Republic of Zambia

MINISTRY OF HEALTH

NATIONAL HEALTH POLICY 2026

"A Nation of Healthy and Productive People"

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FOREWORD

It gives me great pleasure and deep sense of responsibility to present this Policy, marking an important milestone in the Government's continued commitment to the national development agenda through improved health service delivery Good health is fundamental to the socio-economic development of a nation. This policy therefore reaffirms government's commitment to ensuring equitable access to affordable quality and people centered health services for all. The Policy serves as an overarching framework, bringing together various aspects of health into a single, coherent document. It provides a clear and comprehensive guidance for the planning, implementation, and monitoring of interventions aimed at addressing existing health challenges and harnessing emerging opportunities, with the goal of improving the health and wellbeing of our people.

Government recorded significant milestones under the 2013 National Health Policy framework, including notable reductions in infant, maternal, and neonatal mortality rates. There were also marked improvements in the recruitment, training, and retention of health workers, alongside increased investment in health infrastructure and medical equipment, which contributed to the strengthening of specialized health services. Additional achievements included increased budgetary allocation to the health sector and enhanced service delivery capacity across various levels of care, as reflected in improved health indicators.

The development of the policy has been informed by the changes that have taken place within the context in which health services are delivered, necessitating a need for a consistent framework to support quality health service delivery. The policy therefore builds on the gains

and lessons learnt from the implementation period of the 2013 policy, and further providing for the ratification and domestication of important health related agreements and instruments or frameworks.

Through this policy, Government commits to provide comprehensive and quality health services to citizens through supportive, preventive, curative and rehabilitative services. As such, the policy focuses on strengthening the health systems to achieve "the health we want", a system that is resilient, sustainable, accessible, affordable, efficient, and gender responsive, towards the attainment of Universal Health Coverage. Government further hopes to attain an efficient decentralized health service delivery system that ensures transparency and accountability, while fostering community participation and engagement. It also aims to strengthen disease surveillance and public health security, promote improved and alternative health care financing models, and enhance health systems resilience in the face of recurring disease outbreaks of epidemic and pandemic nature.

It is anticipated that this Policy framework will significantly contribute to achieving Government's desired health goals and advancing the global aspiration of"health for all". It is therefore my sincere hope that this policy framework will galvanize the collective efforts of Government, Civil Society Organizations (CSOs), the Private Sector, Cooperating Partners and citizens to rally behind the plan to deliver quality health services in the country towards attainment of Universal Health Coverage. Together, we have a shared responsibility to build a healthier nation for all.

Hon. Dr. Alex Katakwe (MP),
MINISTER OF HEALTH

Republic of Zambia
MINISTRY OF HEALTH

ACKNOWLEDGEMENTS



The development of the 2025 National Health Policy was made possible through the involvement of various stakeholders both local and international.

We wish to extend our sincere appreciation to the Parliamentary Committee on Health, Community Development and Social Services and line Ministries for their valuable input towards this Policy document. Special acknowledgement goes to the World Health Organization, Global Fund, Healthy Learners, Financing Alliance for Health and other Cooperating Partners for their technical and financial support. We are also grateful to Non-Governmental Organizations, Civil Society Organizations, the Private Sector, the traditional leadership and the community at large, for their distinguished and valuable contributions towards the successful policy development process.

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MINISTRY OF HEALTH

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WORKING DEFINITIONS

Child Mortality:	Reported deaths of infants and children under 5
Community Health Worker:	Trained health personnel who work at the community level to provide basic healthcare services, promote health education, and act as a link between community and the formal health care system
Complementary Medicine:	Practice used in conjunction with or to complement conventional medical treatments
Determinants of Health:	Environments and circumstances determine the health of individuals, communities and individuals. These environments include the social and economic environment; the physical environment; and the person's individual characteristics, behaviour and circumstances.
Global Health:	Health issues where the determinants evade, undermine or are oblivious to the territorial boundaries of states, and are thus beyond the capacity of individual countries to address through domestic institutions.
Health:	A state of complete physical, mental, psychological and social well-being and not only the absence of disease or infirmity.
Integration:	The extent, pattern, and rate of adoption and eventual assimilation of health interventions into each of the critical functions of a health system which include, inter alia: (i) governance, (ii) financing, (iii) planning, (iv) service delivery, (v) monitoring and evaluation (M and E), and (vi) demand generation.

