10,200 | 98% |
| Pharmacy | 70% | 1,500 | 75% |
| Physiotherapy | 70% | 800 | 75% |
| Radiology | 70% | 800 | 75% |
| Administrative Staff | 43% | 2,400 | 48% |
| **Total** | | **26,081** | |

### 2.1.4 Health Infrastructure

Zambia has a health infrastructure density for health facilities of 1.72 per 10,000 population. The number of inpatient beds per 10,000 population and the number of maternity beds per 1,000 pregnant women stands at 22.88 and 11.69 respectively. Lusaka Province has the highest percentage of facilities offering inpatient services with dedicated isolation beds which stands at 48% while Western province has the lowest at 10%. (Harmonized Health Facility Assessment (HHFA) 2021-2022).

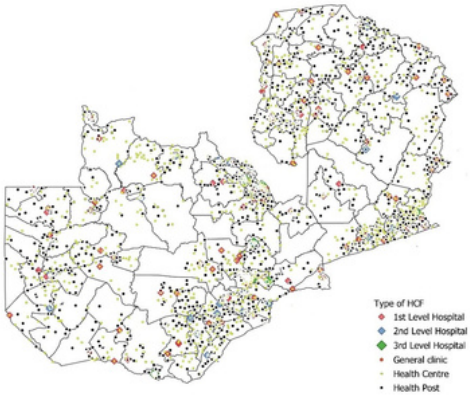



*Figure 6: Map of health facilities assessed in the Zambia HHFA 2021/2022*

Zambia has a total of 3,321 health facilities of which 40 are third level hospitals, 33 second level, 154 first level hospitals, 1,543 are health centres, and 1,551 health posts. Of these, 3,078 (92.7%) were public facilities and 243 (7.3%) private facilities. The majority of the health facilities (2,498) were located in rural areas (75.2%) and 823 were in urban areas (24.8%). The map shows the location of the health facilities as part of the 2021/2022 Zambia HHFA.

### 2.1.5 Essential Medicines, Vaccines and Health Technologies

The government has increased funding for the drug budget from 1.2 billion in 2021 to 3.4 billion Zambian kwacha in 2022 (MoH 2022). Stock availability of essential medicines at the Zambia Medicines and Medical Supplies Agency (ZAMMSA) increased from 40% in January 2022 to 54% as of November 2022. (ZAMMSA 2022)

The ZAMMSA central warehouse storage space has been expanded from 8,000 to 35,619 pallet capacity in the main warehouse and 650 pallets capacity in the cold room storage space. Seven (7) regional hubs in Zambia have been established with total storage capacity of 10,416 pallets. (MoH HSSCS 2022). ZAMMSA and the regional hubs are faced with inadequate fleet of vehicles for bulk deliveries, multi-drop deliveries and for last mile distribution. The estimated need of fleet is 215 vehicles while ZAMMSA has 93 of which 60 (28%) are operational (runners) and 33 (15%) are non-operational (non-runners). (ZAMMSA 2022)

Overall, the distribution schedule to health facilities is not optimal, with only 50% of targeted/planned orders being processed and delivered to requesting health facilities in 2021. In addition, there are huge gaps in the management of expired medicines with both the central warehouse and regional hubs having excess expired commodities. (GF 2022). The supply chain information system is semi-automated, with 50% of the health facilities generating manual orders that are sent to District Health Offices to be inputted into the central edition of the electronic Logistics Management Information System (eLMIS), contributing to delayed supplies to health facilities. (MoH 2022)

Normative guidance documents are outdated and not revised to align with new international requirements. The Medicines and Medical Supplies Act was last revised in 2013. The pharmacovigilance handbook was developed in 2020 while the Essential Medicines List (EML) and Standard Treatment Guidelines were last revised in 2020 and do not align with new international requirements. The National Drug Quality Control Laboratory (NDQCL) is not prequalified by WHO and has no ISO certifications. Further, the pharmacovigilance and rational medicine use programs are in their early infancy stages (ZAMRA 2022). As of 31 December 2022, the 1999 National Medicine Policy was not revised and aligned to current demands to address the national requirements for essential medicines, vaccines and health technologies.

### 2.1.6 Health Service Delivery

Health service delivery in Zambia is organized through various administrative levels, including the national headquarters of the Ministry of Health (MoH), 10 Provincial Health Offices (PHOs), 16 District Health Offices (DHOs), and several Statutory Institutions. As of December 2021, the country boasted a comprehensive healthcare infrastructure, featuring seven fourth-level hospitals, seven third-level hospitals, 36 second-level hospitals, 100 first-level hospitals, 62 mini hospitals, 1,720 health centers, and 1,388 health posts. Among these, the majority, comprising 2,834 facilities, are government-owned, with additional contributions from 385 private and 101 faith-based health facilities, collectively shaping the diverse healthcare landscape in Zambia. Please refer to Table 2.2/Annex for the description of service delivery sites and the type of services they provide in the country.

The service coverage index (SCI) for 14 tracer indicators across reproductive, maternal, newborn, child and adolescent health (RMNCAH), Infectious diseases, NCDs, and Service capacity and access measures the service delivery dimension of UHC. Zambia has a medium service delivery coverage with SCI that increased from 52 to 56 between 2015 and 2021. This SCI score is generally higher than the average score for Africa, Sub-Saharan Africa, and low-income countries. (Figure 7)

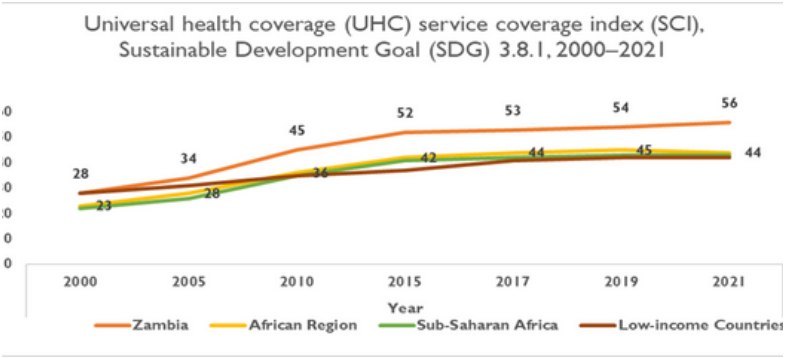



***Figure 7:*** *Trends in Service coverage index in Zambia, Africa, sub-Saharan Africa and LIC between 2000 and 2021.*


During Covid-19 Pandemic, up to 70% of essential health services in Zambia had disruption in their continuity. Inpatient critical care, elective, and emergency surgical services experienced disruptions exceeding 50%. Similarly, long-term care services encountered substantial disruptions, with reported rates surpassing 50%.

The Quality Monitoring System (QMS) is a regular process designed to monitor and uphold quality standards in healthcare services. Over two-thirds of health facilities have management committees overseeing overall facility management. Despite 60% of facilities implementing systems for formal case reviews, the figures dropped to 42% for formal death reviews. Similarly, only 37% and 16% of facilities conduct reviews for perinatal and maternal deaths, respectively. Additionally, fewer than one-third of health facilities have established systems and guidelines to monitor adverse events and nosocomial infections.

The fragmentation of care, also due to the current shortage of personnel and infrastructure, may, at least partly, be mitigated by better integrating and allocating the available resources. It becomes important to sustain a continuum of care by bridging services, competencies, and opportunities offered by different sectors. This is particularly important, especially during periods of crises (e.g., pandemics, climate events) and for the most vulnerable persons (e.g., older persons, persons with disabilities, people living in isolated areas).

