HEALTH SITUATION

Zambia is a landlocked country covering an area of 752,612 square kilometers with an estimated population of 14,075,000. Life expectancy at birth improved from 50 years in 2000 to 57 years in 2012. Infant mortality rate decreased from 95 deaths per 1000 live births in 2001/2 to 70 deaths per 1000 live births in 2007 while under-five mortality rate also decreased from 168 per 1000 live births in 2001 to 119 per 1000 live births in 2007 and projected to have decreased to 89 per 1000 live births in 2012. Neonatal mortality rate decreased from 34 per 1000 live births in 2007 to 29 per 1000 live births in 2012. Maternal mortality ratio improved from 729 per 100,000 live births in 2007 to 591 per 100,000 live births in 2010. Contraceptive prevalence rate stands at 41%. Zambia is on track to meet the targets for MDG 6 but has made insufficient progress to meet the targets for MDGs 4 and 5. HIV/AIDS prevalence rate stands at 14.3% and it is estimated that between 60% and 70% of TB patients in Zambia are also co-infected with HIV. TB notification rate stands at 353/100,000 population. The total number of all forms of TB notified in 2010 was 48,616. Inpatient malaria deaths for all ages decreased from 3.9/10,000 in 2010 to 2.8/10,000 in 2012 (MTR 2013). The number of reported malaria cases, however, increased between 2009 (3,250,128) and 2013 (4,892,813).

The majority of child deaths in Zambia are as a result of preventable diseases such as diarrhea, malaria, pneumonia, HIV/AIDS and malnutrition. The proportion of underweight children is 15% while stunting is estimated to be 45% (ZDHS, 2007). Poverty level is high at 60.5% (LCMS, 2010) and it impacts negatively on health. The country has continued to experience outbreaks of typhoid, measles and dysentery in some districts.

Zambia is experiencing a steady increase of communicable diseases (NCDs), namely, hypertension, cardiovascular diseases, diabetes, cancer, and road traffic accidents. The rate for tobacco smoking in 2008 was 6.8%, alcohol consumption 20.7%, hypertension 12.5%, impaired glucose levels/diabetes 4.0%, overweight/obesity 39.3%, weekly consumption of vegetables and fruits 94.9% and 23.6% respectively (WHO stepwise Survey). In 2007 alone 1266 road traffic accidents occurred (The Lancet 2008). The country is vulnerable to natural disasters such as droughts and floods which contribute to high levels of malnutrition in the country.

HEALTH POLICIES AND SYSTEMS

The National Health Strategy Plan (NHSP) 2011-2016 constitutes a summary chapter of Vision 2030 and the Sixth National Development Plan 2011-2016. The targets set by the Vision 2030 to be achieved include: increasing access to health services, strengthening health facilities and availability of health workers. The NHSP 2011-2016 anchored in the National Health Policy 2011-2020, identifies priority interventions for attaining health improvement through effective coordination, implementation and monitoring of health services. The overarching objectives of the National Health Policy are to reduce the burden of disease, reduce maternal and infant morbidity and mortality and to increase life expectancy through the provision of a continuum of quality effective health care services as close to the family as possible in a competent, clean and caring manner.

Key interventions implemented in the country arise from World Health Assembly (WHA) and Regional Committee (RC) policy documents, strategies and resolutions, namely: Implementation of the International Health Regulations (2005); Global Immunization Vision and Strategy; WHO HIV/AIDS Strategy 2011-2015; Cholera- Mechanism for Control and Prevention; Infant and Young Child- Nutrition implementation plan; the Measles elimination strategy; the Framework for Public Health adaptation to climate change in the African Region; the Framework for the African Public Health Emergency Fund; Poliomyelitis eradication in the African Region; Disaster Risk Management- a Strategy for the African Region; the Roadmap for scaling up human resources for health for improved health service delivery in the African Region 2012-2025; the Health Promotion Strategy for the African Region and many others.