Intervention:	A combination of technologies (e.g., vaccines, drugs), which inputs into service delivery, organizational changes and modifications in processes related to decision making, planning, and service delivery.
Laboratory Services:	These are scientific testing and analysis services that help general reliable data for decision making in healthcare
Malnutrition:	A condition that results from insufficient or excessive intake of nutrients.
Maternal Mortality:	Reported deaths of women due to pregnancy and childbirth complications per 1,000 live births in a given year.
Neonatal Mortality:	Reported Deaths of newborn babies less than one month old.
Non-Communicable:	Diseases which cannot be transmitted from one person to another
Nutrition:	The process of accessing food consumption and utilization of nutrients by the body.
Oral Health:	Oral health as defined by World Health organization (WHO) is the state of the mouth, teeth and orofacial structures that enable individuals to perform essential functions such as eating, speaking, breathing, and encompasses psychosocial dimensions such as self-confidence, wellbeing and the ability to socialize and work without discomfort and pain.

Organ Transplant: Organ transplantation is a surgical process to replace a failing organ with a healthy one from someone else (donor) who does not need it to a (recipient) for purposes of improving the quality of life

Palliative Care: An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Primary Health Care: Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals, families and communities at a cost that the community and the country can afford to maintain.

Quality Assurance: A process (within the health system) that leads to the institutionalization of a culture of doing the right things, right, right away.

Stunting: Reduced growth rate in human development, i.e. low height for age.

Sustainable Development: Global goals adopted by all United Nations Member States in 2015 as a Universal call to action to end poverty protect the planet and ensure that all people enjoy peace and prosperity by 2030.

Traditional Medicine:	The total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental or social diseases and which may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing.
Universal Health Coverage:	Ensuring that all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
ART	Antiretroviral Treatment
HIV	Human Immuno-Deficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
ICT	Information Communication Technology
IDSR	Integrated Disease Surveillance and Response Strategy
IFMIS	Integrated Financial Management Information System
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
JAR	Joint Annual Review
IMNCI	Integrated Management of New-born and Childhood Illnesses
LCMS	Living Conditions Monitoring Survey
LLINs	Long-Lasting Insecticide Treated Nets
LMIS	Logistics Management Information System
M & E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MDR TB	Multi-Drug-Resistant Tuberculosis
MIS	Malaria Indicator Survey
MOH	Ministry of Health
MSL	Medical Stores Limited
NCD	Non-Communicable Disease
NDP	National Development Plan
NGOs	Non-Governmental Organisations
NHSA	National Health Services Act
NHSP	National Health Strategic Plan

NHS&P	National Health Strategies and Policies
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public-Private Partnership
QA	Quality Assurance
RMNCAH	Reproductive Maternal Newborn Child, Adolescent Health
RDTs	Rapid Diagnostic Tests
SAG	Sector Advisory Group
SHI	Social Health Insurance
STI	Sexually Transmitted Infection
SWA	Sector Wide Approach
TB	Tuberculosis
THPAZ	Traditional Health Practitioners Association of Zambia
WHO	World Health Organisation
ZDHS	Zambia Demographic and Health Survey

INTRODUCTION

Zambia's Vision 2030 aims to transform the country into a prosperous middle-income nation by year 2030, with a commitment to ensuring equitable access to cost-effective and quality health services at household levels. Health remains a strategic priority under the Human and Social Development Pillar of the Eighth National Development Plan (8NDP), given its critical role in fostering a productive, skilled, and healthy population to drive the national socio-economic development agenda.

Despite ongoing efforts by Government to provide a comprehensive continuum of care spanning promotive, preventive, curative, rehabilitative and supportive services, the sector continues to face significant challenges. These include a rising prevalence of both communicable and non-communicable diseases, which continue to adversely impact on morbidity and mortality rates in the country.

The 2026 National Health Policy, the second in the series of overarching national health policies, builds on the 2013 Policy which prioritised primary health care and marked a strategic shift from a predominantly curative approach. The new policy consolidates lessons learnt and gains realised, while placing emphasis on the delivery of quality and accessible health services to all citizens through a devolved health system, that brings services closer to communities and households. The Policy establishes a comprehensive and coherent framework for strengthening public health security within the context of evolving epidemiological landscape, characterised by the dual burden of communicable and non-communicable diseases, including emerging and re-emerging public health threats. The Policy also responds to shifts in the political, economic, socio-cultural, technological, and environmental context in which health services are delivered, thereby ensuring alignment with current and emerging sectoral priorities.

