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ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: ZAMBIA

July 2015
This publication was produced for review by the United States Agency for International Development (USAID). It was prepared by Jenna Wright for the Health Finance and Governance Project. The author's views expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

The Health Finance and Governance Project
USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, $209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

July 2015

Cooperative Agreement No: AID-OAA-A-12-00080

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Recommended Citation: Wright, J., Health Finance & Governance Project. July 2015. *Essential Package of Health Services Country Snapshot: Zambia.* Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc.

Photo: Scaling Up Access to Family Planning Services in Zambia (SUFP).
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ACRONYMS

BHCP	Basic Health Care Package
EPHS	Essential Package of Health Services
MNCH	Mother, Newborn and Child Health
MCDMCH	Ministry of Community Development, Maternal and Child Health
RMNCH	Reproductive, maternal, newborn and child health

ABOUT THE ESSENTIAL PACKAGES OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Packages of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.

THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN ZAMBIA

We identified Zambia's EPHS across several policy documents published by the government of Zambia. We did not identify a single document that consolidated all services in the EPHS. Zambia defined a "Basic Health Care Package," but this package currently appears to be a list of national health priorities, not services. The Basic Health Care Package does not appear to meet our definition of Zambia's EPHS. Additionally, according to the *Sixth National Development Plan 2011–2015*, the government was supposed to finalize and adopt the Basic Health Care Package by 2015, but we could not identify a revised BHCP as of February 2015 (nor does this BHCP appear to be synonymous with an EPHS). Indeed, the *Joint Annual Review of the Health Sector, Zambia* (2012) stated that although the ruling party's manifesto included "defining and providing people with access to basic services through the definition of an Essential Package of Health Services," the 2012 *National Health Policy* did not include this activity. Therefore, we determined that the government of Zambia has not consolidated an EPHS in Zambia through one policy document at this time; so we compiled the list of services that may comprise Zambia's EPHS using the prioritized services and interventions identified in several policy documents. For the complete list of services included in Zambia's EPHS, see Annex A.

Sources of information for Annex A:

1. Zambia "Basic Health Package" based on *Fifth National Development Plan 2006–2010*
2. Selection from the *Mother, Newborn and Child Health Roadmap (circa 2012)*
3. Selection from the *Guidelines for the Diagnosis and Treatment of Malaria in Zambia (2014)*
4. Selection from the *National Health Strategic Plan, 2011–2015*
5. *Zambia Family Planning Guidelines and Protocols (2006)*

Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Zambia's EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	20
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	1
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	1
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	38

The following two priority RMNCH interventions are excluded from Zambia's EPHS:

Implicitly excluded:

- Interventions for cessation of smoking

Explicitly excluded:

- Routine immunization plus *H. influenzae*, meningococcal, pneumococcal, and rotavirus vaccines

Use of Selected Priority Services

The table below presents the country's data on common indicators. Empty cells signify that these data are not available.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)	2007		28.4	34.2
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2007		83	31.3
BCG immunization coverage among one-year-olds (%)	2013	82		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	79		
Median availability of selected generic medicines (%)—private				
Median availability of selected generic medicines (%)—public				

Source: Global Health Observatory, World Health Organization.

How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

Service delivery is largely dominated by the public sector, which controls 90 percent of health facilities, either directly or through agreements with the faith-based organization Churches Health Association of Zambia. The private sector is becoming increasingly developed, particularly in urban areas (African Health Observatory 2015). Additionally, private mining companies provide preventive and curative medical services for their workers and dependents, as well as to surrounding communities in some cases.

Core health service delivery facilities fall into five categories, namely: Health Posts and Health Centers at community level; Level 1 hospitals at district level; Level 2 general hospitals at provincial level; and Level 3 tertiary hospitals at national level. The referral system also follows this hierarchy (*National Health Strategic Plan 2011-2015)*.

Health posts are intended to cover 500-1,000 households, and all households should be within five kilometers of a health facility. Health centers, staffed by a clinical officer, nurse, or environmental technicians, serve a catchment area of 10,000 residents. Each district is expected to have a hospital, staffed by one or more physicians; however, currently 13 districts have no hospital. The health system suffers from poor integration and coordination of health programs. There is a severe shortage of human resources for health in Zambia, and vertical programs implemented by donors and partner organizations end up competing for attention from health workers (United States Government Zambia Interagency Team 2012).

Community health workers called *community health assistants* deliver certain services from the EPHS to underserved populations. Mobile health services are described in the *National Health Policy* as an integral part of the health care delivery system, but these services have faced a number of challenges including inadequate human resources and an inadequate national-level coordinating mechanism. In 2010, the ministry established the Directorate of Mobile and Emergency Services in order to strengthen the provision of health care through this mode of delivery.

Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ adolescents,
- ✓ the indigent, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of Zambia, based on data from a 2007 Demographic and Health Survey.

Key findings from the health equity profile include:

- Coverage of births by skilled health personnel is positively correlated with wealth, but antenatal care coverage is similar across the wealth spectrum.
- Only 31 percent of births in rural areas are attended by skilled health personnel, compared to 83 percent of births in urban areas.
- Full immunization coverage of children less than one year old is only 68 percent nationally, and less than 80 percent even in the wealthiest quintile.

Zambia's *National Health Policy* (2012) is guided by several principles, one of which is to ensure equitable access to health care for all the people of Zambia, regardless of their geographical location, gender, age, race, or social, economic, cultural, or political status. The Policy includes specific strategies to improve health care service delivery for adolescents, women of childbearing age, mothers, newborns, children, those in need of mental health services, the poor, and rural residents.

A major challenge in the country is the inadequate and inequitable distribution of health infrastructure. In rural areas 46 percent of families live outside a radius of 5 km from a health facility. To work toward improved access, the *National Health Policy* sets specific target catchment populations. For example, a Health Post is to cater to populations of 500 households (3,500 people) in rural areas, and 1,000 households (7,000 people) in urban areas, or to be established within a 5 km radius for sparsely populated areas.

Providing Financial Protection for the EPHS

- ✓ The government sponsors health insurance for civil servants.
- ✓ The government sponsors or regulates health insurance for nongovernmental formal sector employees.
- ✓ The government sponsors health insurance for informal sector employees (through a national insurance fund, through subsidies to community-based health insurance, etc.).
- ✓ Community-based insurance is available in parts or all of the country.
- ✓ All services included in the EPHS are legally exempt from user fees on a national scale.

From a public policy perspective, Zambians have some financial protection for the EPHS. However, in reality this financial protection appears to be mainly aspirational.

Zambia's *National Health Policy* is guided by this principle: to ensure affordability of health care services to all, taking into account the socioeconomic status of the people. In 2012, the government officially abolished user fees for primary health services. However, anecdotal evidence presented in the government's *2012 Joint Annual Review of the Health Sector*, Zambia suggests that households are still paying for services that should be free.

The Zambia Universal Health Insurance is a new initiative that merges three compulsory schemes already in existence: a scheme for the formal sector, medical assistance for local populations, and mutual health organizations for the informal sector. However, the scheme will initially cover only the formal sector employees (public and private), which includes employees of the central government, local governments, and parastatal organizations, and private-sector employees (Center for Health Market Innovations 2015). This initiative is in its very preliminary stages, and coverage of other sectors does not appear imminent.

SOURCES

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ANNEX A. ZAMBIA'S EPHS

[Report author] Contents of Annex A:

1. *Zambia "Basic Health Care Package"*
2. *Selection from the "Mother, Newborn and Child Health Roadmap" (circa 2012)*
3. *Selection from the Guidelines for the Diagnosis and Treatment of Malaria in Zambia" (2014)*
4. *Selection from the "National Health Strategic Plan, 2011 - 2015"*
5. *"Zambia Family Planning Guidelines and Protocols" (2006)*

We identified Zambia's Essential Package of Health Services across several policy documents.

1. *Zambia "Basic Health Care Package"*

[Report author] Several government documents refer to the "Basic Health Care Package" defined by the Government of Zambia in the "Fifth National Development Plan 2006 - 2010"[1]

The Basic Health Care Package

Since the onset of the health reforms, the focus of the Government has been on Primary Health Care (PHC) which has been identified as the main vehicle for delivering health services. The reasoning behind the PHC approach is that most of the diseases in Zambia can be prevented or managed at primary health care level which in itself can lower the cost of referral curative care by reducing the number of people seeking services. Further, in an attempt to promote allocative efficiency in a climate of limited resources, the Government has developed a Basic Health Care Package (BHCP) which is a set of carefully selected high impact interventions that is offered through the public health system freely or on a cost-sharing basis at different levels of the health care delivery system. Interventions outside this package are offered on a full cost recovery basis. Interventions included in the BHCP were selected on the basis of an epidemiological analysis of those diseases and conditions that cause the highest burden of disease and death. Currently, ten priority areas for health services have been identified for inclusion in the BHCP. Further work is needed to refine the packages and use them in the manner they were intended.