Service delivery in Zambia aims at providing health services as close to the family as possible and with a Primary Health Care (PHC) approach under the guidance of Ministry of Health (MoH) and Ministry of Community Development, Mother and Child Health (MCDMH). Various Government line ministries and partners in health also contribute to service delivery. The service delivery system is designed with the following structure: Community; Heath posts; Health centres; 1st level hospital (district); 2nd level hospital (general); 3rd level hospital (central) and mobile health services. Other structures that contribute to health care delivery include: faith based facilities, private health facilities, traditional and other alternative services. Major challenges for the health sector include; a high burden of communicable diseases and rising burden of NCDS; a weak health system, insufficient human resources for health, limited health care financing, shortages of essential medicines and supplies, high poverty levels and a large geographical land mass which limits the provision of services as close as possible to communities especially in rural areas.

COOPERATION FOR HEALTH

There is a heavy presence of donors in the Zambian health sector. Zambian Health Sector Wide Approach (SWAp) is managed through various structures and meetings that are enshrined in the MoU signed in 2006/7 and 2013 (4 892 813).

The UN has a strong presence in Zambia. The current UNDAF, which reaffirms the commitment of the UN Country Team to supporting the efforts of the Government towards realizing the long-term national Vision 2030 goals, covers the period 2011-2015. The UNDAF responds to national development priorities as articulated in the Sixth National Development Plan (SNPD) and through the Delivering as One (DaO) Approach.
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<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| STRATEGIC PRIORITY 1: Ensure health security by reducing morbidity and mortality due to communicable and noncommunicable diseases. | • Strengthen Control of HIV and AIDS through promotion of STI and HIV sero-status client-initiated testing and counselling and provider-initiated testing and counselling.  
• Strengthen Tuberculosis Control through improved access to information and increased human and diagnostic capacities and services for case detection at community and facility levels.  
• Strengthen Malaria Control through improved access to antimalarial drugs, IRS and ITNs, especially for children under 5 years and pregnant women.  
• Supporting efforts to reduce the burden of communicable diseases, including vaccine-preventable diseases through strengthening of the IDSR system in all districts.  
• Support efforts to reduce maternal, newborn and child morbidity and mortality and improve sexual and reproductive health, and nutrition for women and children through improving and ensuring access to quality skilled attendance during pregnancy, childbirth and postnatal care. |
| STRATEGIC PRIORITY 2: Strengthening preparedness and control of epidemics and other emergencies. | • Support efforts to reduce the health consequences of emergencies, disasters, crises and conflicts and minimizing their social and economic impact through provision of catalytic funding for emergency response.  
• Provide catalytic funding to support comprehensive vulnerability and risk assessment.  
• Provide technical support for emergency preparedness and disease response. |
| STRATEGIC PRIORITY 3: Promoting health and development and preventing/reducing major risk factors for noncommunicable diseases. | • Supporting efforts to reduce disease, disability and premature deaths from chronic noncommunicable conditions, mental disorders, violence and injuries. Support the strengthening of the Zambia national cancer Registry on Surveillance and data management.  
• Supporting capacity building on Integrated Management for Emergency and Essential surgical Care (IMEESC) as well as the implementation of the WHO stepwise Approach for Surveillance of major risk factors for NCDs.  
• Support the surveillance and data management of other NCDs, e.g. tobacco abuse, and alcohol abuse. |
| STRATEGIC PRIORITY 4: Strengthening the capacities and performance of the health systems. | • Strengthening of Health Systems, budgeting, accountability and service delivery including support to health care financing to ensure equitable access to health care.  
• Support the planning, development and implementation of human resources for health policies and strategies.  
• Strengthening country health systems, knowledge management, and health research as well as contribute to the generation of evidence-based information for use by policy makers. Contribute to generation of information for use by policy makers at all levels of the health system. |
| STRATEGIC PRIORITY 5: Strengthening health sector partnerships, governance, gender and equity. | • Providing leadership, strengthening governance and fostering partnerships to help harmonise bilateral development assistance through active participation in the health component of JASZ.  
• Working with other UN agencies and the World Bank to make the best use of their resources for health; enhance the work of NGOs through recognition of their contribution.  
• Promoting public/private partnership to harness the resources of the private sector; help to develop guidelines for safe and effective application of traditional health care practice. |