### 2.1.7 Health Information System and Research

During NHSP 2017-2021, Health Management Information System (HMIS) and SmartCare were enhanced for program needs, offering real-time patient-level data through web-based re-engineering. These systems routinely provide a comprehensive database of service and disease indicators, informing programming and policy decisions. The HMIS is managed through various subsystems within the Ministry of Health, including HMIS, IDSR, HFC, HRIS, and eLMIS. The HMIS is complimented by the Zambia Demographic Health Survey (ZDHS), birth and death registration led by the Ministry of Home Affairs, and Integrated Financial Management Systems (IFMS) by the Ministry of Finance and National Planning.

At the national level, only 19% of facilities have dedicated full-time staff for data management, and less than half have written policies for data quality checks. Additionally, fewer than 60% of facilities engage in regular processes for reviewing service information and utilizing it for planning. However, over 90% facilities submit routine reports externally every three months. The use of unique patient identifiers is low, with outpatient services at 29% and inpatient services at 58%. Only 41% of facilities nationwide have routine feedback for at least half of their referrals.

The Zambian government has set up the National Health Research Authority (NHRA) to oversee the establishment of the National Health Research System (NHRS), aiming to regulate, coordinate, promote research, enhance research capacity, and facilitate knowledge translation. The National Health Observatory (NHO) is established and hosted in the NHRA to conduct data marshalling, analytics, and knowledge generation in alignment with the integrated African Health Observatory (iAHO) of the WHO/AFRO.

### 2.1.8 Child Health

There is progress in improving children's health. Between 2013 and 2018, infant mortality fell from 45 to 42 per 1,000 live births against a target of 15 per 1,000 live births. The under-5 mortality rate (U5MR) reduced from 75 to 61 per 1,000 live births against a target of 35 per 1,000 live births. On the other hand, the neonatal mortality rate has stagnated between 24 and 27 per 1,000 live births.

However, this progression has stagnated in the last 5-10 years. According to the 2021 State of the World's Children's Report, the annual number of under-5 deaths in thousands was 38. The under–5 mortality was estimated at 58 deaths per 1,000 live births compared to 62 in 2019. The Infant mortality rate was 40/1,000 live births in 2021 compared to 42 in the 2019 report. The neonatal mortality rate (NMR) stagnated at around 24/1000 live births. The postnatal health check for newborns between 2016 and 2021 was estimated at 72%. The proportion of NMR as a percentage of U5MR in 2021 was estimated to be 44%, an increase from the 2019 estimates of 39%.

The 2022-2026 NHSP target is to reduce the infant mortality rate to 15, under-5 mortality to 25 per 1,000 live births, and neonatal mortality to 12 per 1,000 live births. These targets are aligned with the SDGs on child health. The slow decline in infant mortality rate and stagnated neonatal mortality rate comprising 40% of under-five mortality rate remain a serious concern in child health service delivery. Access to health care services is reflected by care-seeking behaviors below 80% for acute respiratory infections, treatment for diarrhea with oral rehydration salt (ORS), and treatment for fever.

The state of the World's Children report of 2021 indicates an increase in coverage for all antigens in the national immunization schedule, reporting coverages above 87% except for the second dose of measles and the Human Papilloma Virus Vaccine reported to be 81% and 33% respectively. Protection from Tetanus at birth (PAB) was estimated at 83%. Regarding vaccination status in the ZDHS (2018), 75% of children aged 12-23 months received all essential vaccinations, while 46% had received all age-appropriate vaccinations. 70% of children aged 12-23 months and 63% aged 24- 35 months received all essential vaccines by 12 months.

### 2.1.9 Reproductive, Maternal and Adolescent Health

The maternal mortality ratio in Zambia has declined from 398 per 100,000 live births in 2013/14 to 278 per 100,000 live births in 2018. The target in the National Health Strategic Plan (NHSP) 2022-2026 is less than 100 per 100,000 whereas the global target as per the Sustainable Development Goals (SDGs) is less than 70 per 100,000 live births by 2030.

Zambia's population consists mainly of a youth bulge aged between 10-24 years, with girls and young women accounting for 34% of the population. This population is characterized by poor adolescent sexual reproductive health outcomes. The contraceptive prevalence rate among adolescents increased from 10.2% in 2013 to 12.1% in 2019 against the set target of 38% for 2018. The use of contraceptive methods at first sexual intercourse is low contributing to high teenage pregnancies and early motherhood. Approximately one in three girls aged 15-19 has been pregnant or has had a child before their twentieth birthday. Between 2011 and 2019, a total of 120,878 (16,000 per year) adolescent girls dropped out of school due to pregnancy. Despite Zambia having a school re-entry policy, only 40% of the affected girls return to school.

### 2.1.10 Food Safety, Nutritional Status of Women and Children

While the extent of foodborne risks in Zambia is not fully known, recurrent cholera and typhoid outbreaks suggest that food-borne pathogens, poor hygiene and sanitation, and other food safety risks are prevalent. Over 30% of food-borne deaths occur among children under five years of age. According to the Joint External Evaluation (JEE), there is a capacity for surveillance of food-borne diseases but no capacity for response and management of food safety emergencies. Zambia lacks a food safety policy and program for implementing food safety measures.

Anemia in women leads to increased maternal mortality and poor birth outcomes, as well as reductions in work productivity. About 31% of women aged 15-49 are anemic, with 16% being mildly anemic, 14% being moderately anemic, and 1% being severely anemic. Anemia prevalence is slightly higher in urban areas (32%) than in rural areas (30%).

Anemia in children can impair cognitive development and is associated with long-term health and economic consequences. The prevalence of anemia in children aged 6-59 months was 58%, with 29% mildly anemic, 28% moderately anemic, and 2% severely anemic. The prevalence of anemia is higher among younger children (age 6-23 months) than older children (age 24-59 months), with a peak prevalence of 77% among children aged 9-11 and 12-17 months.

### 2.1.11 Malaria

Malaria is endemic throughout Zambia, with seasonal and geographic variations. The country is implementing the malaria elimination strategic plan (2022-2026), focusing on vector control using indoor residual spraying (IRS) and Long-lasting Insecticidal nets (LLINs); case management based on prompt diagnosis and treatment; social behavior and communication and surveillance monitoring, evaluation and operations research (SMEOR).

In 2021, IRS protected more than 10.7 million people living in 2.3 million housing structures, while in 2022, more than 8.8 million people living in 2,3 million housing structures were protected. (IRS Report,2021;2022). The number of suspected malaria cases that received a parasitological test in public health facilities was 97% in 2021 and 98.75% in 2022. Uncomplicated malaria cases receiving first-line antimalarial treatment at public health facilities were 97% in 2021 and 95% in 2022. The number of children under five with fever who took the first line of antimalarial medicines was 95.6% in 2018 and 96.9% in 2021 (HMIS 2021). Integrated Community Case Management of Malaria (iCCM) contributed 25% to the overall reported cases in 2022.

Severe malaria cases were 1.1% of total malaria cases in 2021, a reduction from 1.6% in 2016. In the same period, malaria incidence reduced from 340 per 1000 population to 314 per 1000 population. Additionally, in-patient deaths reduced from 8 per 100,000 in 2021 to 7.1 per 100,000 in 2022 (HMIS).