National Health Priorities:

1. Child health and nutrition -To reduce the mortality rate among children under five
2. Integrated reproductive health -To reduce the Maternal Mortality Ratio
3. HIV and AIDS, TB and STIs -To halt and begin to reduce the spread of HIV, TB and STIs through effective interventions
4. Malaria -To reduce incidence and mortality due to malaria

[1] Note, according to the Sixth National Development Plan 2011-2015 the Government would undertake finalization and adoption of the Basic Health Care Package (BHCP). We could not identify a revised BHCP as of February 2015.

5. Epidemics - To improve public health surveillance and control of epidemics
6. Hygiene, sanitation and safer water - To promote and implement appropriate interventions aimed at improving hygiene and access to acceptable sanitation and safer water
7. Human resources - To train, recruit and retain appropriate and adequate staff at all levels
8. Essential drugs and medical supplies - To ensure availability of essential drugs and medical supplies at all levels
9. Infrastructure and equipment - To ensure availability of appropriate infrastructure and equipment at all levels
10. Systems strengthening - To strengthen existing operational systems, financing mechanisms and governance arrangements for effective delivery of health services

2. *Selection from the "Maternal, Newborn and Child Health (MNCH) Roadmap"*

[Report author] The following is the list of the health services specified in "The MNCH Roadmap" Powerpoint by Dr Caroline Phiri Chibawe, Ag Director MCH (MCDMCH) (circa 2012)[2]

- Provide skilled attendance during pregnancy, childbirth, and the postnatal period, at all levels of the health care delivery system
- The continuum of care approach recognizes five critical phases in the life cycle of women and children which are:
  - Adolescence and pre-pregnancy
  - Pregnancy,
  - Childbirth and the postnatal period,
  - Newborn and
  - Childhood
- Pregnancy:
  - The thrust in interventions is ensuring provision of skilled care during pregnancy.
  - Provide quality focused antenatal care
    - Promote birth plan
    - Helping the family prepare for good parenting
- Childbirth and the postnatal period
  - Focus on skilled, professional care during childbirth
    - Providing access to professional skilled care before, during and after childbirth
    - Train Health workers to provide quality Emergency obstetric and newborn care
    - Skilled and professional care should also be available to the mother during the postnatal period
- Newborn (neonatal):
  - bridging the postnatal and postpartum gap, ensuring no interruption in the continuum of care, and
    - establish mechanisms for communication and handover between maternal and child programmes
    - mix of approaches, from the improved care of newborns within the home, through home visits by health workers, better uptake of services in case of problems and referral when needed.
- Childhood
  - The Expanded programme on Immunisation[3]

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[2] Note, the Ministry of Community Development, Maternal and Child Health (MCDMCH) was established in 2012. MCDMCH has assumed responsibility for primary health care (PHC) and district- level service delivery, while the Ministry of Health maintains the mandate for overall policy and provision of health care at secondary and tertiary levels.

[3] Zambia has adopted the WHO guidelines for vaccinating children through the Expanded Programme on Immunization (EPI). Children are considered fully immunized if they receive a vaccination against TB, (BCG), and three doses of each of the

- "Integrated Management of Childhood Illness" (IMCI)
- Management of the newborn,
- Nutrition promotion,
- The strengthening of school health programmes,
- Shifting focus from health centres alone to a continuum of care that implicates families and communities, health centres, and referral-level hospitals

- Community Mobilization
  - Educating and sensitizing communities on community-based MNCH interventions
  - Mobilizing resources at the village level for MNCH including emergency referral as well as building and strengthening health facilities.
  - Orienting the facility governing committees to the MNCH Strategic Plan to ensure effective
  - Implementation of the plan at the health facility and community levels
  - Institutionalizing 'village health days'
- Behaviour Change Communication (BCC)
  - Use of BCC approaches for quality MNCH including nutrition and adolescent sexual reproductive health.
  - Target community-based initiatives
  - Use of targeted mass campaigns

[Report author] Table 1 lists the operational indicators from the MNCH Roadmap. These indicators provide further specificity into the aspirational EPHS in Zambia.

Table 1: Operational Indicators from the MNCH Roadmap

Unmet need for Contraceptives
Modern Contraceptive rate for women of Reproductive age
Teenage Pregnancy
% of women accessing ANC in first Trimester
% of women accessing 4 or more ANC visits
% of women on IPT 2 or more
% of women accessing PMTCT
% of women initiating early and exclusive breastfeeding
% of districts with 50% HF implementing kangaroo care
% of children receiving correct treatment for fever

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following: diphtheria; pertussis; tetanus/hepatitis B/Haemophilis influenza type b (DPT-HepB-Hib). Additionally, they must be vaccinated against Polio and a Measles, within the first twelve months from birth. (http://www.aho.afro.who.int/profiles_information/index.php/Zambia:Analytical_summary_-_Immunization_and_vaccines_development)

% Vitamin A supplementation
% of households women accessing improved drinking water
% of households accessing improved sanitation
% of districts conducting maternal death reviews

3. *Selection from the Guidelines for the Diagnosis and Treatment of Malaria in Zambia" (2014)*

[Report author] The following are specific health services and interventions specified in the "Guidelines for the Diagnosis and Treatment of Malaria in Zambia" (2014):

Uncomplicated malaria

- First-line treatment:
  - Artemether-lumefantrine (AL), an ACT (children below 5 kg of weight should be treated under medical supervision).
  - Sulphadoxine-pyrimethamine(SP)forchildren below 5 kg of weight.
  - Alternative first-line choice for uncomplicated malaria is dihydroartemisin-piperaquine.
- Second-line treatment:
  - In case of failure of the first-line medicine in all age groups, quinine is the medicine of choice.

Severe malaria

- Injectable artesunate is the drug of choice in adults and children with severe malaria.
- If injectable (IV) artesunate is unavailable, artemether (intramuscular [IM]) or quinine (IV/IM) are suggested alternatives.
- Following initial parenteral treatment for a minimum of 24 hours, once the patient can tolerate oral therapy, it is essential to continue and complete treatment with an effective oral antimalarial using a full course of an effective ACT.

Pre-referral treatment

The first option should be to give IM artesunate or rectal artesunate; if that is not available, then give IM quinine.

The appropriate single dose of artesunate suppositories should be administered rectally as soon as the presumptive diagnosis of malaria is made. In the event that an artesunate suppository is expelled from the rectum within 30 minutes of insertion, a second suppository should be inserted and, especially in young children, the buttocks should be held together, or taped together, for 10 minutes to ensure retention of the rectal dose of artesunate.

Adults: One or more artesunate suppositories inserted in rectum. Dose should be given once and followed as soon as possible by definitive therapy for malaria.

A patient who is given IM quinine as pre-referral treatment will need a second dose in just 4 hours. However, a patient who receives IM artesunate as pre-referral treatment will be due for a second dose after 12 hours, allowing sufficient time to reach the hospital to which they have been referred.

Malaria in pregnancy

- Uncomplicated malaria
  - First-line treatment
    - Quinine in the first trimester of pregnancy.
    - Artemether-lumefantrine in the second and third trimesters of pregnancy
  - Second-line treatment in second and third trimesters
    - Quinine should be used in all cases of failure of first-line treatment.
- Severe malaria
  - Quinine in the first trimester of pregnancy.
  - Injectable artesunate in the second and third trimesters of pregnancy.
- Intermittent preventive treatment during pregnancy (IPTp)
  - Sulphadoxine-pyrimethamine should be used for IPTp during the second and third trimesters of pregnancy on a monthly basis at all scheduled antenatal care visits.

