

Zambia



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2007)	60.9
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	91
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	59.0 (Male) 61.8 (Both sexes) 64.7 (Female)
Population (in thousands) total (2015)	16211.8
% Population under 15 (2015)	45.9
% Population over 60 (2015)	4.3
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2010)	74.5
Literacy rate among adults aged >= 15 years (%) (2007-2012)	71
Gender Inequality Index rank (2014)	132
Human Development Index rank (2014)	139
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	4.99
Private expenditure on health as a percentage of total expenditure on health (2014)	44.65
General government expenditure on health as a percentage of total government expenditure (2014)	11.31
Physicians density (per 1000 population) (2016)	0.091
Nursing and midwifery personnel density (per 1000 population) (2016)	0.886
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	22.9 [16.2-31.5]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	63.4 [46.1-85.2]
Maternal mortality ratio (per 100 000 live births) (2015)	224 [162 - 306]
Births attended by skilled health personnel (%) (2013)	63.3
Public health and environment	
Population using safely managed sanitation services (%) ()	
Population using safely managed drinking water services (%) (2015)	47 (Urban)

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cgo>

HEALTH SITUATION

Despite tremendous progress, the country is experiencing “double burden” of high prevalence of infectious diseases and the growing impact of non-communicable diseases (cervical cancer, diabetes, cardiovascular diseases). Improved sexual and reproductive health service delivery has resulted in declining maternal morbidity and mortality, increased contraceptive prevalence rate, and increased skilled birth attendance. The fertility rate remains high at 5.3% with higher rates in rural areas. Child survival has improved although mortality still remains high especially among the newborns. Expanded Programme for Immunization is reaching more children with almost four fifths of districts attaining DTP3 and Measles-Rubella coverage above 80%. Zambia has sustained polio-free status. More than 25% of children below the age of five and 10% of women in the reproductive age groups are undernourished due to inadequate feeding practices, high infection rates, poor water quality and sanitation practices. Stunting rates are highest in Northern, Muchinga, Eastern and Central provinces.

Despite significant progress made in the fight against Malaria in the last decade, pregnant women and under-five children are more vulnerable to the infection. Severe malaria forms and deaths decreased by 61%; with varying prevalence across provinces and districts. Although more than one million people are living with HIV, the incidence is progressively reducing, affecting more females and urban settings with increasing trends among adolescents. Achievement of 67-85-89 towards the UNAIDS Global 90-90-90 targets is hampered by inadequate HIV testing particularly among men and adolescents coupled with limited viral load testing capacity. The risk of having tuberculosis is five times higher among HIV positive individuals; and about two fifths of TB cases and multiple MDR TB patients go undetected due to limited health seeking behaviour compounded by low diagnostic capacity. The prevalence of Hepatitis B virus infection is higher among HIV positive adults and children than HIV negative. Annual cholera disease outbreaks mainly affect densely populated peri-urban areas with inadequate sanitation infrastructure, contaminated water sources and poor hygiene practices.

HEALTH POLICIES AND SYSTEMS

Health policies in Zambia are modelled along the national health vision of “equity of access to, cost-effective and affordable health services, as close to the family as possible”. The National Health Policy outlines the country’s commitment to realize the human rights of all. All key policies and strategies focus on ensuring equitable access to primary health care services and addressing the social determinants of health. The major challenges faced by the health system include: inadequate funding; critical shortages of health workers and sub-optimal distribution of available health workers; inadequate infrastructures and equipment; and weaknesses in the supply of drugs and other medical items. These challenges largely affect health service delivery, particularly in rural communities and for disadvantaged vulnerable population groups, such as women, children, and those that are differently abled. Primary Health Services in Zambia are free.