Despite this progress, challenges remain. Vector resistance to pyrethroid insecticides was widespread across the country. Household ownership of at least one LLIN was only 53% in 2022, a drop from 80% in 2021, particularly among pregnant women and children under five years old. The COVID-19 pandemic disrupted procurement, supply chain, and implementation of planned activities and created inefficient delivery of malaria services.

WHO strategic investments will prioritize support to maintain high vector control coverage; through prompt diagnosis and consistent supplies of antimalarial medicines; evidence generation through research, malaria programme reviews (MPR); resource mobilization; and advocacy and social behaviour communication.

### 2.1.12 Neglected Tropical Diseases (NTDs)

About 13 million people are affected by NTDs in Zambia. The common NTDs in Zambia include Lymphatic Filariasis (LF), Schistosomiasis, Intestinal worms (Soil–transmitted helminthiasis), Trachoma and Human African Trypanosomiasis (HAT). Zambia's NTD Master Plan 2022-2026 focuses on community and school-based interventions, mass drug administration (MDA), case management and morbidity management.

Zambia conducted endemicity mapping for NTDs and MDAs in all endemic districts followed by impact transmission assessments. Lymphatic Filariasis is endemic in 96 out of 116 districts and is targeted for elimination through MDA and Morbidity Management and Disability Prevention (MMDP). All 96 districts have completed the fifth and final round of MDAs. Bilharzia is endemic in 115 districts with a prevalence ranging from 1% in Ndola to 88.6% in Kafue district.

About 5 million people have received antibiotic treatment for trachoma, and over 2000 sight-saving surgeries have been conducted. Preventive Chemotherapy for Bilharzia, Trachoma, Intestinal worm infestation, and LF was conducted. Case management focused on Human African Trypanosomiasis, Cysticercosis, snake bites, and rabies.

In 2022, Zambia piloted MDA for Taeniasis/cysticercosis in Southern province, eliminating Trachoma in 22 districts, while 18 districts are under surveillance. Despite progress, there are limited in-country partnership, inadequate funding, lack of point-of-care diagnostics for early detection at community and health facility levels and limited access to NTDs services by hard-to-reach populations. WHO's priorities include advocacy and resource mobilization, endemicity mapping, and strengthening coordination and inter-sectoral collaboration with other disease interventions required for elimination of NTDs.


### 2.1.13 HIV and AIDS

Zambia's goal is to reach epidemic control of HIV and end AIDS by 2030, as well as a reduction of HIV incidence from 37,000 to 15,000 people by 2026. Results from the Zambia Population-based HIV/AIDS Impact Assessment (ZAMPHIA 2021) show that the HIV prevalence has reduced from 12% in 2016 to 11.1%, with13.9% among women and 8% among men in 2021 (ZAMPHIA 2021). The HIV prevalence among adults aged 15+ years varies geographically across Zambia, ranging from 5.8% in the Northern region to 14.4% in Lusaka City. Regarding the 95- 95-95 targets, Zambia achieved 88.4-98.0-96.2 in 2021.

The HIV incidence has reduced from 0.61% in 2016 to 0.33% in 2021, attributed mainly to HIV prevention interventions such as accelerated oral Pre-Exposure Prophylaxis (PrEP) rollout, Voluntary Medical Male Circumcision (VMMC), key population programs gaining momentum and focus on gender-based violence (GBV). Furthermore, the program expanded HIV testing with efficiency, broadening testing for children and HIV/Syphilis duo testing for pregnant women. Treatment success is attributed to sustainable (Anti-retroviral therapy (ARV) drug supply, pharmacovigilance, improved viral load coverage, the introduction of Darunavir/ritonavir for second-line HIV, integration with Non-communicable Diseases (NCD) program, differentiated service delivery, enhanced management of advanced HIV disease, availability of commodity supplies, and improved information systems.

New HIV infections are mainly among key populations and women aged less than 25 years, especially in the Copperbelt and Lusaka provinces. Adolescents and young people account for 38% of new HIV infections. Although 1,238,430 people were on antiretroviral therapy (ART) by December 2022, a gap of 136,490 is still in need. Access to VMMC currently stands at 38% of the 2025 target. According to the latest Spectrum estimates, Zambia has a mother-to-child transmission rate of 8%, notwithstanding the high ANC HIV testing rate, which stands at 84%, ANC ART coverage of 93%, with 94% of pregnant women attending at least one ANC visit. There was a low coverage of Syphilis testing for pregnant women, standing at 44% for 2022, and this is generally attributed to an inconsistent supply of testing reagents.

### 2.1.14 Tuberculosis

In 2021, the estimated tuberculosis (TB) incidence was 307 (195-445) per 100,000 population, translating to 60 (38,000-60,000) inhabitants falling ill with TB, with 20,000 (13,000-29,000) of the TB burden in HIV-positive individuals, 8400 in children and 18,000 in women aged 15 years and above. In 2015, the estimated incidence was 391 per 100,000 population, which resulted in a 22% reduction in TB mortality between 2015 and 2021. Since 2019, the burden of TB has been higher in the HIV-negative population than in HIV-positive individuals, a departure from the situation observed between 2000 and 2018. There was a 50% decrease in TB mortality between 2020 and 2021. Fifteen percent (15%) to 20% of the estimated TB deaths in 2021 were in HIV-positive individuals. Zambia was classified as a high-burden multidrug-resistant-TB (MDR-TB) country in 2021.

### 2.1.15 Non-Communicable Diseases (NCDs) and Mental Health

The burden of Non-Communicable Diseases (NCDs) is increasing. The major NCDs include cardiovascular diseases, diabetes mellitus (DM), cancers, chronic lung diseases, and mental health conditions. Other NCDs are epilepsy, trauma (mostly due to road traffic accidents and burns), hemoglobinopathies (sickle cell anemia), including some oral diseases, and eye and ear disorders. In 2016, NCDs were responsible for 29% of all deaths. In 2019, it was estimated that NCDs caused 35% of all deaths in Zambia, with nearly one in five people dying prematurely from these conditions. It is estimated that NCDs cost the Zambian economy about 6% of the GDP annually. Investing in the prevention and better management of NCDs could save more than 13,420 lives over 15 years.

According to the Global Youth Tobacco Survey (GYTS) for Zambia (2011), 25.6% of youths (24.9% of boys; 25.8% of girls) aged 13–15 years currently use some form of tobacco. Nearly 16.0% of Zambians currently consume some form of tobacco products, with a significantly higher prevalence among men (24.0%) than women (7.8%). Approximately 21.7% of Zambians currently drink alcohol, with 10.9% engaged in heavy episodic drinking of six or more standard drinks (males 16.8% versus 5.1% females).

Some of the challenges observed are inadequate policies/ legislation to support the enforcement, prevention, and control of NCDs. There is insufficient community sensitization on the prevention and control of NCD risk factors, coupled with inadequate infrastructure to support screening, diagnosis, treatment, and rehabilitation at the primary healthcare level, leading to advanced diseases and complications relating to NCDs. There is also inadequate integration of NCDs into routine monitoring and surveillance systems.

