Presentation by Dr. Charles Msiska
About Zambia
A country of 16 million people

- Life expectancy 60 years
- 56% live in rural areas
- HIV prevalence 13.3%
Central Province:
- 12 Districts.
- Population of 1,661,109.
- Landmass 94,394 square Kilometers.
- Shares borders with 8 provinces.
- International boundary with the Democratic Republic of Congo.
<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Health Facilities</td>
<td>298</td>
</tr>
<tr>
<td>Hospitals</td>
<td>11</td>
</tr>
<tr>
<td>Health Centres</td>
<td>155</td>
</tr>
<tr>
<td>Health Posts</td>
<td>127</td>
</tr>
</tbody>
</table>
Introduction

“The legacy of the 2017 to 2021 National Health Strategic Plan will be to have built robust and resilient health systems across the continuum of care spanning the order;

promotion, preventive, curative, rehabilitative and palliative health services provided as close to the family settings as possible”
By 2021, through strengthening health systems for Universal Health Coverage, using the integrated community and primary health care approach, the country would have:

- Reduced malaria incidence from 336 cases per 1000 to < 5 cases per 1000
- Reduced MMR to < 100 from 398 per 100,000 live births
- Under-five child mortality from 75 to 56 deaths per 1000 live births
- Reduced under- and over-nutrition and improve clinical nutrition
- Reduced new HIV infections and AIDS-related mortality by 75%
- During the life span of this plan the country will have a well-established and functioning national health insurance scheme coverage
- Reduced the number of TB deaths by 40% compared with 2015
- Reduced the morbidity and mortality due to non-communicable diseases
- Reduced the impact of viral hepatitis on people, society and the economy
- Attained A Zambia free of neglected tropical diseases
Health System Building Blocks/Pillars

1. Health Services
   
   Diseases of Public Health Concern
   - *Malaria*
   - *HIV*
   - *TB*
   - *NCDs and NTDs*
   - *Other communicable diseases*

   Maternal and Child Health
   - *Maternal Health*
   - *Child Health*
   - *Nutrition*

2. Human Resource for Health

3. Essential drugs and Medical supplies

4. Infrastructure and Equipment

5. Health Information

6. Health Care Financing

7. Leadership and Governance
Diseases of Public Health Concern

Malaria (Legacy Goal-Elimination of Malaria)

MALARIA ELIMINATION STRATEGIES

- Vector control
- Prompt Case management
- Malaria in Pregnancy
- Parasite clearance
- Social Behavior Change
- Medicines
- Diagnostics – RDTs & Microscopy
- IRS
- Preventive medicine for pregnant women (IPT)

Malaria Incidence Rate (all ages)-1st & 2nd Quarters 2017-2018

Central Province Minister Honourable Sydney Mushanga M.P at the Launch of Mass Distribution of Mosquito Nets

Total of 925,000 Mosquito Nets distributed in the Province during 2017 Mass Distribution Campaign

(Comment(s): 387 per 1000 Population as incidence was recorded in 2016, while 304 malaria was recorded in 2017. However, District with highest incidence in the 2nd Quarter 2018 were Kapiri Mposhi...
HIV

(Legacy Goal - Achieve HIV Epidemic Control, Reduce HIV new Infection from 48,000 to less than 5,000)

**INFANT POSITIVITY RATE**

**INFANT POSITIVITY RATE (2016, 2017 AND 1ST QUARTER 2018)**

- Quarter 1, 2018: 6.3%
- 2017 Annual: 4.7%
- 2016 Annual: 1.9%
Central Province Current on ART  
(As at 2\textsuperscript{nd} Quarter 2018)

<table>
<thead>
<tr>
<th>S/N</th>
<th>CATEGORY</th>
<th>CLIENTS OF ART</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHILDREN</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>&lt;15 Males</td>
<td>2,405</td>
</tr>
<tr>
<td>02</td>
<td>&lt;15 Females</td>
<td>2,590</td>
</tr>
<tr>
<td>03</td>
<td>&lt;15 Total</td>
<td>4,995</td>
</tr>
<tr>
<td></td>
<td>ADULTS</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>&gt;15 Males</td>
<td>51,747</td>
</tr>
<tr>
<td>05</td>
<td>&gt;15 Females</td>
<td>33,941</td>
</tr>
<tr>
<td>06</td>
<td>Adults Total</td>
<td>85,688</td>
</tr>
<tr>
<td></td>
<td>Grand Total</td>
<td>90,683</td>
</tr>
</tbody>
</table>
ART SERVICES

Factors contributing to improved uptake of clients.