Policy on Parasite-Based Diagnosis

- Parasite-based diagnosis with microscopy or rapid diagnostic tests (RDTs) should be part of malaria case management in all health facilities.
- All suspected malaria cases shall be subjected to parasite-based diagnosis and treatment initiated in accordance with the test result. For children below five years presenting with fever to the first level of health care, treatment should be initiated according to the Integrated Management of Childhood Illness (IMCI) guidelines (WHO/UNICEF, 2008).
- The two methods to be used for parasitological diagnosis in this policy are microscopy and RDTs. The choice between RDTs and microscopy will depend on:
  - Local circumstances.
  - Level of health care including the skills available. o The usefulness of microscopy for diagnosis of other diseases
  - Health system infrastructure for laboratory services in the country. In this respect:
  - Microscopy will be deployed in the public health sector according to the current national laboratory policy.
  - RDTs will be deployed in all health facilities.
  - However, priority will be given to facilities where deployment of microscopy may not be possible.
  - In the private sector, all private health facilities managing fever cases will follow the recommended policy of using microscopy or RDTs for parasitological confirmation of malaria.
  - RDTs will also be deployed at the community level in the context of integrated community case management (iCCM) of malaria.
- The type of RDTs to be deployed in the country will be guided by high sensitivity, specificity, and stability in the field guided by the performance and pre- qualification schemes of the World Health Organization (WHO). However, practical experience and operational evidence will continue to be carefully monitored and evaluated.

4. *Selection from the "National Health Strategic Plan, 2011 - 2015"*

[Report author] The following selection is the chapter "Strategic Directions" from the "National Health Strategic Plan, 2011 - 2015." This selection provides further specificity of services in Zambia's Essential Package of Health Services.

5. *After the "Strategic Directions" chapter, find a selection from the document "Zambia Family Planning Guidelines and Protocols" (2006).*

Republic of Zambia
MINISTRY OF HEALTH

NATIONAL HEALTH STRATEGIC PLAN 2011-2015

"Towards attainment of health related Millennium Development Goals and Other National Health Priorities in a clean, caring and Competent environment"

Collaborative visit with Cooperating Partners

5.1 HEALTH SERVICE DELIVERY

5.1.1 Overview

The scope of service delivery comprises promotive, preventive, curative and rehabilitation care, which are provided at various levels, from the community level, up to tertiary hospital level of care. This hierarchy also determines the structure of the referral system, aimed at ensuring continuum of care. The health sector in Zambia has a pyramid area based structure, with provision of basic health services in lower health facilities i.e. HPs and HCs, covering a limited geographical area, supported by the first, second and third level referral hospitals, through an established referral system.

5.1.2 Primary Health Services

5.1.2.1 Overview

The government's strategic direction is to provide quality and cost-effective health services, as close to the family as possible. The district health services will continue to be the key level in the provision of primary health care services to the communities, aimed at attaining the national health objectives and health related MDGs.

The district is where the formal health service delivery systems interface with the community, to support community-based services, and also interacts with other sectors, to address social determinants of health and cross-cutting health

issues, which are a major source of public health problems and epidemics. In this respect, the health facilities provide prevention, treatment and care for health conditions that include water and food borne diseases, such as cholera, dysentery and typhoid, and other health conditions such as malaria, pneumonia, cardiovascular disease, HIV and AIDS, cancer, and mental health problems.

While high impact interventions in key health programs are being implemented, aimed at reducing the disease burden, capacity constraints are presenting major challenges. In this respect, the key implementation bottlenecks include: inadequate and inequitable distribution of human resource for health service delivery at the primary level, both in numbers and in skills mix; poor integration and coordination of vertical programmes; inequitable geographical coverage of health services, especially in remote rural areas; and an ill-functioning referral system.

5.1.2.2 Overall Objective

To provide cost-effective, quality and gender sensitive primary health care services to all, as defined in the Basic Health Care Package.

5.1.2.3 Overall Key Strategies

1. Review the performance of primary health care systems, and carry-out a business process re-engineering, to improve health service delivery at this level.
2. Strengthen community support systems.
3. Promote household support to managing health and health care.
4. Develop capacities to provide single entry for counseling, diagnosis, treatment and follow up for HIV and TB patients in both out-patient and in-patient situations.
5. Ensure functional referral systems, both horizontally and vertically, including referrals between private and public health facilities.
6. Promote and ensure an integrated approach to staff capacity building programmes, especially at operational level, to facilitate coordination and harmonisation of support from various partners.

5.1.2.4 Integrated Reproductive Health

5.1.2.4.1 Objectives

- To reduce Maternal Mortality Ration (MMR) from 591 per 100000 live births in 2007 to 159 by 2015.
- To reduce Under-Five Mortality Rate (U5MR) from 119 per 1000 live births in 2007 to 63 by 2015.

5.1.2.4.2 Key Strategies

1. Strengthen Reproductive Health (RH):
   (i) Strengthen safe motherhood services, including: Family Planning (FP); Focused Antenatal Care (FANC); Post Natal and Newborn care; and Emergency Obstetrics and Newborn Care (EmONC).
   (ii) Strengthen and improve visibility of adolescent reproductive health services.
   (iii) Scale up and expand the coverage for Reproductive Health (RH)

services, including: FP, cancer of the cervix; Fistulae; Sexual and Gender based violence; and male reproductive health.

2. Strengthen the adolescent health programme:
   (i) Strengthen the adolescent health programme and improve its visibility (including adolescent sexual and reproductive health services).
   (ii) Develop and implement a comprehensive strategy for adolescent health.

3. Scale up the child health programme:
   (i) Scale up coverage of the Expanded Programme on Immunisation (EPI), care for the sick child and Emergency Triage Assessment and Treatment.
   (ii) Strengthen implementation of the Integrated Management of Child Illnesses (IMCI) strategy.
   (iii) Scale up infant and young child feeding services, including promotion of breastfeeding and complementary feeding after 6 months.
   (iv) Strengthen the School Health and Nutrition (SHN) Programme.

4. Strengthen response to cross-cutting issues:
   (i) Strengthen MNCH interventions through the CARMMAZ strategy
   (ii) Improve the availability of MNCH and nutrition commodities (e.g. FP commodities, vaccines, therapeutic feeds).
   (iii) Strengthen community involvement in MNCH and nutrition services.
   (iv) Mainstream nutrition in other key health sector interventions, such as maternal and adolescent health, HIV care, TB, IMCI and NCDs.

(v) Scale-up and sustain high impact nutrition interventions, such as micronutrients deficiency control (Vitamin A supplementation in under five children, iron-folate supplements to pregnant women and iodations of salt).
(vi) Provide comprehensive health promotion services in all programmes.
(vii) Strengthen operational research.

5.1.2.5 Malaria

5.1.2.5.1 Objectives

1. To halt and reduce the incidence of malaria from 252 per 1000 population in 2010, to 75 by 2015.
2. To reduce Malaria Case Fatality Rate among children below the age of 5 years from 38 per 1000 in 2008 to 20 by 2015.

5.1.2.5.2 Key Strategies

1. Scale up and direct high impact malaria prevention and treatment interventions, including IRS, ITNs, IPTp and case management, based on the identified 3 malaria epidemiological zones.

2. Strengthen monitoring of insecticide resistance to chemicals used in IRS and ITNs.
3. Strengthen malaria surveillance and response.
4. Build and extend malaria control operational strengths at provincial, district and community levels.
5. Strengthen partnership and performance management.

5.1.2.6 HIV and AIDS

5.1.2.6.1 Objectives

1. Reduce the spread of HIV and STIs, by scaling up and increasing access to high impact HIV and STIs prevention interventions.
2. Increase access to high quality curative and care services for people living with AIDS, in order to increase their quality of life and life expectancy.

5.1.2.6.2 Key Strategies

Implement the following strategies, within the scope of the national HIV/AIDS, TB and STIs Policy and strategic framework:

1. Strengthen and scale up diagnosis and prevention:
   (i) Scale up access to quality counseling and testing services at health facilities and at community level, across the country.
   (ii) Increase access to male circumcision services.
   (iii) Increase availability of both male and female condoms in public institutions.
   (iv) Strengthen prevention and management of Sexually Transmitted Infections.
   (v) Prevention of Mother-to-child transmission of HIV services.
   (vi) Strengthened systems for blood collection, screening, storage, and clinical use of blood and blood products.
2. Strengthen and scale up HIV and AIDS treatment, care, and support:
   (i) Increase access to and enrolment on ART, for both adults and children.
   (ii) Increase access to and uptake of paediatric HIV testing and treatment services.
   (iii) Improve adherence to treatment.
   (iv) Strengthen HIV drug resistance (HIVDR) surveillance.
   (v) Scale up systems for early identification and treatment of TB/HIV co-infections.
   (vi) Strengthen and increase access to community-and home-based care / palliative care.
3. Cross-cutting Interventions:
   (i) Improve GRZ funding for HIV and AIDS including the introduction of earmarked taxes to address the GAP in funding.
   (ii) Training of specialist cadres in HIV and AIDS.

5.1.2.7 Tuberculosis and Leprosy

[15]These objectives aligned to the Stop TB Strategy.