### 2.1.16 Antimicrobial Resistance (AMR)

Zambia is implementing a multisectoral National Action Plan (NAP) 2017 – 2027 to combat AMR. Consequently, MOH has established an antimicrobial stewardship system that includes annual reporting to established WHO reporting mechanisms such as the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS). Multiple Point Prevalence Surveys (PPS) conducted in Zambia revealed that although 75% of the patients were on antibiotics, only 9% were treated based on culture results due to low laboratory capacity and weak linkages between the laboratories and prescribers with treatment initiated empirically and hence misuse of antimicrobials. Only 60.8% of prescriptions complied with the Standard Treatment Guidelines (STGs).

Thus, antimicrobial stewardship (AMS) interventions are needed to optimize antimicrobial use in hospitals. The main challenges include sub-optimal functionality of medicines and therapeutic committees (MTC), AMS actions, education and training, and reporting feedback. All facilities have low supplies of laboratory consumables and reagents for culture and AST.

### 2.1.17 Climate Resilience

In Zambia, climate change has led to erratic rainfall patterns, floods, extreme heat waves, and changes in the epidemiology of vector-borne diseases transmitted to humans and animals. Flooding has contributed to epidemics such as diarrheal diseases, and droughts have led to food shortages and, thus, poor nutrition status. Climatic factors have disrupted healthcare systems, exacerbated health disparities, strained resources, amplified social inequalities, and undermined efforts to achieve universal health coverage and sustainable development. Climate change threatens to reverse progress made to improve health outcomes, particularly for the most vulnerable members of our society.

Zambia has adopted the WHO Global strategy on climate change to mitigate the undesirable impact of climate. It is committed to the principles of "All for Health, Health for All" for a healthier, more sustainable future in its Strategic Plan 2022-2026. Zambia aims to strengthen mitigation and adaptation measures to climate change in healthcare facilities and to increase the percentage of healthcare facilities implementing mitigation and adaptation measures to climate change from 55 % in 2020 to 80% by 2026.

Implementing planned actions on climate-sensitive diseases through the National Health Strategic Plan (2022- 2026) is anchored on the Eighth National Development Plan (8NDP). WHO has supported MoH in developing the National Adaptation Plan (NAP) using the Vulnerability Risk Assessment based on the WHO methodology, supported by the National Climate Change Policy 2016, National Climate Change Response Strategy of 2010, Health Sector Emergencies, National Health in all policies strategic framework (2022- 2026), the Health Sector Disaster Risk Recovery Guidelines of 2022, the Green Growth strategy.

These initiatives are in line with the objectives of the COP28 declaration. Despite the notable achievements, Zambia faces several challenges related to climate change, such as low number of healthcare facilities implementing mitigation and adaptation measures to climate change. Therefore, WHO will support MoH to implement the Adaptation Plan (NAP), and programs related in particular to vulnerable population. WHO will support Zambia to leverage resources to strengthen health facilities to adapt to climate change. Other areas of support will include:

- Development of investments into electrification and solarization of health, working in collaboration with UNICEF and the World Bank (WB) and solar for health (S4H) in collaboration with UN development programs.
- Supporting efforts to access Green Climate Change readiness funds (GCF) to position MoH to undertake adaptation planning and develop strategic frameworks for programming with the GCF and to leverage the Global Environment facility (GEF), that already has a large network of 183 countries, international institutions, private sector, and civil society organizations to strengthen capacity for chemical management and vector-control.
- Accessing the Special Climate Change Fund (SCCF) and the Least Developed Countries Fund (LDCF), which are both managed by the GEF to finance initiatives relating to adaptation, technology transfer and capacity building, energy and waste management among others.


**Keeping the world safe and protecting the vulnerable are top priorities for WHO's Health Emergencies Programme.**

## 2.2 Health Emergencies

Zambia still experiences a high burden of public health emergencies and disasters, with outbreaks of cholera, measles, anthrax, rabies, poliomyelitis, typhoid fever, and chemical events in the mining sector. The country is experiencing the effects of climate change, characterized by floods and drought.

Cholera is endemic in Zambia and by the end of 2022, the country had reported 32 different cholera outbreaks that varied in magnitude from 14 to 13,500 cases and in case fatality rate from 0.5% to 9.3%. The outbreaks typically occur from October to June the following year. The country experienced its last major outbreak from October 2017 to June 2018 with a total of 5,935 reported cases and 114 deaths (CFR 1.9%). With WHO's support, these outbreaks were controlled due to effective surveillance and response and efforts, including Oral Cholera Vaccination. Cholera hotspot districts have been mapped and the national Multi-Sectoral Cholera Elimination Plan (MCEP) developed and revised. The Head of State is the global cholera elimination champion.

Measles and Rubella outbreaks have occurred in the last four years. In 2019, a total of 1,611 cases and three deaths of measles were reported countrywide, with notable cross-border spread. In subsequent years, 3,824 cases and zero deaths in 2020, 1,124 cases and three deaths in 2021, 3,381 cases and 44 deaths in 2022, and 7,942 cases and 22 deaths in the first 11 months of 2023 were recorded. WHO supported the operations of the National Virology laboratory, including Measles testing, vaccine preventable disease (VPD) surveillance, and a countrywide supplementary Immunization in 2020 for children under five years. Despite these efforts, measles outbreaks have continued, especially among pockets of vulnerable populations that resist the uptake of public health measures.

Following the outbreak of COVID-19, WHO supported the readiness assessment and development of the firstnational COVID-19 response plan. By 31st December 2022, the country had reported four transmission waves and recorded 334,586 cases and 4,024 deaths. The WHO provided technical assistance, funding, operational support, and coordination of partners and supplies throughout the pandemic.

In 2019 and 2022, Zambia also experienced drought and flooding, resulting in more than 2.3 million people facing Integrated Food Security Phase Classification 3 (IPC Phase3) with devastating effects on health.

Starting 2019, WHO supported Zambia to adapt the revised AFRO 3rd edition IDSR strategy which has been successfully rolled out to all ten provinces and 116 districts. With support from WHO, the country conducted Public Health Risk Assessments in 2019 and in 2022 and developed the National Action Plan for Health Security (NAPHS) as well as the all-hazards emergency response plan.

The PHEOC, which was established in 2017 supported a coordinated response to COVID-19, measles and polio. The national call center supported and established by WHO in 2020 contributed to public health risk communication and community engagement.


## 2.3 Health Equity Analysis

Zambia faces extremely high inequalities, especially between urban and rural areas. In rural areas, an estimated 82.1% of the population is classified as poor, compared with 17.9% in urban areas. Poverty is an important determinant of health status. For instance, the patterns of stunting, wasting, and overweight vary according to household wealth. Basic vaccination coverage increases with increasing mother's education. 66% of children born to mothers with no education received all basic vaccinations, as compared with 88% of those born to mothers with a higher education. Regarding, gender inequalities, women and girls face high risks of sexually transmitted infections including HIV at 7.2% for males compared to 14.2% for females.

Furthermore, Zambia has a multi-cultural society, characterized by different racial and ethnic groups, religious and traditional groupings, political and other social groupings, which have important implications as well as opportunities to influence good health and well-being.

## 2.4 National Health Development Agenda

The Eighth National Development Plan 2022-2026 (8NDP) focuses on socioeconomic transformation to improve the livelihood of Zambian people. The Plan outlines four strategic development areas, and “improved health, food and nutrition” is a key outcome under the development area on human and social development. The National Health Strategic Plan (NHSP) 2022- 2026 was developed within the context of the national and health sector development planning frameworks, which includes, among others, the country's long-term plan, Vision 2030; 8NDP and the National Health Policy.