The Policy is anchored on the World Health Organisation's six health system building blocks, namely: Human Resources for Health Health Care, Health Service Delivery, Infrastructure and Medical Equipment, Medicines and Medical Supplies, and Leadership and Governance. It is further aligned to the WHO Triple Billion Goals, which seek attain Universal Health Coverage, strengthen protection against health emergencies, and improve overall health and well-being of the population.

Key priority areas under the Policy include scaling up health care financing to improve service quality, strengthening community participation to enhance accountability and transparency, and advancing decentralisation to ensure effective delivery of primary health services at the community level. Therefore, the policy promotes equitable access to quality health services for all, irrespective of gender, class and geographical area as this will guard against us losing on the gains made in the Health Sector towards attainment of Universal Health Coverage.

This document is divided into the following sections:

- **Chapter 1:** Situation Analysis
- **Chapter 2:** Vision Rationale and Guiding Principles
- **Chapter 3:** Policy Objectives and Measures
- **Chapter 4:** Implementation Framework

CHAPTER ONE: SITUATION ANALYSIS

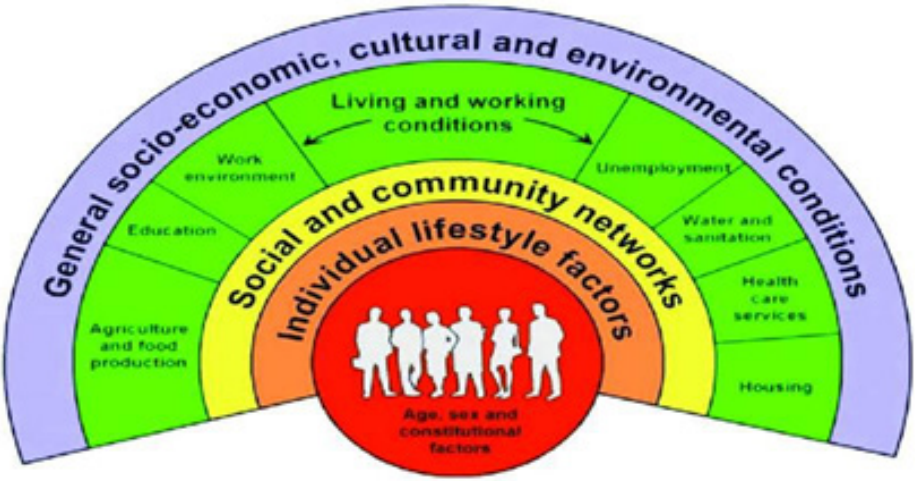
This chapter gives an analysis of the country's health status and sector performance by reviewing key health indicators and the implementation of health programmes. The analysis is based on the World Health Organization (WHO) six health system building blocks, namely: Service Delivery, Human Resources for Health, Medical Commodities, Vaccines and Technologies, Leadership and Governance, Health Information Systems, and Healthcare Financing.

The analysis provides an evidence-based foundation for policy direction, formulation of objectives and measures to address existing health challenges and improve overall health system performance.

1.1 Key Determinants of Health

The health of individuals and communities is largely determined by the conditions in which they are born, grow, live, work, and age. These conditions include the social and economic environment, the physical environment, and individual characteristics and behaviours. Figure 1 below illustrates the relationship between individuals and their environment in shaping health outcomes. These factors, commonly referred to as the determinants of health, influence whether people remain healthy or become ill.

Key determinants include environmental conditions; quality of housing and shelter; household income and economic status; access to safe water, sanitation, and other basic services; availability of food and adequate nutrition; levels of education and literacy; social, cultural, and religious influences; physical activity; health-seeking behaviours; and social support systems, including relationships with family and communities. Together, these factors significantly influence the health status of individuals and populations.



In Zambia, key challenges to achieving health for all include poverty and socio-cultural factors, with about 60% of the population living below the poverty datum line, while income inequality has significantly remained high, negatively impacting on health outcomes. The poorest populations experience higher levels of malnutrition, with a greater burden in rural areas and among boys. Fertility rates also reflect these disparities, with women in the lowest income quintile having substantially more children than those in the highest quintile, and rural women having higher fertility than urban women. These have clear health implications on individuals, families and communities negatively impacting health outcomes.