5.1.2.7.1 Objectives[15]

1. To detect at least 70% of the infectious TB cases.
2. To successfully treat 85% of the TB infectious cases detected.

5.1.2.7.2 Key Strategies

Based on the recommendations of the National TB Programme Review of 2010, the following will be the key strategies for this strategic plan:

1. Strengthen and expand high Quality Direct Observation Treatment Strategy, adhering to the five elements defined by WHO.
2. Aaddress TB/HIV, MDR TB and other challenges.
3. Target prisoners and other high risk groups with TB prevention and treatment.
4. Scale up TB case detection.
5. Strengthen infection control.
6. Contribute to health systems strengthening.
7. Engage all care providers.
8. Empower people and communities affected with TB.
9. Implement isoniazid preventive therapy for TB.
10. Further reduce the disease burden due to leprosy and sustain the provision of high-quality leprosy services for all affected communities.
11. Promote operational research.

5.1.2.8 Neglected Tropical Diseases

5.1.2.8.1 Objectives

To reduce the incidence and prevalence of the Neglected Tropical Diseases (NTDs) in Zambia.

5.1.2.8.2 Key Strategies

1. Strengthen mapping of neglected tropical diseases in Zambia.
2. Train health workers and teachers in clinical Management and preventive chemotherapy.
3. Mass drug administration against schistosomiasis, Soil Transmitted Helminths (STH) and lymphatic Filariasis.
4. Health promotion.
5. Coordination of drug procurement and distribution.
6. Conduct operational research.

5.1.2.9 Epidemics Control and Public Health Surveilance

5.1.2.9.1 Objective

To significantly improve public health surveillance and control of epidemics, in order to reduce morbidity and mortality associated with epidemics.

5.1.2.9.2 Key Strategies

1. Strengthen the country's capacity to conduct effective surveillance for both communicable and non-communicable diseases by:
   (i) Strengthening epidemic data management capacity.
   (ii) Strengthening laboratory capacity.
2. Strengthen the country's capacity to respond to and control epidemics by:

(i) Provision of logistical support necessary for surveillance, epidemic management and control.

3. Strengthen monitoring and evaluation of the surveillance system.

5.1.2.10 Non-Communicable Diseases (NCDs) and Mental Health

5.1.2.10.1 Objectives

To halt and begin to reverse the incidence and prevalence of NCDs including the improvement of mental health services throughout Zambia.

5.1.2.10.2 Key Strategies

Key strategies for NCDs such as heart diseases, stroke, cancers, diabetes, sickle cell anaemia, mental illnesses, epilepsy, injuries, asthma, oral health and nutritional conditions will be:

1. Conduct a situational analysis of NCDs and their social, behavioral, and political determinants.
2. Introduce and strengthen the reduction in the levels of exposure of individuals and the populations at large to the common modifiable risk factors for NCDs.
3. Strengthen overall delivery of mental health services and in particular the integration of mental health at primary care level.
4. Strengthen and scale up screening programmes for NCDs.
5. Strengthen the health system to respond to the need for effective management of NCDs, (e. g. developing evidence based standards and guidelines for cost effective interventions).
6. Strengthen school oral health programs.
7. Undertake operational research.
8. Develop a comprehensive NCDs Strategy.

5.1.2.10 Oral and Eye Health

5.1.2.10.1 Objectives

To reduce the incidence and prevalence of oral health problems/diseases.

5.1.2.10.2 Key Strategies

1. Strengthen the policy framework for oral and eye health.
2. Scale up oral and eye health services to all districts.
3. Strengthen prevention, through public awareness and education.
4. Strengthen treatment and care, through improved referral systems, including strong component of outreach services.
5. Integrate oral and eye health in child health and HIV/AIDS programmes.
6. Strengthen human resource capacities, including recruitment, retention and training.
7. Strengthen M&E for oral and eye health.

5.1.2.11 Nutrition

5.1.2.11.1 Objective

To significantly improve the nutritional status of the population and ensure food safety, particularly for children, adolescents and mothers in child bearing age, so as to prevent diseases.

5.1.2.11.2 Key Strategies

1. Strengthen nutrition service delivery in HIV/AIDS and TB programmes and activities.
2. Strengthen implementation of infant and young child feeding programme.
3. Promote maternal nutrition in pregnancy and during lactation;
4. Provide support to micronutrient deficiency prevention and control (supplementation).
5. Provide quality dietary, including food aid management services and information to in- and out patients.
6. Strengthen use of Growth Monitoring and Promotion to improve nutrition interventions.
7. Capacity building in Nutrition Advocacy and technical support and supervision.
8. Scale-up public awareness and education on the importance of nutrition.
9. Strengthen national and multi-sector coordination of nutrition programmes.

5.1.2.12 Environmental and Occupational Health

5.1.2.12.1 Objective

To promote and improve hygiene and universal access to safe and adequate water, food safety, and acceptable sanitation, with the aim of reducing the incidence of water and food borne diseases throughout Zambia.

5.1.2.12.2 Key Strategies

Within the framework of the decentralisation policy, the following strategies will be implemented:

1. Promote establishment of new and strengthening of existing Water, Sanitation and Hygiene Education (WASHE) Committees at national, provincial, district and sub-district levels.
2. Institutionalise Food Safety Protocols of Hazard Analysis and Critical Control Point System (HACCP).
3. Promote the provision of appropriate and suitable water and sanitation facilities in peri-urban and rural areas.
4. Strengthen national health care waste management at all levels of care.
5. Strengthen training and capacity building in environmental health; and
6. Strengthen internal and multi-sector coordination and management of environmental health at all levels of care.

5.1.2.13 Health Education and Promotion

5.1.2.13.1 Objective

To provide efficient and effective health education and promotion, in order to empower individuals, families and communities with appropriate knowledge to develop and practice healthy lifestyles.

Second Level Hospital

5.1.2.13.2 Key Strategies

1. Strengthen the policy and strategic framework for health education and promotion.
2. Strengthen the health promotion unit at MOH head quarters, so as to ensure effective coordination.
3. Advocate for public policies that support and promote health.
4. Strengthen community response and participation in health education and promotion.
5. Strengthen health education and promotion in schools, through the School Health and Nutrition Programme.
6. Integrate health education and promotion in all health programmes and at all levels.
7. Establish collaborative systems with partners, private sector, civil society, CHAZ and other stakeholders to support health education and promotion.

5.1.3 Hospital Referral Services

Currently, the hospital referral systems are not working as planned. This is largely attributed to the insufficient capacities at lower levels, including shortages of health workers, erratic supply of essential drugs and medical supplies, and inequities in the distribution of essential physical infrastructure and equipment to offer services that are appropriate to their level, and also due to the limited scope of services offered by facilities at lower levels. In view of the foregoing, Level 2 hospitals are forced to operate more as district hospitals, as many patients by-pass the HPs and HCs due to the observed capacity challenges. Similarly, Level 3 hospitals are mainly providing 1st and 2nd level hospital services. This situation amounts to inappropriate use of resources, leading to inefficiencies in service delivery.

The over concentration of Level 2 hospitals in some provinces, particularly the Southern and Copperbelt provinces brings in a problem of financing. The decision to right size these facilities has not yet been implemented, however, MOH has already developed a policy on the number and type of hospitals required per

province (namely, one 3rd level hospital and at least two 2nd level hospitals in each province). Right sizing and strengthening the hospital referral systems would result in reductions in congestions at higher level referral facilities, and increase in the efficiency and effectiveness of health service delivery.
Apart from services offered by static health infrastructure, over the years, the MOH has been providing outreach mobile health services to the communities. These services include the Zambia Flying Doctors Service (ZFDS), mobile eye clinic services, mobile Counseling and Testing (CT) services, mobile Anti-retroviral therapy (ART) services, mobile immunisation services and other routine outreach services. These services have contributed to the improvement of access to services in hard-to-reach areas and also reduced the indirect cost barriers, such as transport and time costs, and food and accommodation for in-patients and relatives, faced by the poor people in rural areas in accessing health care.

In order to further improve the efficiencies and effectiveness of health service delivery, MOH will review and strengthen the hospital referral systems, and also scale up mobile health services, across the country, particularly in rural areas.

5.1.3.1 Objective

To streamline and further strengthen the hospital referral systems and mobile health services, in order to increase access to appropriate quality hospital referral services, and provide for continuity of care.