The overall goal of the NHSP is to improve the health status of the people of Zambia and to contribute to increased productivity and socio-economic development. The leading national health priorities areas include strengthening prevention and primary health care (PHC): maternal, neonatal, child, and adolescent health and nutrition; communicable diseases – malaria, HIV and AIDS, STIs, and TB control; non-communicable diseases (NCDs); and strengthening of the integrated health support systems. It is noteworthy that, under a life-course framework, the strengthening of PHC will reinforce preventive strategies that will promote healthy ageing with immediate and long-term benefits for the person and society.

The Zambia UNSDCF 2023 - 2027 reinforces the commitment to focus on those left behind and further emphasizes renewing the social contract and closing the gaps between the people and the institutions that serve them. Improving the well-being of Zambians by addressing and integrating services provision for health, education, and skills is an essential priority of the UNSDCF.

## 2.5 Partnership Environment

In the context of the Decentralization Policy in Zambia, the Ministry of Health will devolve district health services functions to local authorities. Therefore, strong engagement and partnerships with the local authorities is critical for the health system reform processes to be successfully implemented. In addition, within the Zambian context, besides the UN agencies, engagement with various stakeholders such as relevant line ministries/departments, other socio-economic sectors, the private sector, cooperating partners, Non- Governmental Organizations (NGOs, FBOs, CSOs, and others) will be necessary for the successful implementation of this CCS.

# CHAPTER THREE

# STRATEGIC PRIORITIES AND IMPLEMENTATION FRAMEWORK

# Chapter Three: Strategic Priorities and Implementation Framework

## 3.1 Strategic Priorities

The Zambia WHO CCS 2024 - 2027 will support the implementation of the WHO's General Programme of Work (GPW) targets based on national strategic priorities. The CCS will be more strategically focused on results, with targets and milestones based on outcome indicators to achieve impact that aligns with longer-term goals, such as health-related SDGs. The CCS is the basis for WHO's strategic cooperation with the Government of Zambia.

It provides the basis for the WHO country's support plans and indicates the role of WHO in contributing to the priority outcomes and targets defined at the country level. WHO will continue to play its role as a lead technical expert in health matters and an essential contributor to advancing the national health agenda through support on setting norms and standards, articulating evidence-based policy options, providing technical and operational support, as well as monitoring and assessing health trends.

The overarching goal of WHO's support to Zambia is to ensure that all Zambians, regardless of their age, gender, socioeconomic or ethnocultural backgrounds, can lead healthy and productive lives in a healthy environment, including through timely and equitable access to quality and affordable health services. This will be achieved by implementing the five strategic priorities outlined below.

| | |
|---|---|
| 1 | Build health system capacities to achieve and sustain Universal Health Coverage |
| 2 | Accelerate progress towards ending HIV/AIDS, TB, Hepatitis, Malaria and NTDs |
| 3 | Strengthen health emergency prevention, preparedness and response |
| 4 | Address the burden of NCDs and promote mental health and well-being |
| 5 | Optimize partnerships to achieve healthier populations |

These priorities were identified following consultations and discussions with the Ministry of Health and other stakeholders supporting health in the country. They are based on a crucial analysis of the country's needs and WHO's comparative advantage in addressing those needs. The CCS spells out WHO's jointly agreed priorities and their alignment with the national context and provides an excellent opportunity for collaboration and interaction between various partners and stakeholders.

Table 3 illustrates the alignment of the five strategic priorities of the CCS with the strategic directions or outcomes of key global and national policy documents, namely, the WHO GPW13, the NHSP 2022-2026 and the UNSDCF Zambia 2023 -2027.

***Table 3: Alignment of CCS 2024-2027 Strategic Priorities to the NHSP 2022 – 2026, WHO GPW13 and UNCDF 2023-2027***

| CCS Strategic Priority (2024 - 2027) | NHSP 2022 -2026 Strategic Directions | GPW 13 Outcomes | UNSDCF 2023 - 2027 Outcome |
|---|---|---|---|
| Build health system capacities to achieve and sustain Universal Health Coverage | Strengthen Integrated Health Support Systems to facilitate attainment of the targets under SDG 3 and UHC | 1.1 Improved access to quality essential health services<br>1.2. Reduced number of people suffering financial hardship<br>1.3. Improved access to essential medicines, vaccines, diagnostics, and devices for primary health care | By 2027, all people in Zambia, including the marginalized and vulnerable groups, have equitable access to and utilization of quality, inclusive, and gender and shock-responsive universal social services. |
| Accelerate progress towards ending HIV/AIDS, TB, malaria, hepatitis, and NTDs | Strengthen Health Service Delivery in order to attain Quality Universal Health Coverage (UHC) by 2030 | 1.1 Improved access to quality essential health services | |
| Strengthen health emergency prevention, preparedness, and response | | 2.1 Countries prepared for health emergencies.<br>2.2. Epidemics and pandemics prevented<br>2.3. Health emergencies rapidly detected and responded to | |
| Address the burden of NCDs and promote mental health and well-being | | 1.1 Improved access to quality essential health services<br>3.1 Determinants of health addressed<br>3.2 Risk factors reduced through multi sectoral action | |
| Optimize partnerships to achieve healthier populations | | 3.3. Healthy settings and Health in All policies promoted<br>4.2. Strengthened leadership, governance, and advocacy for health | |

***Strategic Priority*** **1**

**Build health system capacities to achieve and sustain universal health coverage**

This strategic priority focuses on building health system capacity to improve equitable access to quality and affordable health services by strengthening the foundations of primary health care. WHO in collaboration with the Ministry of Health, key stakeholders and partners will strive to achieve the outlined strategic deliverables in line with the NHSP 2022-26 goals.

| Strategic Priority | Key Focus Areas | Strategic Deliverables | NHSP 2022 - 2026 Goals |
|---|---|---|---|
| Build health system capacities to achieve and sustain universal health coverage | Promoting the continuum of care and life course approach to improve women, children, and adolescents' health and well-being | • Strengthened policy and regulatory framework for integrated RMNCAH-N services at PHC level<br>• Normative guidance for ANC and PNC service delivery, including provision of essential new born care/advanced neonatal resuscitation in all delivery centers including for Kangaroo mother Care (KMC)<br>• Strengthened Maternal and Perinatal Death Surveillance Response (MPDSR) processes at national and sub national levels<br>• Capacity building of health care workers including SMAGs and CBVs to provide quality RMNCHA-N services<br>• Strengthened integrated management of acute malnutrition at all levels of care | • To reduce maternal mortality from 278 to less than 100/100,000 live births by 2026<br>• To reduce Neonatal Mortality rate from 27/1000 live births to 12/1000 live births by 2026<br>• To reduce under five Mortality from 61/1000 live births to 25/1000 live births by 2026<br>• To improve the nutritional status of Zambian population, particularly for children, adolescents, and women in child-bearing age in line with the Global Nutrition Targets 2030 |
| | Improved access to infrastructure, medicines, vaccines and health technologies | • Strengthened regulatory capacities for oversight and quality-assurance of medicines and health products<br>• Strengthened pharmacovigilance activities and rational medicine use by monitoring adherence to treatment guidelines through the Medicines and Therapeutic Committees (MTCs) in all districts and hospitals<br>• Support the establishment of Supply Chain electronic dashboards to improve national and sub-national forecasting and planning for essential health commodities | To secure adequate, quality, efficacious, safe, and affordable Essential Medicines and health products Medical Supplies through an efficient and effective supply chain system |
| | Ensure availability of high quality, timely, reliable data to support informed policy decisions | • Improved HIS governance and policy framework, including enhanced interoperability of different data systems<br>• Capacity building to strengthen analysis and use of data for decision making at every level | To strengthen integration of health information systems, information management and research |
| | Increased eficiencies in the use of availabile financial resources for health | • Pooling mechanisms strengthened, including through the expansion of social health insurance<br>• improved public financial management through accountable systems for planning, allocation and execution of budget<br>• Institutionalization of the National Health Accounts (NHA) | To attain adequate, sustainable, and predictable financing through existing and new funding sources |