- **FACILITY LEVEL**
  - More cadres are trained, and more facilities are providing ART as opposed to just a few sites
  - Implementation of Test & Treat
  - Implementation of several Trainings in Option B+
  - Mentorship in ART (Training of 33 Officers to offer mentorship in districts-improving quality of care).
  - Adult & Pediatric Trainings to improve on the pool of providers and train officers on new approaches
  - Implementation of self-testing facilities
  - Establishment of youth friendly corners in facilities helps to increase uptake and retention of adolescents on ART
Factors cont’d.

QUALITY OF CARE
- Improved Viral load testing and reduced Turn around Time.
- With improved courier systems for all VL samples
- More sites with CD4 machines to monitor quality of care. (Acquired 7 extra)
- Scheduled Data quality /performance audits at all levels (from Facility to Provincial level in both general ART & EMTCT)
- Integration of VMMC and Cervical Cancer screening as entry points.

COMMUNITY LEVEL
- Index Testing
- CBV trainings, over 200 people trained to provide community/local counselling and ‘catch’ clients.
- Escorted linkages and Differentiated Service Delivery (DSD)
- Monthly mobile outreach services cover hard or unserved communities.
CHALLENGES

❖ EID: Results TAT is poor (Kabwe Central)
❖ Lab: Monitoring of other biochemical parameters are inadequate
❖ Courier system is not perfect (fuel, few motorbikes, few cool boxes etc.)
❖ Not all drugs for OIs are readily available (e.g. Amphotericin B)
TB
(Legacy Goal- Reduced the number of TB deaths by 40%)

TB CONTROL PROGRAM

COMMUNITY INVOLVEMENT –
CASE FINDING THROUGH CONTACT TRACING

EFFECTIVE DIAGNOSIS BY USE OF GENE XPERT

TREATMENT AND SUPPORT OF TB PATIENTS

ADEQUATE DRUG SUPPLY

<table>
<thead>
<tr>
<th>S/N</th>
<th>INDICATOR</th>
<th>2017</th>
<th>2018</th>
<th>KEY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>QTR 1</td>
<td>QTR 2</td>
<td>QTR 3</td>
</tr>
<tr>
<td>1</td>
<td>Number of diagnostic/Microscopy</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>2</td>
<td>Number of MDR TB cases notified</td>
<td>3</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>Total TB Notifications (Rate per 100,000)</td>
<td>574 (142)</td>
<td>539 (134)</td>
<td>526 (130)</td>
</tr>
</tbody>
</table>
NCDs and NTDs
(Legacy Goal- Halt and reduce Non-Communicable Diseases.)

Non Communicable Diseases Case Fatality Rate

Health workers exercising to reduce Non-Communicable Diseases
Maternal and Child Health

(Legacy Goal- Reduce MMR to less than 100 from 398 per 100,000 live births and under-five child mortality from 75 to less than 35 per 1000 live births)

“No Woman Should Die While Giving Life”

ANC SERVICES

- Hb check and giving of folic acid
- Blood pressure check
- Screening for HIV, Syphilis and any other medical condition
- Prevention of Malaria – Fansidar & Mosquito Nets
- 8 ANC contacts.
- Physical examination and palpation

MATERNAL DEATHS
(2016, 2017 and Quarter 1&2, 2018)

<table>
<thead>
<tr>
<th>District/Institution</th>
<th>2016</th>
<th>2017</th>
<th>1st Quarter 2018</th>
<th>2nd Quarter 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>ce Chibombo District</td>
<td>4</td>
<td>7</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>ce Chisamba District</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>ce Chitambo District</td>
<td>8</td>
<td>7</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>ce Itexhi-tezhi District</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>ce Kabwe District</td>
<td>29</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kabwe Central Hospital</td>
<td></td>
<td>22</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Kabwe Mine Hospital</td>
<td></td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>ce Kapiri-Mposhi District</td>
<td>6</td>
<td>7</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>ce Luano District</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>ce Mkushi District</td>
<td>12</td>
<td>10</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>ce Mumbwa District</td>
<td>8</td>
<td>12</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>ce Ngabwe District</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ce Serenje District</td>
<td>6</td>
<td>10</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Province Total</strong></td>
<td><strong>78</strong></td>
<td><strong>95</strong></td>
<td><strong>23</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>
Family Planning Services

Success Stories on Family Planning (MOH/SUFP)

In addition to its overarching achievements, many notable successes that are worth highlighting.