COOPERATION FOR HEALTH

The cooperating partners in the health sector comprise multilateral and bilateral institutions, international NGOs, humanitarian and faith-based organizations. The health cooperating partners have coordination mechanism headed by a Troika. This provides coordination among partners and with government. The United Nations in Zambia has developed a Sustainable Development Goals Partnership Framework (UNSDGPF) to guide UN support for implementation of Seventh National Development Plan. Cooperating partners participate in various coordination activities, including planning implementation and monitoring processes including participation in Sector Advisory Groups and Joint Annual Reviews under the leadership of the Government Ministries.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Achieving and sustaining UHC through a revitalized PHC approach and sustainable service delivery through strengthening of health systems.	Focus Area 1.1: Strengthen HRH to ensure adequate number for the population, good skills mix (including professional development, remuneration, motivation, and improved work environment). Focus Area 1.2: Support efforts to improve access to safe, effective and quality assured medical products (medicines, vaccines, diagnostics and other procedures, systems and health technologies); to promote rational use of medical products. Focus Area 1.3: Support MOH to make a case for appropriate healthcare financing- through regular NHA studies, resource mapping exercises. Focus Area 1.4: Strengthen health information systems and workforce to ensure availability of high-quality, timely and reliable data. Focus Area 1.5: Support national efforts to improve access to comprehensive, person-centred, integrated health services based on primary health care, quality and continuity of care, and to effectively integrate gender, equity and human rights into public policies, strategies and operational planning.
STRATEGIC PRIORITY 2: Accelerating achievement of the unfinished MDGs relating to reduction of Maternal, Newborn, Child and Adolescent Mortality; and strengthening Sexual and Reproductive Health	Focus Area 2.1: Strengthen MOH capacity to implement quality and affordable interventions to contribute to the reduction of maternal morbidity and mortality in the country. Focus Area 2.2: Strengthen MOH capacity to implement quality and affordable interventions to end preventable deaths of newborns and children especially those below five years of age. Focus Area 2.3: Support MOH to ensure universal access to sexual and reproductive health-care services particularly for adolescents, and the integration of reproductive health and gender into national strategies and programs. Focus Area 2.4: Support MOH efforts to end all forms of malnutrition, including stunting and wasting in children under five years of age, and addressing the nutritional needs of adolescent girls, pregnant and lactating women and older persons.
STRATEGIC PRIORITY 3: Reducing further the burden of AIDS, tuberculosis, malaria, neglected tropical diseases, hepatitis, and other communicable	Focus Area 3.1: Support national efforts towards attainment of HIV '90-90-90 targets'1 by 2020. Focus Area 3.2: Reduce TB burden in the country and introduce new diagnostic and treatment approaches for MDR TB. Focus Area 3.3: Reduce malaria incidence and support efforts to move towards malaria elimination. Focus Area 3.4: Reduce morbidity due to neglected tropical diseases. Focus Area 3.5: Reduce morbidity and mortality due to vaccine preventable diseases.
STRATEGIC PRIORITY 4: Strengthening and re-orienting health systems to address the prevention and control of NCDs, through people-centred primary health care and UHC	Focus area 4.1: Improved access to prevention and control of NCDs in line with the global action plan through policy dialogue and implementation of sound inter-sectoral strategies for the prevention of NCD risk factors. Focus area 4.2: Improve the mental health status of the population through the development and implementation of national policies and plans. Focus area 4.3: Support the implementation of multi-sectorial actions to reduce injuries and violence, in particular gender based violence against children and from road traffic accidents. Focus area 4.4: Support provision of services for disabled people through more effective policies and integrated Community Based Rehabilitation
STRATEGIC PRIORITY 5: Strengthening preparedness, surveillance and effective response to disease outbreaks, acute public health emergencies	Focus area 5.1: Improved Alert and Response Capacities through strengthened coordination mechanisms, capacity building in IDSR, and maintenance of IHR core capacities including Port Health capacities. Focus area 5.2: Enhanced capacity for early detection and prompt response to epidemic and pandemic prone diseases. Focus area 5.3: Improve capacity for Emergency Risk and Crisis Management through maintenance of Inter Agency coordination committee on health (ICC) Focus area 5.4: Support efforts to reduce risks to food safety through development and implementation of food safety standards and guidelines; and enhanced multi-sectoral collaboration.