Further, education and literacy are among the major determinants of health and development. Education equips people with knowledge and skills for problem solving, enhances their ability to access and understand health information, and provides a sense of control over life circumstances. It also increases opportunities for employment, income security, and improved household wealth, all of which directly influence health and well-being. In Zambia, adult literacy has improved significantly over time from about 72% in 2007 to approximately 82% in 2023, with earlier peaks of around 87.5% recorded in 2020. However,

disparities still exist, as literacy levels remain generally higher among men than women and in urban areas compared to rural areas.

Low levels of education and literacy are associated with poor health outcomes, including higher stress levels, lower income, and reduced self-confidence. These factors have significant effects on the overall health status of the population, making it necessary for health planning to go beyond the provision of health services alone. In this context, health promotion and education are critical in improving population health, as a substantial proportion of diseases can be prevented through increased awareness, behaviour change, and access to relevant information.

Additionally, Zambia's cultural diversity, comprising numerous tribes and ethnic groups, influences health behaviors, beliefs, and service utilization. Cultural norms affect dietary practices, health-seeking behavior, and acceptance of health interventions, making it an important determinant in the planning and delivery of effective health services.

1.1.1 Environmental Health

Environmental health is key in the promotion of health and prevention of diseases to improve quality of life of individuals and communities. Effective environmental interventions require systematic assessment, correcting, controlling and preventing factors in the environment, which can adversely affect the health of communities. Environmental health comprises of important pillars such as Food Safety, Built Environment, Pollution Prevention and Control, Occupational Health and Safety, Advancement of Community Health through Water, Sanitation and Hygiene (WASH) promotion, Water Quality Monitoring and Control, Promotion of Port Health Services and tackling determinants of health including climate change mitigation and adaptation measures.

Poor environments are still a major source of public health problems in Zambia. The prevalence of environmental health related risks, such as cholera outbreaks are among the major contributing factors to increased mortalities and morbidities in high density areas. Majority of inhabitants in some geographical areas have no access to safe water and adequate sanitation, food safety and basic housing and amenities.

Food Safety

Food safety risks have increased in the past few decades with an increase in foodbome diseases. Food safety is threatened by numerous contaminants, which originate from environmental pollution, such as physical, chemical and biological contaminants. Similarly, the country has witnessed a steady increase in the number of small-scale food processors, necessitating efforts to upscale measures to ensure food safety such as food inspection and sampling.

Government enacted the Food Safety Act No.7 of 2019, a framework providing for the regulation of food processes, handling, storage and distribution while ensuring hygiene and sanitation standards across the food supply chain for the safety of clients. In addition, the National Codex Committee was constituted to coordinate food safety policies and standards and matters related to all international food standards in order to protect and promote customer health and fair-trade practices. Further, Government made strides in enforcing food safety through increased inspection of more than 80 percent of food premises leading to reduced food safety incidences.

Despite the milestones attained, the food industry has faced significant increase in the number of small-scale food processors in the country. This has created regulatory challenges, resulting in non- compliance with food safety regulations among many food operators. Other challenges include; inadequate surveillance and operational structures

for the food safety program, inadequate technical capacities for food safety inspectors; lack of designated food safety budget, and inadequate Standard Operating Procedures (SOPs). Inadequate materials and tools for food safety monitoring; lack of foodborne diseases surveillance system, and inadequate analytical capacity for the National Food Laboratory present further challenges.

Housing and Amenities

Access to safe, quality, affordable housing is cardinal in promoting and maintaining health of individuals and communities. Affordable and stable housing in well-designed communities helps families have better access to health and other supportive services. However, poor housing quality and inadequate conditions such as the presence of lead, poor air quality and overcrowding contribute to negative health outcomes.

Like any other urbanizing country, the Zambian housing sector is characterized by inadequate decent and affordable housing and growth of unplanned settlements, which has negatively affected the health of communities (PMRC, 2018). This has resulted in some occurrences of communicable diseases such as cholera and other diarrhea diseases.

1.1.2 Port Health Services

Port health services play a significant role in addressing public health threats across international borders and promotes migrant health. Port health is one of the key components under the International Health Regulations (IHR) 2005 to which Zambia is part. To provide effective port health services, the IHR provides for the development of core capacities which include surveillance, food safety, chemical management, laboratory capacities, risk communication system, preparedness, human resources, points of entry and public health concerns which incorporate infectious diseases, chemical, radiological, food and zoonosis.