- Adolescent spaces have been created for the first time in Chitambo, Luano and Ngabwe districts.
- Community sensitization activities changed the Chief of Chitambo’s perspective on FP, allowing FP activities to take place for the first time.
- The Muoyo Rural Health Centre in Nalolo is now able to offer modern methods of FP after the Centre In-Charge received SUFP LARC training.
- SUFP-trained CBDs provided FP services to hard-to-reach areas.

Best Practices

1. To effectively reach adolescents, health centres should deliberately cater to them by having adolescent-friendly spaces and staff trained in adolescent health issues.

2. SUFP-supported COEs have provided space for training and mentorship in all LARC methods at high-volume health centers. The MOH and its partners should support existing COEs, and foster new ones, for cost-effective and sustainable capacity building in family planning.

3. Community sensitization activities have proven essential to combating family planning misconceptions and, hence, increasing use. Further, community leaders should be supportive of and engaged in family planning activities.

Community Activities

To improve access to FP services in the community, MOH/SUFP conducted two primary tasks:

1. Trainings to CHAs, CBDs, and their supervisors to provide FP methods in hard to reach communities.

2. Community sensitization via meetings and radio to re-enforce FP messages.
**Human Resource for Health**

*(Legacy Goal- Recruitment of 30,000 health care workers)*

**TRAINING INSTITUTIONS**

- **PUBLIC:** Kabwe Schools of Nursing and Midwifery, Chitambo School of Nursing, Chainama School Of Health Sciences, Mwachisompola Community Health Assistants Training School (MCHATS) and Health Demonstration Zone (HEDEZO)
- **PRIVATE:** Agape, Kabwe institute of Health Sciences, Mukuni University.

GRAUTATES ARE FED INTO THE HEALTH PROFESSIONALS LABOUR MARKET, WHO ARE FURTHER EMPLOYED INTO ALL LEVELS OF HEALTH CARE PROVISIONS (PRIMARY, SECONDARY, and THIRD LEVEL)

THE PROVINCE BOASTS OF OVER 4000 HEALTH WORKERS EMPLOYED BY THE GOVERNMENT. THE FOCUS CURRENTLY IS EQUITABLE DISTRIBUTION OF SKILLED MANPOWER BOTH IN URBAN AND RURAL PLACES OF THE PROVINCE IN ORDER TO BRING QUALITY COST EFFECTIVE HEALTH SERVICES AS CLOSE TO THE FAMILY AS POSSIBLE!
Essential drugs and Medical supplies
(Legacy Goal- To ensure commodity (drugs and medical supplies) security in the country)

PHARMACEUTICAL SERVICES IN CENTRAL PROVINCE

DISTRIBUTION OF MEDICINES IS KEY TO TIMELY ACCESS TO QUALITY SERVICES (SUFP)

Good storage facilities promoted quality Medicines Storage of Medicines at Old Mkushi Health Centre

Orientation of health staff in logistics management during mentorship & ensuring timely availability and Accessibility of pharmaceutical commodities

Good storage practices promotes quality medicines at Nsengwa Health Post in Ngabwe District
Infrastructure and Equipment
(Legacy Goal - Construction of 6 new specialized hospitals and 500 health facilities in the next 5 years)

Infrastructure Development under Public Private Partnership

Women Registering for Cervical Cancer Screening

Mothers’ Waiting Shelter

Staff House at Chingombe Constructed under RMNACH&N

Health Centre at the Silverland Farm and a Staff House Available in Serenje District

Prefab at Mangananyama Constructed with support from USAID

Eye Hospital at Kalwe Central Hospital - support from Lions Aid Norway
Referral Services

Zambulance from Serenje District

Health worker carrying Vaccines

Ambulance Services
Health Information

(Legacy Goal- enhance information to guide planning and decision making at district and hospital levels countrywide)

- Health Management Information System (HMIS) {DHIS2, HOSMIS, eLMIS & SMARTCARE, CANCER}
Health Care Financing

(Legacy Goal-Introduction of Health Care Insurance to increase coverage from 4 percent to 100 percent)

National Health Insurance

Universal Health Coverage is top of the global health policy agenda and has been adopted globally as part of Sustainable Development Goal (SDG) number 3 and National Health Strategic Plan for 2017-2021

i. NHI Scheme bill will provide health insurance to cover all Zambian.

ii. Protect households from the burden of catastrophic health costs through risk pooling.

iii. Focus on ensuring the progressive realization of providing quality health care by extending coverage of health benefits to the entire population.

iv. Supplement traditional tax based and donor funding mechanisms in the health sector by providing additional resources in the sector.