5.1.3.2 Key Strategies

1. Establish NCDs desk for clinical care specialists at national and PHOs.
2. Develop and implement an appropriate Hospital Reform Programme:
   - (i) Redefine the packages of health services for each level of health facilities.
   - (ii) Develop outreach programmes from tertiary to regional referral hospitals, contributing to technical supervision of those facilities.
   - (iii) Improve quality of clinical services in hospitals.
   - (iv) Strengthen diagnostic capabilities at all levels.
   - (v) Strengthen rehabilitative services.
   - (vi) Improve the availability and distribution of health workers, essential medicines and other medical supplies.
3. Review and strengthen hospital referral health services, horizontally and vertically.
4. Strengthen mobile health services, including the mobile hospital services, Zambia Flying Doctor Service, tele-medicine services, and routine and adhoc outreach health services at all levels.
5. Build capacity in hospital management: including introducing and maintaining financial and accounting management software systems; and exploring opportunities to generate additional income from cost sharing arrangements and other financing modalities.
6. Further strengthen ophthalmological services: Zambia is signatory to vision 2020, the right to sight.
7. Promote private sector participation in the provision of specialised health care services, through innovative modalities, including Public-Private-Partnerships.

Laboratory services

5.2 HEALTH WORKFORCE/HUMAN RESOURCE FOR HEALTH

5.2.1 Objectives

1. To improve the availability of and distribution of qualified health workers in the country.
2. To significantly increase the annual outputs of the health training institutions, to mitigate the critical shortages of qualified health workers.

5.2.2 Key Strategies

1. Scale up the recruitment, and improve distribution and retention of human resources for health:
   (i) Scale up recruitment of health workers, to reach optimum levels, in accordance with the approved staff establishment.
   (ii) Increase numbers of specialist doctors to provide specialised services in hospitals, and contribute to the strengthening of referral services.
   (iii) Develop and implement appropriate mechanisms for more equitable distribution of health workers, including improved targeting and regulation of staff posting.
   (iv) Review, strengthen and expand the health workers' staff retention scheme, as a tool for staff retention and for attracting health workers to rural areas.
   (v) Carryout a skills gap analysis and, based on its findings, develop a comprehensive human resources plan.

2. Strengthen human resource management, in order to improve efficiency and effectiveness in utilisation of existing staff:
   (i) Implement an appropriate staff performance management system and

performance-based incentive systems.

(ii) Improve HRH information system.

(iii) Improve the standards of HRH planning.

(iv) Finalise and implement the CHW strategy, to ensure their effective participation.

(v) Strengthening multi-sectoral collaboration with Government line Ministries, Faith-Based Institutions, the private sector, Cooperating and Development Partners and other governments to address the HRH crisis.

3. Strengthen training and staff development.

(i) Develop and implement an appropriate plan for production of health workers, based on projected HRH needs, both in numbers and skills-mix.

(ii) Develop and implement an appropriate in-service training plan, to improve skills levels for existing staff.

(iii) Expand capacities at health training facilities and increase training outputs, based on the projected HRH needs.

(iv) Collaborate with the Ministry of Education towards increasing the intakes for medical students at the University of Zambia, Medical School.

(v) Scale up the recruitment and retention of teaching staff at health training institutions.

(vi) Provide appropriate and coordinated training to CHWs, in order to mitigate the shortages of health workers, and scaling up in health promotion at community level.

5.3 MEDICAL PRODUCTS, VACCINES, INFRASTRUCTURE AND TRANSPORT

5.3.1 Essential Medicines, Vaccines and Medical Supplies

5.3.1.1 Objective

To ensure availability of adequate, quality, efficacious, safe and affordable essential medicines and medical supplies at all levels of service delivery, through efficient and effective procurement, and logistics management.

5.3.1.2 Key Strategies

1. Strengthen systems and procedures for selection of medical products.
2. Review and update the essential drugs and essential medical supplies lists.
3. Improve planning and forecasting for essential supplies. Develop comprehensive annual commodities projections, and procurement plans for essential medicines and medical supplies.
4. Strengthen systems for procurement of essential medicines and medical supplies. Improve linkages and coordination between MOH and MSL, to strengthen procurement activities.
5. Improve storage for essential medicines and medical supplies, at all levels of the supply chain. Implement recommendations of the storage capacity assessment done in 2009/2010.
6. Strengthened logistics management systems, at all levels. Roll-out the pilot project on drugs distribution logistics, which was successfully piloted in selected districts.
7. Strengthen regulatory capacity to meet all established Laws and

regulations for procurement, storage, usage and disposal of medicines and other medical supplies.

8. Set up appropriate instruments to access medicines, through the IP and TRIPS agreements.

5.3.2 Medical Infrastructure

5.3.2.1 Objective

To ensure optimal availability, appropriateness, distribution and conditions of essential infrastructure, in order to facilitate equity of access to essential health services.

5.3.2.2 Key Strategies

1. Review, update and implement the Capital Investment Plan (CIP), integrating planning and construction of health facilities with the availability of other critical inputs, particularly health workers and equipment.
2. Study and revise the designs of health facilities, at different levels, to address current concerns, e.g. appropriateness and location of maternal/ delivery rooms, and adolescent health services.
3. Promote private sector participation, including PPPs.
4. Undertake periodic updates of the existing infrastructure database.
5. Strengthen maintenance and rehabilitation at all levels.

5.3.3 Medical Equipment, Transport and Communication

5.3.3.1 Objective

To significantly improve on the availability and condition of essential medical equipment, transport and communication, in order to facilitate efficient and effective delivery of health services.

Mobile and Emergency Health Services

5.3.3.2 Key Strategies

1. Medical equipment:
   i) Review, update and implement the Capital Investment Plan (CIP).
   ii) Strengthen capacity for management and maintenance of medical equipment, including staffing, training and appropriate facilities.

2. Transport and Communication:
   i) Ensure availability and equitable distribution of adequate appropriate transport for supporting health service delivery at all the levels.
   ii) Strengthen capacity for management and maintenance of transport, including the mobile hospitals.

3. Information and Communication Technologies (ICTs):
   i) Develop an ICTs standards and procedures manual.
   ii) Revise the ICT staff structure to include positions at district and provincial offices.
   iii) Develop and implement an appropriate plan for ICTs development.
   iv) Establish and upgrade LAN connectivity in major health facilities (especially second and third level hospitals) and District Health Offices.

5.3.4 Specialised Health Service Support Services

5.3.4.1 Laboratory Support Services

5.3.4.1.1 Objective

To provide appropriate, efficient, cost-effective and affordable laboratory support services at health centre and hospital levels throughout the country.

5.3.4.1.2 Key Strategies

1. Review and maintain appropriate policy and legal framework for laboratory support.
2. Provide appropriate laboratory protocols and standard operating procedures.
3. Ensure adherence to laboratory protocols and standards by implementing effective quality assurance systems.
4. Provide and appropriately maintain essential laboratory infrastructure and equipment.
5. Provide adequate supplies of laboratory supplies and auxiliaries, and ensure their proper storage, distribution and usage.
6. Strengthen training and capacity building for bio-medical scientists and laboratory staff.
7. Strengthen coordination and management of laboratory services.

5.3.4.2 Medical Imaging Services

5.3.4.2.1 Objectives

To provide the health care delivery system with high quality, cost effective and safe medical imaging and radiation therapy support at various levels of health care.

5.3.4.2.2 Key Strategies

1. Scale up Continued Professional Development in imaging and radiography.
2. Review and strengthen the policy, guidelines and regulations for medical imaging and radiation therapy.
3. Improve availability and maintenance of medical imaging equipment.
4. Prioritise the development of digital imaging and tele-radiography.
5. Strengthen the existing logistics management systems for medical imaging consumables.
6. Promote public awareness on the hazards of Radiation.
7. Strengthen supervisory and monitoring of medical imaging facilities.
8. Procure and install MRI equipment at all second level hospitals.

5.3.4.3 Rehabilitation Services

5.3.4.3.1 Objective

To provide optimal care by taking into consideration client needs, organisational and professional considerations.

5.3.4.3.2 Key Strategies

1. Develop and disseminate Rehabilitation Standard Operating Procedures for all levels of care.
2. Establish procurement plan for essential equipment and consumables.
3. Train rehabilitation therapists at all levels of care in Palliative care.
4. Purchase basic equipment, consumables and other accessories for rehabilitation services.

5. Provide appropriate infrastructure to support rehabilitation services.
6. Create adequate positions in new ministry of health structure to cater for both Diploma and Degree graduates in rehabilitation sciences.
7. Sensitise the public on rehabilitation.