In an effort to promote port health services, Government has 14 designated and 26 authorized Points of Entry. Government has also developed Standard Operating Procedures to enhance the implementation of Port health services.

Additionally, capacity in port health core capacities has been built covering 60% of port health personnel, while modern screening equipment has been procured for 14 out 40 ports of entry. Government has further strengthened cross-border collaborations leading to improved information sharing and enhanced joint response to cross-border threat.

Despite these achievements, there is inadequate infrastructure and equipment for port health services including ICT equipment for generation of data, isolation and quarantine facilities at all POEs and stand by ambulances for referral of emergency cases. The laboratory capacities for medical and environmental sampling are weak, which have negatively impacted on efficient diagnosis. Further, there are no positions for Port Health Officers in the Government establishment for human resources, while the existing ones are attached on administrative arrangements.

lL3 Access to Safe Water, Sanitation and Hygiene

The provision of safe drinking Water, Sanitation and Hygiene (WASH) services is central to human health and wellbeing. WASH is an important element of Primary Health Care and key in the prevention of communicable diseases like Cholera and other diarrheal diseases. In addition, Safe WASH is a prerequisite to health and attainment of resilient communities living in healthy environments.

Government has made progress towards increasing coverage and access to water and sanitation. Access to safe water stands at 72 percent nationally, with 92 percent for urban areas and 58 percent in rural areas (ZDHS, 2018). Improved Sanitation at national level stands at 54 percent, with 78 percent for urban and 37 percent in rural areas. Hygiene stands at 24 percent with a rural coverage of 15 percent and 36 percent urban coverage (ZDHS,2018).

In ensuring safe water supply and an early warning system for waterborne diseases, Government has provided portable laboratories to enhance water quality monitoring and testing. Onsite training in water quality monitoring, testing and control for Environmental Health Practitioners has also been conducted. The technical guidelines for water quality monitoring have equally been developed. In addition, Government has decentralized the National Food laboratory to all the ten Provinces for water quality surveillance, leading to early detection of contaminants and prevention of waterborne diseases.

Further, in promoting WASH in healthcare facilities, Government has constituted a multi-sectoral committee on WASH and developed standards an assessment tool for WASH. The National Healthcare Waste Management Plan

2019-2024 was developed, while the training of healthcare workers in WASH/ Infection Prevention and Control is ongoing with construction coupled with retrofitting of WASH infrastructure. In Zambia, about 72 percent of healthcare facilities have basic water services, while 93 percent have access to improved sanitation coverage, and approximately 42 percent have basic health care waste management services (WHO/ UNICEF Joint Monitoring Report, 2019), presenting disparities between urban and rural areas.

Despite the achievements, challenges under WASH include; inadequate reagents for the Portable laboratories and transport logistics to strengthen Water Quality Management, inadequate funding for WASH in health care facilities, and poor location of water points and sanitary facilities resulting in contamination of drinking water sources and contributing to outbreaks of waterborne diseases. Further, waste care management has not been incorporated into pre-service training for sustainable compliance to appropriate healthcare waste management practices. While the National Food laboratory has been devolved to provincial levels, some functions have not been fully devolved due to inadequate equipment and human resource capacity.

1.1.4 Occupational Health and Safety

Occupational health is key to health and safety of individuals at places of work, which may be due to exposure to workplace hazards. It addresses many types of workplace hazards including chemical, physical, biological, psychosocial, Ergonomic issues and accidents. Occupational health is also an important standard precaution for prevention and infection control.

With increased industrialization, Zambia has recorded several workplace accidents, injuries, and occupational health related issues. To strengthen occupational health services, Government, through the enactment of the Occupational Health and Safety Act of 2020, established the Occupational Health Institute responsible for promoting the health and safety of workers. This has resulted into improved occupational health surveillance, prevention of occupational diseases, injuries and workplace hazards.

Challenges in the implementation of occupational health services include inadequate field equipment to monitor environmental hazards and potential risks at workplace; inadequate Standard Operating Procedures, human resources and infrastructure. Centralized services

and weak enforcement of the provisions of the Occupational Health and Safety Act present further challenges. This has led to non-compliance with existing regulatory measures thereby raising safety issues.