Benefits

✓ More productive work force which will have access to health services spanning across the continuum of care (employees).

✓ Higher utilization of health services and overall better health outcomes (Households).

✓ Opportunity to provide products designed to cover benefits that are not included in the National Health Insurance Benefit Package (Private Health Insurers).

✓ An increase in volume of business with more clients covered by Scheme and seeking care within the country (Health Care providers).

✓ Better control the rising costs of health care, provide support to improvements in the quality of health care (Government)
Leadership and Governance (Legacy Goal - To strengthen the leadership and governance of an adolescent-responsive health system in 60% of the districts by 2021)

ADOLESCENT SEXUAL REPRODUCTIVE HEALTH

- Training - 18 staff trained as Trainer of Trainers in ADH to address problems of teenage pregnancies
- Formation of youth friendly spaces
- Health education
## Strategic Partners in Central Province

<table>
<thead>
<tr>
<th>Name</th>
<th>Areas of Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>USAID</td>
<td>- HIV/AIDS G2G Project Management</td>
</tr>
<tr>
<td>JSI SAFE</td>
<td>- USAID Partners coordination</td>
</tr>
<tr>
<td>Chemonics</td>
<td>- HIV/AIDS</td>
</tr>
<tr>
<td>World Vision</td>
<td>- Pharmaceutical Services</td>
</tr>
<tr>
<td>American Peace Corps</td>
<td>- Community Support</td>
</tr>
<tr>
<td>Ministry of Education (MOE)</td>
<td>- Community participation</td>
</tr>
<tr>
<td>Ministry of Local Government and Housing (Council)</td>
<td>- School health &amp; nutrition</td>
</tr>
<tr>
<td>Ministry of Home Affairs (Police)</td>
<td>- Legal Enforcement</td>
</tr>
<tr>
<td>Path - ETB</td>
<td>- Legal Enforcement</td>
</tr>
<tr>
<td>Cida H4+</td>
<td>- Integrated Reproductive Health</td>
</tr>
<tr>
<td>SMGL</td>
<td>- Integrated Reproductive Health</td>
</tr>
<tr>
<td>Bwafwano Integrated Services Organization</td>
<td>- TB Programs</td>
</tr>
<tr>
<td>Society for Family Health (SFH)</td>
<td>- Maternal &amp; Child Health</td>
</tr>
<tr>
<td>FANTA with ASSIST, PCI, LIFT</td>
<td>- Nutrition-NACs</td>
</tr>
<tr>
<td>SBH</td>
<td>- Systems strengthening</td>
</tr>
<tr>
<td>CDC</td>
<td>- Internet facility</td>
</tr>
</tbody>
</table>
### Strategic Partners in Central Province

<table>
<thead>
<tr>
<th>Name</th>
<th>Area of Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moslem Community</td>
<td>Infrastructure, Medical Equipment</td>
</tr>
<tr>
<td>Hindu Association</td>
<td>Infrastructure, Medical Equipment</td>
</tr>
<tr>
<td>Chreso Ministries</td>
<td>Tuberculosis, HIV/AIDS</td>
</tr>
<tr>
<td>CRS</td>
<td>HIV / AIDS, Prevention and control of HIV/AIDS</td>
</tr>
<tr>
<td>National Malaria Control Centre (Macepa and Akros research)</td>
<td>Prevention and control of malaria, Case management</td>
</tr>
<tr>
<td>Population ART (ZAMBART POPART)</td>
<td>HIV/AIDS and TB</td>
</tr>
<tr>
<td>Marie Stoppes</td>
<td>Maternal health, Male circumcision</td>
</tr>
<tr>
<td>Restless Development</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>ZAMBIA AIDS ALLIANCE</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>Corridors of Hope</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>Population Council</td>
<td>Adolescent health</td>
</tr>
<tr>
<td>DFID</td>
<td>Reproductive, Maternal, Neonatal &amp; Child Health, Adolescent reproductive health</td>
</tr>
</tbody>
</table>
Conclusion

• We need to look at Health Strategies and Interventions together as Partners, in order to improve the Health Sector, and the lives of the people.

• Achieving Sustainable Development Goals (SDG) can neither be by government alone nor could it be attained by the private sector, hence the need for strong collaboration and mutual respect.
Thank you