5.3.4.4 Blood Transfusion Services

5.3.4.5 Objective

To attain equity of access to safe blood and blood products throughout the country, in order to contribute to national health and development objectives.

5.3.4.6 Key Strategies

(i) Maintain 100% dependency on Voluntary Non-Remunerated blood donors from low-risk populations.
(ii) Increase dependency on regular repeating blood donors.
(iii) Mandatory screening of blood for HIV, Hepatitis B and C, and Syphilis, using approved national and WHO methods and guidelines.
(iv) Promote appropriate clinical use of blood and blood products.
(v) Strengthen commodity security for blood transfusion services.
(vi) Strengthen policy and regulation of blood transfusion services/practices.
(vii) Strengthen national coordination and control of blood transfusion services.

5.4 HEALTH INFORMATION AND RESEARCH

5.4.1 Objective

To ensure availability of relevant, accurate, timely and accessible health data, to support the planning, coordination, monitoring and evaluation of health services.

5.4.2 Key Strategies

5.4.2.1 Health Information

1. Ensure smooth functioning of all routine and non-routine health information systems, including HMIS/DHIS, ZDHS, MIS and others.
2. Further improve the usage of the new HMIS/DHIS system, by reviewing and updating the indicators sets, to ensure adequate coverage of all programmes and levels, e.g. the NCDs and Adolescent Health indicators.
3. Improve hospital and community level health information, by ensuring their access to fully functional HMIS.
4. Expand the Smart-Care system, by ensuring that more health facilities have fully functional Smart-Care system.
5. Strengthen staff training and capacity building in ICTs and health information systems, particularly HMIS and Smart care systems, through tailored pre- and in-service training programmes.
6. Strengthen linkages and integration of the existing health management systems, including HMIS, Financial and Administrative Systems (FAMS), and HRIS.

5.4.2.2 Health Research

1. Strengthen the coordination of all health research to ensure that research

activities respond to national health research priorities and needs.

2. Capacity building in health research and bioethics through development ultramodern research infrastructure and establishment of linkages between neighbourhood health committees and community research advisory boards
3. Enhance the use of research findings for policy and decision making through improved dissemination of research findings to all stakeholders
4. Strengthen mechanisms for monitoring the conduct of health research to ensure adherence to human protection guidelines and prevent protocol violations.
5. Strengthen strategic partnerships for health research with partners to improve and rationalise resource availability and use.

5.5 HEALTH CARE FINANCING

5.5.1 Objective

To mobilise adequate financial resources, through sustainable means, and ensure efficient and effective utilisation of such resources, to facilitate provision of equitable quality health services to the population.

5.5.2 Key Strategies

1. Resource Mobilisation:
   i) Finalise and implement the Health Financing Policy for the health sector.
   ii) Increase the total funding for health, towards the Abuja target of 15% of national budget, through increasing on the existing local revenues, and introduction of additional new innovative sources, such as:
      - New health-related domestic taxes.
      - Establishment of the Social Health Insurance scheme (SHI).
      - Promotion of private sector participation and PPPs, while safeguarding equity.
   iii) Increase external funding, through further strengthening of partnerships with CPs and civil society:
      - Develop and implement a new MOU with CPs and CSOs.
      - Incorporate the IHP+ principles in the MOU, as the basis for mutual accountability and predictability of financing.
      - Strengthen health sector governance, transparency and accountability.
   iv) Strengthen inter-sectoral/Ministerial collaboration at all levels.
   v) Strengthen decentralisation of financing, in consultation with MOFNP.

2. Review and strengthen resource allocation:
   i) Resource Allocation Formula (RAF) at district level to take into account epidemiological, geographic, demographic, and socioeconomic factors.
   ii) Develop and implement RAFs for intra-district, 2nd and 3rd level facilities, statutory boards, and training institution.
   iii) Roll-out the Marginal Budgeting for Bottlenecks (MBB) tools/programme.
   iv) Evaluate and explore the Results Based Financing initiatives including financial sustainability.
   v) Advocate for improved disbursement mechanisms from MOFNP to MOH, and strengthen internal systems for disbursing to all levels of the health system.

3. Resource Tracking:
   i) Institutionalise National Health Accounts and make it regular every two years.
   ii) Establish the HCF database and strengthen integration of health information systems.

iii) Institutionalise the PETS, and explicit accountability tools.
iv) Ensure timely audits and financial reporting.

5.6 LEADERSHIP AND GOVERNANCE

Cooperating partners with MoH staff during the JAR field visit

5.6.1 Objective

To implement an efficient and effective decentralised system of governance, ensuring high standards of transparency and accountability at all the levels of the health sector.

5.6.2 Key Strategies

1. Strengthening the overall legal and policy framework for health:
   i) Finalise and implement the overall National Health Policy.
   ii) Develop and enforce a new National Health services Act, to replace the NHSA 1995, which was repealed in 2005.
   iii) Review the lessons learnt from the User Fees Removal Policy to inform policy direction on user fees.
   iv) Implement the Social Health Insurance Scheme and strengthen resource mobilisation.
   v) Develop BHCPs for secondary and tertiary level hospitals, as part of the planned hospital reforms.
   vi) Finalise and implement the CHW Strategy.
   vii) Periodically review and update the various pieces of health policies and legislation.
2. Implement the National Decentralisation Policy - strengthen capacities at district level in planning and management of health services.
3. Strengthen sector collaboration mechanisms: Review and update the Memorandum of Understanding (MOU) with sector partners and civil society; incorporate IHP+ principles into the MOU; and further strengthen the Joint Annual Reviews (JAR).
4. Strengthening leadership, management and governance systems and structures, to enhance transparency and accountability at all levels, in accordance with the jointly agreed governance action plan and the recently conducted systems audits.
5. Strengthen transparency, accountability and access to information at all levels, especially the community level.

ZAMBIA FAMILY PLANNING GUIDELINES AND PROTOCOLS

March 2006

MINISTRY OF HEALTH

TABLE 1. Available Family Planning Methods, Services and Providers at Various Levels

LEVEL	AVAILABLE FP METHODS	AVAILABLE SERVICES	AVAILABLE PROVIDERS
Community	▪ Pills ▪ Condoms ▪ LAM	▪ FP counselling ▪ Provision of selected FP methods ▪ Selected aspects of MCH information and care ▪ Referral for services offered at health facilities ▪ STI/HIV counselling ▪ PMTCT counseling	▪ CBDs ▪ CHWs ▪ EBDs ▪ TBAs (trained in FP) ▪ Lay counsellors
Health Post	▪ Pills ▪ Condoms ▪ NFP ▪ LAM ▪ Injectables ▪ EC	▪ FP counselling ▪ Provision of selected FP methods ▪ EC ▪ Selected aspects of MCH information and care ▪ Post-abortion counselling ▪ Referral for services offered at health facilities ▪ STI/HIV counselling ▪ PMTCT counseling	▪ Clinical Officer ▪ Midwife ▪ Nurse
Health Centre	▪ Pills ▪ Condoms ▪ NFP ▪ LAM ▪ Injectables ▪ EC ▪ IUDs ▪ Implants	▪ FP counselling ▪ Provision of selected FP methods ▪ EC ▪ MCH information and care ▪ PAC ▪ Referral for services at first level hospitals ▪ STI/HIV counselling and care ▪ PMTCT counselling ▪ Information and care for other RH problems	▪ Clinical Officer ▪ Midwife ▪ Nurse ▪ Physician
First Level Referral Hospital	▪ Pills ▪ Condoms ▪ NFP ▪ LAM ▪ Injectables ▪ EC ▪ IUDs ▪ Implants ▪ VSC	▪ FP counselling ▪ Provision of selected FP methods ▪ EC ▪ Menstrual regulation ▪ STI/HIV counseling and care ▪ PAC ▪ MCH information and care ▪ PMTCT counselling ▪ Information and care for other RH problems	▪ Clinical Officer ▪ Midwife ▪ Nurse ▪ Obstetrician/Gynecologist ▪ Physician
Second and Third Level Referral Hospital	▪ Pills ▪ Condoms ▪ NFP ▪ LAM ▪ Injectables ▪ EC ▪ IUDs ▪ Implants ▪ VSC	▪ FP counselling ▪ Provision of selected FP methods ▪ EC ▪ Menstrual regulation ▪ STI/HIV counselling and care ▪ PAC ▪ MCH information and care ▪ PMTCT counselling ▪ Information and care for other RH problems ▪ All aspects of RH	▪ Clinical Officer ▪ EHT ▪ Midwife ▪ Nurse ▪ Physician ▪ Obstetrician/Gynecologist ▪ Physician

Table 2. Service Provision to Priority Groups.