1.1.5 Nutrition

The Government has been implementing the First 1,000 Most Critical Days Programme (MCDP) in 36 districts, which focuses on addressing stunting and obesity in children 0-23 months, pregnant and lactating women, and adolescent girls. In addition, Government strengthened the Growth Monitoring Programme for children under five meant to reduce cases of obesity, through the implementation of the Health Diet Campaign covering 17 districts by 2022. Government has continued providing Vitamin A supplementation and deworming medication to all under five and school going Children. The Food and Nutrition Act N0.3 of 2020, was enacted to provide a comprehensive legal framework to support efforts to address all forms of malnutrition.

Despite Government efforts to reduce malnutrition, 32 percent among under-5 children have stunted growth, with rural areas recording high cases than urban (ZDHS 2024). Though indicating a reduction from 40 percent in 2014, this still remains a critical situation as per the United Nations' classification of child malnutrition of above 20 percent in the country. Stunting during childhood is another concern that affects brain development and impair cognitive function, while wasting (acute malnutrition) reported at 3 percent (ZDHS, 2024) is another form of under nutrition that is of concern to the growth of the under 5 children.

Overweight and obesity are severe health issues affecting all age groups, including children. In Zambia, 24.2 percent of adults are overweight or obese, and 90 percent don't meet dietary requirements. Obesity is one of the risk factors to some diet related Non-Communicable Diseases such as diabetes, coronary heart diseases (CHD), hypertension and some forms of cancer.

Challenges in nutrition include unethical marketing practices; lack of awareness among retailers and consumers on regulations governing nutrition; inadequate; limited research to assess nutrition-related disease burden, low coverage of interventions to address micronutrient deficiencies, such as fortification of sugar with vitamin A. In addition, there are inadequate nutrition interventions targeting adolescents and other older age groups, and inadequate health facilities providing medical nutritional feeds for patients who may require specialized feeding when unable to feed by mouth.

Further challenges include; weak management of nutrition data, unavailability of specialised nutrition assessment equipment and tools, limited number of training institutions offering specialised clinical nutrition and dietetics programmes and weak enforcement of the law.

1.1.6 Health Promotion, Communication and Public Relations

Health Promotion

Health promotion plays a critical role in improving health by enabling individuals and communities to take control over the factors that influence their well-being. Its core functions include disease prevention at primary, secondary, and tertiary levels health education and awareness and behaviour change communication, which empowers people to adopt healthier lifestyles thereby contribute to reducing the burden of both communicable and non-communicable diseases. Health promotion further involves community mobilsation, policy advocacy, and creating supportive environments that promote good health.

The Ottawa Charter for Health Promotion places emphasis on strengthening community action, developing healthy public policies, and addressing social determinants of health. To this effect, Government has strengthened health promotion, essential for improving access to health information, reducing inequalities, and easing pressure on the healthcare system, ultimately leading to better health outcomes.

Communication and Public Relations

Communication and Public Relations (PR) are key in promoting the health of individuals and communities. They shape how health information is developed, disseminated, and understood by the public, thereby empowering individuals and communities to make informed decisions about their health. Effective communication and PR ensure that key health messages related to disease prevention, treatment options, and healthy behaviour are delivered in a clear, accurate, timely, and culturally appropriate manner, accessible to the target audience. This helps to bridge the gap between healthcare providers and communities by improving awareness and knowledge and ultimately influencing positive behaviour changes.

In addition, by reducing misinformation, strengthening community participation, and promoting a positive image of health institutions, communication and PR contribute to improved health service delivery and increased service uptake. They are also essential in promoting adherence to medical advice and encouraging participation in health programmes. Overall, Health Information System ensures that health promotion efforts are not only delivered but also effectively received, understood, accepted, and acted upon by the community.

The Ministry has established a Communication and Public Relations Unit responsible for coordinating health messaging, managing public information, promoting community engagement, and supporting behaviour change initiatives. Government has further strengthened its digital presence across various social media platforms, reaching an average of 7 million people monthly. This stimulated health-related conversations, thereby creating awareness and generating demand for health services.

Despite the recorded milestones, Communication and PR are not yet fully integrated into many health programmes and healthcare facilities, leading to low levels of public trust and reduced service uptake. Additional challenges include limited understanding of the role of communication and PR among the healthcare workforce, inadequate communication strategies, insufficient personnel, weak community engagement, and inconsistent messaging.