*Strategic Priority* 2

**Accelerate progress toward ending HIV/AIDS, TB, Malaria, Hepatitis and NTDs**

This strategic priority focuses on improving access to high impact interventions to break the chain of disease transmissions and save lives. WHO in collaboration with the Ministry of Health, key stakeholders and partners will strive to achieve the outlined strategic deliverables in line with the NHSP 2022-26 goals.

| Strategic Priority | Key Focus Areas | Strategic Deliverables | NHSP 2022 - 2026 Goals |
|---|---|---|---|
| Accelerate progress towards ending HIV/AIDS, TB, malaria, hepatitis and NTDs | Attainment of targets on HIV/AIDS, TB, malaria and hepatitis | • Improved access to HIV testing at all service delivery points, including targeted HIV testing for key priority populations using newer technologies<br>• Increased ART coverage, including improve access to newer pediatric ARVs<br>• Strengthened patient tracking and follow-up systems through establishing the patient master register system<br>• Intensified TB case finding approaches, including improved access to diagnosis and treatment of DR-TB<br>• Enhanced malaria surveillance and coverage of high-impact interventions for vector control<br>• Strengthened scale-up of prevention, testing and treatment of viral hepatitis to cover all districts and provincial hospitals | • To reduce the HIV incidence from 28,000 to 15,000 by 2026<br>• To reduce malaria incidence from 340/1,000 to 201/1,000 by 2026<br>• To reduce Tuberculosis incidence from 319/100,000 population in 2020 to 169/100,000 by 2026<br>• To reduce Hepatitis B Incidence to less than 1.8/100,000 population by 2026 |
| | Eliminate and control neglected tropical diseases (NTDs) | • Improved multi-sectoral collaboration, including strengthened community engagement for NTDs prevention and control<br>• Scale-up of NTD diagnosis and management services in health facilities | • To eliminate and control Neglected Tropical Diseases |

***Strategic Priority*** 

**Strengthen health emergency prevention, preparedness and response**

This strategic priority focuses on strengthening and expanding systems to rapidly detect, investigate and assess potential threats to public health; and to respond immediately and systematically to manage acute emergencies. WHO in collaboration with the Ministry of Health, key stakeholders and partners will stive to achieve the outlined strategic deliverables in line with the NHSP 2022-26 goals.

| Strategic Priority | Key Focus Areas | Strategic Deliverables | NHSP 2022 - 2026 Goals |
|---|---|---|---|
| Strengthen health emergency prevention, preparedness and response | Improved capacity to prevent and prepare for all hazards health emergencies | • Regular assessments for measuring all hazards national preparedness and disaster risk management capacities<br>• Develop and timely implement generic and disease-specific strategies and plans, including the full implementation of National Action Plan for Health Security (NAPHS) | • To safeguard national public health security by preventing and controlling infectious and non-infectious public health threats in Zambia by the year 2026 |
| | Enhanced surveillance for rapid detection and response to emergencies | • Surveillance system for public health threats upgraded and reinforced<br>• eIDSR platform strengthened to improve timeliness, completeness, and quality of reporting<br>• Enhanced capacity for rapid response teams at all levels<br>• Coordinated national efforts in the fight against the threat of AMR | • To eliminate and control Neglected Tropical Diseases |
| | Address food safety, WASH and environmental determinants of health | | |

***Strategic Priority*** 

**Address the burden of NCDs and promote mental health and well-being**

This strategic priority focuses on strengthening prevention and control of NCDs by reducing common risk factors and improving access to affordable health services to treat major NCDs and mental health conditions. The activities will have a long-term impact on the quality of life and health of the individual and pose the foundations for a longer and healthier life. WHO in collaboration with the Ministry of Health, key stakeholders and partners will strive to achieve the outlined strategic deliverables in line with the NHSP 2022-26 goals including accelerating enactment of health-promoting laws such as the tobacco control bill.

| Strategic Priority | Key Focus Areas | Strategic Deliverables | NHSP 2022 - 2026 Goals |
|---|---|---|---|
| Address the burden of NCDs and promote mental health and wellbeing | Reduced morbidity and mortality caused by NCDs and increased access to mental health services | • Strengthened policy and legislative framework for prevention and control of NCDs risk factors<br>• Improved capacity of health facilities for NCD screening, detection, and management, including through the implementation of Package of Essential NCDs (PEN Plus)<br>• Enhanced capacity of primary health care providers for mental health services<br>• Scale-up of HPV vaccination to all eligible girls and improved capacity for early detection of cervical cancer | • To reduce morbidity and mortality due to NCDs and to promote mental health and well-being<br>• To mitigate the disease burden arising from mental health through the use of comprehensive promotional, preventive, curative and rehabilitative services<br>• To reduce premature mortality from adult cancer by 30% and improve childhood cancer survival to over 60% by 2026 |

***Strategic Priority*** 

**Optimize partnerships to achieve healthier populations**

This strategic priority focuses on leveraging existing and new partnerships to implement multisectoral actions to promote health and wellbeing for all. WHO in collaboration with the Ministry of Health, key stakeholders and partners will strive to achieve the outlined strategic deliverables in line with the NHSP 2022-26 goals.

| Strategic Priority | Key Focus Areas | Strategic Deliverables | NHSP 2022 - 2026 Goals |
|---|---|---|---|
| Optimize partnerships to achieve healthier populations | Foster multisectoral collaborations and partnerships with all key stakeholders | • Convene key stakeholders and partners in the health sector and support strengthening of the SWAp mechanism<br>• Engage line ministries to implement Health in all Policies (HiAP) and establish integrated monitoring mechanism for HiAP<br>• Build capacity on mainstreaming gender-responsive mechanisms and planning in the MoH<br>• Strengthen the district capacity through DHO and NHC to ensure improved coordination and accountability for decentralized services | • To increase the proportion of districts implementing the Whole-of-Society and Whole-of-Government approach on actions that address social determinants of health from 5% to 30% by 2026 |