TARGET GROUP	SERVICE	PROVIDERS
Women with children less than two years of age	• IEC • RH/FP counselling • FP methods • Child care • STI/HIV counselling and care	• All trained FP service providers • TBAs • CBDs
Young adults	• IEC • RH/FP counselling • FP methods • STI/HIV counselling and care	• All trained FP service providers • TBAs • CBDs • Peer counsellors • School health services
Parents with **four or more children**	• IEC • RH/FP counselling • Long-acting contraception or VSC • STI/HIV prevention and care	• All trained FP providers with counselling skills in VSC
Parents with **satisfied parity**	• IEC • RH/FP counselling • Long-acting contraception or VSC • STI/HIV prevention and care	• All FP service providers with counselling skills in VSC
Couples/individuals wanting to **delay their first pregnancy**	• IEC • RH/FP counselling • FP methods • STI/HIV prevention and care	• All trained FP service providers • TBAs • CBDs
Men	• IEC • Counselling • FP methods • STI/HIV prevention and care	• All trained FP service providers • CBDs • Peer counsellors
STI/HIV/AIDs infected persons	• IEC • Psychosocial counselling and support • FP (dual) methods • Condom promotion and provision	• All trained FP service providers • Psychosocial counsellors • Medical doctors with counselling skills • Peer counselors
Sex workers	• IEC • Counselling • FP methods • STI/HIV screening and care • Condom promotion and provision	• All trained FP service providers • Psychosocial counsellors • Volunteers
Clients with **physical disabilities**	• IEC • RH/FP counselling • FP methods • STI/HIV prevention and care	• Sign language/Braille teachers • All trained FP service providers
Clients with **mental retardation, drug or alcohol addiction, or major psychiatric** disorders	• IEC • Counselling client/guardian • Long-acting contraception, VSC • Other FP methods • STI/HIV prevention and care	• All trained FP service providers • Medical doctors • Peer counsellors • Alcoholics Anonymous

ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

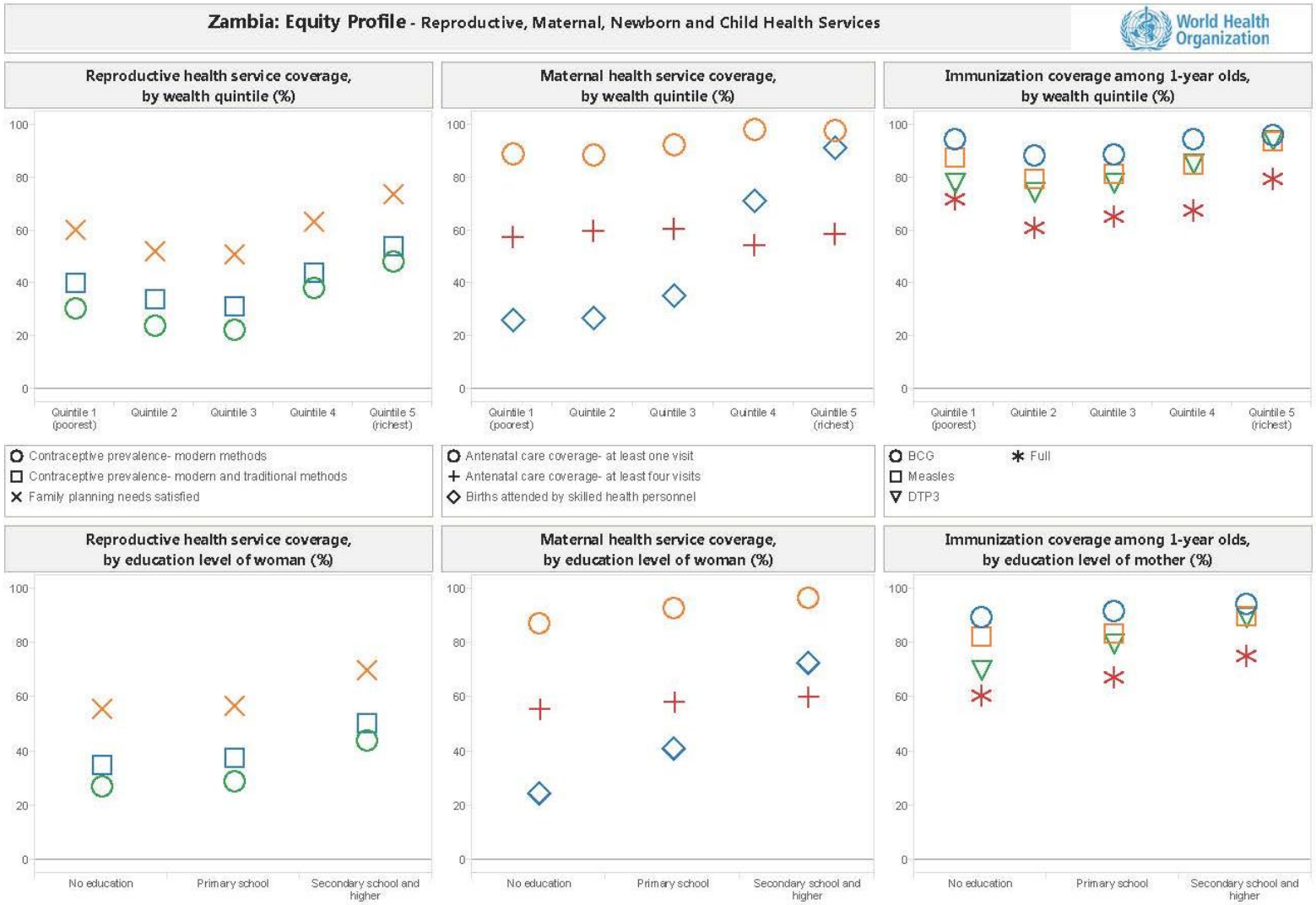
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Adolescence and pre-pregnancy	**Level: Community Primary Referral**		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: *Zambia National Reproductive Health Strategy 2011-2015*
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: *Zambia National Reproductive Health Strategy 2011-2015*
	Folic acid fortification/supplementation to prevent neural tube defects	Unspecified	This service was not specified in reviewed documents
	Level: Primary and Referral		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: *Zambia National Reproductive Health Strategy 2011-2015*
	Level: Referral		
	Family planning (surgical methods)	Unspecified	This service was not specified in reviewed documents
Pregnancy (antenatal)	**Level: Community Primary Referral**		
	Iron and folic acid supplementation	Yes	Source: *National Guideline for Community Health Volunteer Program*
	Tetanus vaccination	Unspecified	This service was not specified in reviewed documents
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: Zambia Country Coordinating Mechanism for National Malaria Control Program
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: Zambia Country Coordinating Mechanism for National Malaria Control Program
	Calcium supplementation to prevent hypertension (high blood pressure)	Unspecified	This service was not specified in reviewed documents
	Interventions for cessation of smoking	No	This service was not specified in reviewed documents and is not related to any other included service
	Level: Primary and Referral		
	Screening for and treatment of syphilis	Unspecified	Source: *Zambia National Reproductive Health Strategy 2011-2015* mentions STI screening generically

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Low-dose aspirin to prevent pre-eclampsia	Unspecified	This service was not specified in reviewed documents
	Anti-hypertensive drugs (to treat high blood pressure)	Unspecified	This service was not specified in reviewed documents
	Magnesium sulphate for eclampsia	Unspecified	This service was not specified in reviewed documents
	Antibiotics for preterm prelabour rupture of membranes	Unspecified	This service was not specified in reviewed documents
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Safe abortion	Unspecified	This service was not specified in reviewed documents
	Post abortion care	Unspecified	This service was not specified in reviewed documents
	Level: Referral		
	Reduce malpresentation at term with External Cephalic Version	Unspecified	This service was not specified in reviewed documents
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Unspecified	This service was not specified in reviewed documents
Childbirth	**Level: Community Primary Referral**		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Unspecified	This service was not specified in reviewed documents
	Manage postpartum haemorrhage using uterine massage and uterotonics	Unspecified	This service was not specified in reviewed documents
	Social support during childbirth	No	This service was not specified in reviewed documents and is not related to any other included service. It is implicitly excluded
	Level: Primary and Referral		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (*as above plus controlled cord traction)*	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage (as above plus manual removal of placenta)	Unspecified	This service was not specified in reviewed documents
	Screen and manage HIV (if not already tested)	Yes	Source: Zambia Country Coordinating Mechanism for National HIV/AIDS Control Program
	Level: Referral		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Yes	Source: *Zambia National Reproductive Health Strategy 2011-2015*