1.2 Health Service Delivery

1.2.1 Service Delivery Structures

Health services in Zambia are delivered in a service delivery structure aimed at providing health services as close to the family as possible, and with a Primary Health Care approach. To achieve this, the service delivery system has the following structures:

(i) Community
(ii) Health Stations
(iii) Heath Posts
(iv) Health Centres
(v) Zonal / Referral Health Centres
(vi) 1st Level - Primary Hospital at district level offering General Practice
(vii) with mandatory specialties in internal medicine, obstetrics & gynecology, pediatrics & child health, and general surgery.
(viii) 2nd Level - Secondary health facility at provincial levels, providing multi-disciplinary specialist care including anesthesiology & critical care Radiology and histopathology.
(ix) 3rd Level -Tertiary Hospital providing comprehensive specialist care with postgraduate training and research.
(x) 4th Level - Provides highly specialized and advanced healthcare services for complex conditions, serving as a national referral center and supporting medical research and innovation.

Apart from the general organization of health services, there are a number of structures which are part of the National Health Care System, and merit special attention. These are therefore subject to the provisions of this National Health Policy and include:

Faith-based facilities: owned by various religious bodies under the umbrella of Churches Health Association of Zambia (CHAZ).

Private health facilities: including for-and not for profit facilities owned by private investors and Civil Society Organizations (CSOs).

Diagnostic and Therapeutic facilities: including specimen collection centres, medical laboratories, medical imaging and nuclear medicine centres.

Rehabilitation Centres: including physical and mental rehabilitation centres. Palliative Centres: including specialised facilities providing end-of-life care to terminally ill patients.

Alternative Medicine facilities: Facilities offering traditional, complementary, and alternative treatment modalities such as herbal medicine, acupuncture, homoeopathy, and naturopathy.

Specialty Clinics: Standalone facilities providing outpatient medical and specialty services.

Mobile Health Services: facilities proving mobile health services on road, air, water and railway-based systems.

1.2.2 Reproductive, Maternal, Newborn, Child, Adolescent Health

Reproductive, Maternal and New-born Health

Government has prioritized the use of contraceptives as a key intervention in preventing unwanted pregnancies and further prevent maternal mortality. The ZDHS (2024) shows that there has been an increase in contraceptive use among married women aged 15 — 49 years, from 45 percent in 2014 to 53 percent in 2024, against the target of 60 percent. The unmet need for Family Planning (FP) dropped from 2lpercent to 16 percent, and total fertility rate reduced from 4.7 to 4.0 births per woman over the same period. Further, births delivered by skilled providers increased from 72 percent in 2014 to 94 percent in 2024. This contributed to the reduction of Maternal Mortality Ratio (MMR) from 398 deaths per 100 000 live births in 2013/14 to 187 deaths per 100 000 live births in 2024. Similarly, neonatal mortality reduced from 24 deaths per 1,000 live births in 2013 to 17 deaths per 1,000 live births in 2024 (ZDHS 2024).

While access to contraceptives in the country has increased, unsafe abortions account for 30 percent of maternal deaths in Zambia (MOH Annual Report 2021). According to the University Teaching Hospital based studies, 30 to 90 percent of acute gynaecological admissions are as a result of abortion complications, mostly being from unsafe abortion. Other factors contributing to maternal and neonatal mortality include: inadequate health care facilities providing quality maternity services, absence of maternity annexes, poor water and sanitary facilities, inadequate equipment and insufficient ambulance services. Poor health seeking behaviour among communities due to cultural beliefs and long distances to facilities presents further challenge.

Menopause and Andropause

Menopause and andropause affect a significant proportion of the adult population, particularly individuals in midlife. Menopause typically occurs among women between the ages of 45 and 55 years, while andropause

in men affect the age category ranging from 50 years and above. The 45 to 55 age category represents about 10.5% of the population currently not having access to either menopause or andropause services. Despite the increasing number of individuals within these age groups, the availability of services for the prevention, screening, and management of menopause- and andropause-related conditions remains limited within the health system.

In addition, infertility, which affects individuals and couples within the reproductive age group of 15-49 years, remains a public health concern. Access to accurate information, counseling, diagnostic services, and appropriate treatment options for infertility is often limited, resulting in unmet needs among affected individuals and couples. These challenges highlight gaps in the provision of comprehensive reproductive and adult health services across the life course.

Child Health

Zambia recorded a decrease in infant mortality rates from 45 to 29 deaths per 1,000 live births, while under-five mortality reduced from 75 to 42 deaths per 1,000 live births between the period 2014 and 2024 (ZDHS,2024).