# CHAPTER FOUR

# THEORY OF CHANGE AND IMPLEMENTING THE CCS 2024 - 2027

# Chapter Four: Theory of Change and Implementing the CCS

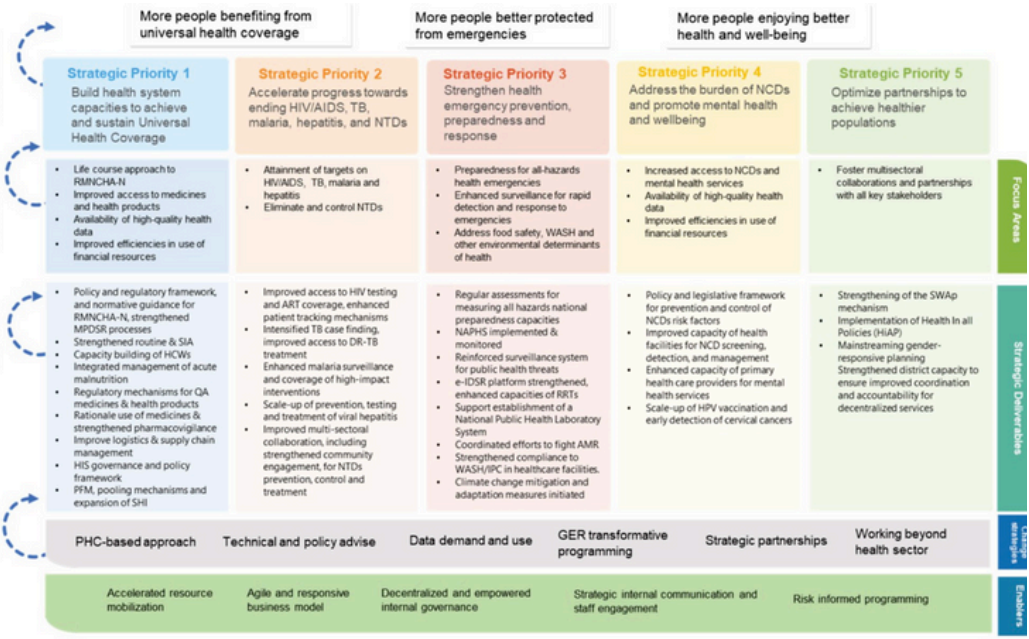
### 4.1 Theory of Change

WHO's unique strength lies in the combined expertise of its three organizational levels: country, region, and global. WHO's comparative strength is its global platform, reputation as an impartial convener of a range of partners, stewardship of global standards, frameworks, and conventions, role as a trusted and authoritative source of health information, and technical and policy expertise.

Based on the identified strategic priorities and deliverables, a Theory of Change (ToC) has been formulated (Figure 9). The ToC outlines a comprehensive description of how changes will happen to achieve the overarching objective to "Promote health, keep the world safe, serve the vulnerable" and the strategic role of WHO in the process.

In supporting the Ministry of Health, the WCO aims to be a dynamic place with competitive organizational capabilities and competent technical experts interested in delivering evidence-informed and innovative solutions that will benefit all Zambians. The country office will pursue an integrated approach with dialogue and complementarities across programmes, disciplines, and sectors. As a learning organization, WHO is committed to ensuring that its staff members regularly update their skills and repurpose them as necessary to remain relevant and valued partners. As a specialized agency of the United Nations, WHO Zambia is part of the United Nations Country Team (UNCT). As part of the team, WHO works alongside 14 other UN agencies to implement the people pillar of the UNSDCF (2023–2027). As shown in Figure 9, the WHO CCS complements the Cooperation Framework.

***Figure 9: The Overarching Theory of Change for the Zambia WHO CCS 2024 - 2027***



### 4.2 Means of implementation

The scope of work for WHO at the country level and the CCS implementation will be contingent on the availability of sufficient financial and technical resources. In implementing the strategic agenda, WHO will emphasize the following areas:

- **Technical and policy advice:** Leveraging WHO's global, regional, and country resources, this CCS will use integrated approaches to strengthen the health system in Zambia. The focus will be on ensuring that WHO support to Zambia is sustainable and focused on long-term solutions based on the principle of leaving no one behind.
- **Strengthening data demand and use:** WHO will continue to advocate and support the systematic and transparent appraisal of evidence as an input for policymaking. Technical cooperation between WHO and the Government will focus on strengthening the availability of quality data and evidence for use by the national and local governments. WHO will continue to support sustainable approaches to strengthening routine health information and disease surveillance systems.
- **Adopt a gender, equity and rights-based approach:** Key to achieving the health-related SDGs with the objective of leaving no one behind are the efforts to address inequities in health outcomes. In response, WHO will prioritize the mainstreaming of gender-equity- and human rights-based approaches and social determinants across all areas of technical support.
- **Partnerships and multisectoral collaboration:** WHO will strengthen its collaboration with a range of health and non-health partners in Zambia to maximize synergies. WHO will work closely with UN agencies and leverage on its convening capacity to nurture partners' coordination with the Government to create an enabling environment whereby partners can provide effective support based on comparative advantage. WHO will persevere in partnership building to promote the public health agenda and work with non-state actors to ensure public engagement.

### 4.3 Resource mobilization and financing the Strategic Priorities

WCO Zambia has been actively and successfully engaged in resource mobilization locally, notwithstanding the shrinking funding baskets among the development partners at country level. WHO budget estimates for the implementation of this CCS are driven by country strategic priorities and delivery of corporate services, including enabling functions.

The estimated budget for implementation of the CCS 2024-2027 is at least **US$ 21,349,353.**

| Strategic Priority | Estimated Budget (US$) |
|---|---|
| Strategic priority 1 & 2 | 9,770,878 |
| Strategic priority 3 | 7,870,151 |
| Strategic priority 4 & 5 | 2,094,504 |
| Corporate services and enabling functions | 1,613,820 |
| **Total** | **21,349,353** |

# CHAPTER FIVE

# MONITORING AND EVALUATION

# Chapter Five: Monitoring and Evaluation

This chapter deals with how the CCS 2024-2027 will be monitored and evaluated. The monitoring implementation will be based on Country Operational plan and in line with the Results Framework (Annex 2). The semi-annual monitoring results will be used. In 2025, a mid-term evaluation will be used to assess the progress on the indicators shown in table 4 below. A final evaluation before end of CCS will also be undertaken in 2027.

***Table 4: Indicators and targets by outcome, CCS 2024 - 2027***

| Outcome | Indicator | Baseline | Target |
|---|---|---|---|
| Countries enabled to provide high- quality, people-centered health services, based on primary health care strategies and comprehensive essential service packages | Percentage of health facilities providing a set of essential services packages according to national quality standards. | 82 | 89 |
| Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results | Percentage of population requiring interventions who received or are receiving interventions at least for one Neglected TropicalDisease | 80 | 85 |
| | Percentage of new and relapse Tuberculosis (TB) cases that were notified and treated in the same year | 87 | 89 |
| | Percentage of malaria cases (presumed and confirmed) that received first line anti-malarial treatment | 98 | 100 |
| | Percentage of persons with chronic hepatitis B who are on treatment | 28 | 30 |
| | Percentage of people living with Human immunodeficiency virus (HIV) receiving Antiretroviral Therapy | 99 | 99 |
| | Percentage of targeted people who received or are receiving treatment for at least one non-communicable disease | 32 | 100 |

| Outcome | Indicator | Baseline | Target |
|---|---|---|---|
| Countries enabled to strengthen their health systemsto address population-specific health needs and barriers to equity across the life course | Percentage of the target children who received third dose of DTP containing vaccine | 52 | 93 |
| | Percentage of the target children who received the second dose of Measles containing vaccine | 45 | 65 |
| | Percentage of under-five children with diarrheal treatment | 23 | 67 |
| Countries health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities | Percentage of targeted district (3rd sub national level)health facilities with a functional management committee that includes the community | 70 | 100 |
| Countries enabledto strengthen their health workforce | Percentage of health workers newly recruited and deployed last year in primary health care facilities and in communities | 5 | 100 |
| Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards Universal Health Coverage | Percentage of targeted population that is accessing free or subsidized health | 25 | 50 |
| Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures, and to use this information to track progress and inform decision-making | Percentage of targeted people who received or are receiving treatment for at least one non-communicable disease | 25 | 100 |
| | Percentage of advocacy tools, including policy briefs using National Health Account data | 0 | 100 |