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Prophylactic antibiotic for caesarean section	Unspecified	This service was not specified in reviewed documents
	Induction of labour for prolonged pregnancy (initiate labour)	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage *(as above plus surgical procedures)*	Unspecified	This service was not specified in reviewed documents
Postnatal (Mother)	**Level: Community Primary Referral**		
	Family planning advice and contraceptives	Yes	Source: *Zambia National Reproductive Health Strategy 2011-2015*
	Nutrition counselling	Yes	Source: *National Guideline for Community Health Volunteer Program*
	Level: Primary and Referral		
	Screen for and initiate or continue antiretroviral therapy for HIV	Yes	Source: Zambia Country Coordinating Mechanism for National HIV/AIDS Control Program
	Treat maternal anaemia	Unspecified	This service was not specified in reviewed documents
	Level: Referral		
	Detect and manage postpartum sepsis (serious infections after birth)	Unspecified	This service was not specified in reviewed documents
Postnatal (Newborn)	**Level: Community Primary Referral**		
	Immediate thermal care (to keep the baby warm)	Unspecified	This service was not specified in reviewed documents
	Initiation of early breastfeeding (within the first hour)	Unspecified	This service was not specified in reviewed documents
	Hygienic cord and skin care	Unspecified	This service was not specified in reviewed documents
	Level: Primary and Referral		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Unspecified	This service was not specified in reviewed documents
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Unspecified	This service was not specified in reviewed documents
	Extra support for feeding small and preterm babies	Unspecified	This service was not specified in reviewed documents
	Management of newborns with jaundice ("yellow" newborns)	Unspecified	This service was not specified in reviewed documents
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Unspecified	This service was not specified in reviewed documents
	Level: Referral		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Unspecified	This service was not specified in reviewed documents

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	This service was not specified in reviewed documents
	Case management of neonatal sepsis, meningitis and pneumonia	Unspecified	This service was not specified in reviewed documents
Infancy and Childhood	**Level: Community Primary Referral**		
	Exclusive breastfeeding for 6 months	Yes	Source: *National Guideline for Community Health Volunteer Program*
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: *National Guideline for Community Health Volunteer Program*
	Prevention and case management of childhood malaria	Yes	Source: Zambia Country Coordinating Mechanism for National Malaria Control Program
	Vitamin A supplementation from 6 months of age	Yes	Source: Zambia Expanded Program on Immunization
	Routine immunization plus *H.influenzae*, meningococcal, pneumococcal and rotavirus vaccines	Yes	Source: Zambia Expanded Program on Immunization
	Management of severe acute malnutrition	Unspecified	This service was not specified in reviewed documents
	Case management of childhood pneumonia	Yes	Source: *National Guideline for Community Health Volunteer Program*
	Case management of diarrhoea	Yes	Source: *National Guideline for Community Health Volunteer Program*
	Level: Primary and Referral		
	Comprehensive care of children infected with, or exposed to, HIV	Yes	Source: Zambia Country Coordinating Mechanism for National HIV/AIDS Control Program
	Level: Referral		
	Case management of meningitis	Unspecified	This service was not specified in reviewed documents
Across the continuum of care	**Level: Community Strategies**		
	Home visits for women and children across the continuum of care	Yes	Source: *Zambia National Reproductive Health Strategy 2011-2015*
	Women's groups	No	This service was not specified in reviewed documents and is not related to any other included service. It is implicitly excluded

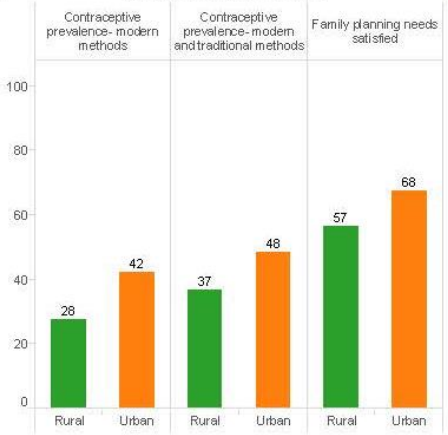
ANNEX C: ZAMBIA HEALTH EQUITY PROFILE



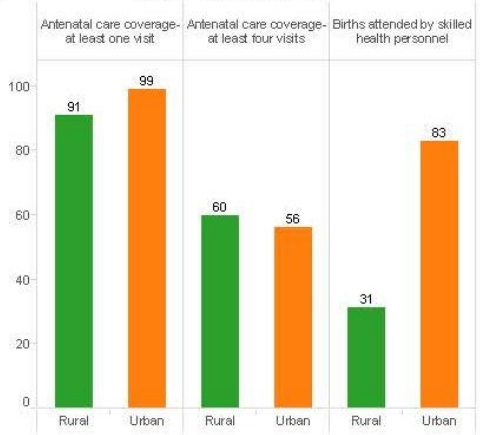
Zambia: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services

World Health Organization

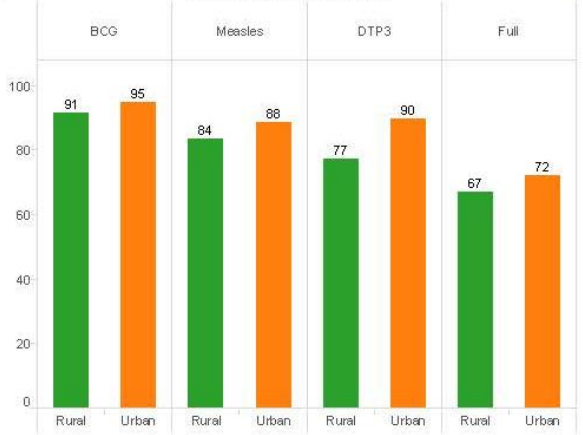
Reproductive health service coverage, by place of residence (%)



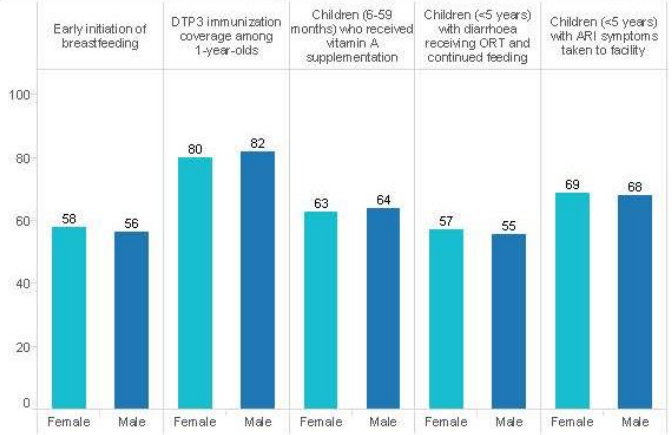
Maternal health service coverage, by place of residence (%)



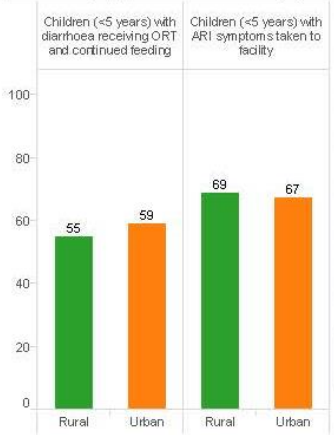
Immunization coverage among 1-year olds, by place of residence (%)



Health service and healthy behaviour coverage, by child sex (%)



Health service coverage among sick children, by place of residence (%)



Health service and healthy behaviour coverage (%)

Contraceptive prevalence- modern methods	33
Contraceptive prevalence- modern and traditional methods	41
Family planning needs satisfied	61
Antenatal care coverage- at least one visit	93
Antenatal care coverage- at least four visits	59
Births attended by skilled health personnel	46
Early initiation of breastfeeding	57
BCG immunization coverage among 1-year-olds	92
Measles immunization coverage among 1-year-olds	85
DTP3 immunization coverage among 1-year-olds	81
Full immunization coverage among 1-year-olds	68
Children (6-59 months) who received vitamin A supplementation	63
Children (<5 yrs) with diarrhoea receiving ORT and continued feeding	56
Children (<5 yrs) with ARI symptoms taken to facility	68

Source: DHS 2007

Antenatal care coverage at least 1 visit, antenatal care coverage at least 4 visits, births attended by skilled health personnel, and early initiation of breastfeeding are based on data from the five years prior to survey.

For more information, please see Global Health Observatory "Health Equity Monitor" page: www.who.int/gho/health_equity/en/index.html

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