| Outcome | Indicator | Baseline | Target |
|---|---|---|---|
| Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation, and analysis of the impact of health in the national economy | An institutionalized mechanism to monitor equity in resource allocation in country (Available=Yes; not available=No) | Yes | Yes |
| Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists | Percentage of essential medical products purchased by the government and meeting the quality specifications | 99 | 100 |
| Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems | Number of days with stockouts of essential medicines at targeted health facility pharmacy during last six months: Target <14 days? | 50 | <14 days |
| | Percentage of targeted health facilities that have a core set of | 25 | 100 |
| Research and development agenda defined, and research coordinated in line with public health priorities | Percentage of prioritized research and development agenda carried out in neglected areas | 35 | 90 |
| Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness -raising and evidence -based policies and practices | Percentage of targeted monitoring centres reporting regularly on antimicrobial resistance | 50 | 100 |
| | Percentage of targeted primary health care facilities reporting on Antibiotic consumption annually | 0 | 100 |
| All-hazards emergency preparedness capacities in countries assessed and reported | Country has reported their annual IHR progress implementation to the WHA through State Party Self-Assessment Annual Reporting; 1=Yes | 1 | 1 |
| Capacities for emergency preparedness strengthened in all countries | Number of IHR core capacities that are at least at level 3 (developing capacity) based on the IHR annual reporting (Party Self-Assessment Annual Reporting) | 25 | ?? |

| Outcome | Indicator | Baseline | Target |
|---|---|---|---|
| Countries operationally ready to assess and manage identified risks and vulnerabilities | Percentage of districts (3rd sub national level) with all hazards contingency plan | 0 | 100 |
| Research agendas, predictive models and innovative tools, products and interventions available for high -threat health hazards | Percentage of planned research and innovative interventions actually implemented | 100 | 100 |
| Proven prevention strategies for priority pandemic /epidemic-prone diseases implemented at scale | Percentage of targeted population vaccinated against high -threat health hazards (e.g. cholera, yellow fever, meningococcal meningitis, pandemic influenza) | 92 | 100 |
| Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness | Percentage of targeted sub national areas were risks mitigations are carried out against high-risk health hazards (e.g. cholera, meningococcal meningitis, pandemic influenza) | 94 | 100 |
| Potential health emergencies rapidly detected, and risks assessed and communicated | Percentage of potential public health emergencies with risks assessed and communicated | 100 | 100 |
| Acute health emergencies rapidly responded to, leveraging relevant national and international capacities | Percentage of acute health events responded to in accordance with the Emergency Response Framework performance standards | 75 | 100 |
| Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings | Percentage of targeted health facilities providing comprehensive essential service packages to population in fragile, conflict and vulnerable settings | 50 | 100 |

| Outcome | Indicator | Baseline | Target |
|---|---|---|---|
| Countries enabled to address social determinants of health across the life course | Country implementing essential nutrition actions to manage and prevent under nutrition | 25 | 82 |
| | Percentage of women of reproductive age (15-49years) who receive interventions to prevent anemia. | 70 | 100 |
| | Percentage of implemented targeted interventions against road traffic injuries and deaths. | 30 | 70 |
| | Percentage of targeted sub national areas implementing WHO technical packages on prevention of violence against children through multi-sectoral action | 25 | 25 |
| Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach | Existence of regulatory instruments with most provisions aligned with the International Code of Marketing of Breast-milk Substitutes | 0 | 1 |
| | Existence of multi sectoral collaboration on food safety events with a score of at least 4 out of 5 under state party self- assessment annual reporting (1=Existence of self assessment). | 1 | 1 |
| Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures | Percentage of activities in the national implementation plan of multilateral instruments that integrate at least one of the three approaches specifically whole -of- government, Health -in-All Policies and One Health | 90 | 90 |

| Outcome | Indicator | Baseline | Target |
|---|---|---|---|
| Countries enabled to address environmental determinants, including climate change | Percentage of health facilities with available handwashing facility with soap for use at critical points and times. (Existence of hand-washing facility, availability of soap and water) | 70 | 77 |
| | Percentage of health facilities with waste management systems according to WHO standards | 84 | 100 |
| | Number of cities with functional air quality monitoring systems | 73 | 100 |
| Countries supported to create an enabling environment for healthy settings | Percentage of targeted cities, villages, households, schools, hospitals, prisons or workplace where healthy setting have been introduced | 70 | 100 |
| | Percentage of targeted vulnerable health subnational level (2 levels below national) implementing the Health National Adaptation Plans | 70 | 75 |
| Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts | Country evidence shown on improved data and statistical capacities as against regional health information assessment results | 1 | 1 |
| | Percentage of SDG GAP Accelerators being imp lemented using a harmonized approach | 25 | 25 |

# Annexes

## Annex 1: *Table 2: Service delivery sites and types of services provided in Zambia*

| Facility Type and Coverage | Services Provided at Every Level |
|---|---|
| Community Health Service:<br>Individuals and families | • Community based volunteers provide essential health services<br>• 4,056,605 households and 19,610,769 population |
| Health Post :<br>Rural: 500 households (3,500 popln)<br>Urban: 1000 households (7000 popln) | • First level of patient contact with health care providers (Midwives, nurses, environmental health officers & community health assistants)<br>• Mainly provide promotive and preventive services<br>• Limited diagnostic, curative (including First Aid) & rehabilitative services |
| Health Center:<br>Rural: 10,000 people<br>Urban: 30,000 - 50,000 people | • PHC services including treatment of minor injuries and surgeries, infant incubator and ultrasound scan |
| Mini Hospital:<br>50,000 - 80,000 people | • Minor surgical, obstetrics, gynecological and diagnostic services, RT & VCT, and outpatient services<br>• They will be reclassified as rural and urban health centres |
| First Level/Primary Hospital:<br>80,000 - 200,000 people | • PHC services, medical, surgical, obstetric and diagnostic services with high dependency unit<br>• Support clinical services at mini hospital and health center referrals<br>• Serve as entry point for curative and rehabilitative services at 2nd and 3rd level hospitals |
| Second Level/General Hospital:<br>200,000 - 800,000 people | • Specialist Doctors are required<br>• internal medicine, general surgery, pediatrics, obstetrics, and gynecology, dental, psychiatry and intensive care units<br>• Act as referral centers and provide TA for first level hospitals<br>• Onsite training institutions for nurses, and clinical attachment sites for medical students |
| Third Level/Central Hospital:<br>≥80,000 people | • Internal medicine, general surgery, pediatrics, obstetrics, and gynecology, dental, psychiatry and intensive care units (ICU).<br>• One MRI scan and provide TA to 2nd level hospitals |
| Fourth Level/Specialized Hospital | • Specialized health care services, training, and research.<br>• Currently, there are seven facilities: Cancer Diseases Hospital (CDH), Chainama Hills Hospital (CHH), Arthur Davison Hospital (ADH), Kitwe Eye Hospital, University Teaching Hospital (UTH)-Eye, UTH-Women and Newborn, UTH-Children Hospital and National Heart Hospital |

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# Health For All Agenda

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