On the contrary, the number of children fully vaccinated aged 12 to 23 months reduced from 68 percent in 2014 to 65 percent in 2024 (ZDHS,2024). Further, statistics show that 78% of young children are at risk of poor development due to multiple deprivations such as nutritional deficiencies; 32% of under-five children are stunted, 3% are wasted and 20% under-weight. With respect to tracer common childhood illnesses, Severe Acute Malnutrition, Pneumonia, Malaria and Diarrhoea, remain leading causes of morbidity and mortality among children under the age of five.

Challenges under child health programming include inadequate human resources trained in malnutrition case management, newborn care, early childhood development and integrated management of newborn and childhood illnesses, including training of community-based agents. Other challenges include low coverage of community health services such as community integrated management of childhood illnesses and community newborn care; inadequate child friendly medicines and other commodities; inadequate basic and essential equipment for implementing child health activities; and inadequate infrastructure for implementation of child health related services.

Adolescent Health

Adolescence, a transition from childhood to adulthood, is a critical stage of life characterized by rapid biological, emotional, and social changes, that if not well managed can lead to lifelong negative impacts. This period ranges from 10 to 19 years of age, a period in which every person is expected to develop the capabilities required for a productive, healthy, and satisfying reproductive life. For adolescent in schools, poor health can have serious implications for their future success as adults. Zambia's policy on free education which has increased access to learning opportunities for all children, could be potentially undermined by poor health of adolescents in schools.

The ZDHS results for 2018 revealed that 16.3 % of boys compared with 12.7% that of girls had sex before age 15. This is consistent with the ZAMPHIA 2021 Survey findings that showed that HIV prevalence among girls decreased from 3.3% to 1.9%, where in boys it increased from 1.6% to 2% between 2016 and 2021 for adolescents aged 15 to 19 years.

Teenage pregnancy reduced from 29% in 2013 to 27.6% in 2024 (ZDHS, 2024) with the burden generally skewed towards girls attending rural facilities than their counterparts in urban settings. According to the

same report, the proportion of survivors of Sexual Gender Based Violence (SGBV) who were adolescents (10-19 years) was 58% in 2022, compared to 61% in 2021. Factors contributing to SGBV include harmful traditional practices (sexual cleansing rituals, initiation ceremonies), women's economic dependence on men, socialization of boys and girls both in homes and schools, intimate partner violence, and weak law enforcement.

While the number of stand-alone adolescent health spaces increased from less than 50 to 303, and shared spaces to 1719 by the year 2022, there is still some significant gap to meet the demand for the adolescent health spaces. In addition, less than 10% of health workers are trained in adolescent health. There is also inadequate involvement of parents and community leaders to create a protective and supportive environment for adolescent health care.

Assisted Reproductive Technology

There are six commonly used types of Assistive Reproductive Technologies being offered worldwide, which include: In-vitro Fertilization, Embryo Transfer (IVF-ET), Gamete Intra-Fallopian Transfer (GIFT), Zygote Intra-Fallopian Transfer (ZIFT), Frozen Embryo Transfer (FET) and Gestational Surrogacy. The first In-Vitro Fertilization clinic was opened in Lusaka in 2015, which has witnessed growing demand for such services.

While this is in response to infertility issues, there is scarce data to accurately estimate clinical infertility prevalence in Zambia. This has resulted into medical professionals and clients lacking necessary information to effectively resolve infertility issues and access care. Additionally, there is no legal framework to guide the handling of gametes, which include sperm and oocyte donation and receiving, freezing and transportation. Further, other ethical and legal dilemmas following the development of assisted reproduction techniques include: the right to

procreate or reproduce; the morality of in-vitro fertilization processes, and of the embryo; involvement of a third party in the reproductive process by genetic material donation; the practice of surrogacy; cryopreservation of pre-embryos; genetic manipulation and experiments on pre-embryo

1.2.3 Communicable Diseases HIV, AIDS and STIs

Zambia recorded a significant reduction in AIDS-related mortality, from over 60,000 in the year 2000 to less than 20,000 in 2021. The reduction is attributed to increased Antiretroviral Therapy (ART) uptake, improved adherence to treatment, enhanced monitoring, and improved access to HIV prevention, diagnosis, treatment, care and support, leading to HIV becoming a manageable chronic condition. The overall HIV prevalence among adults aged l5years and above stood at 11.0%, with higher prevalence among women (13.9%) compared to men (8.0%).

Similarly, Sexually Transmitted Infections (STIs) remain a significant public health concern, especially among people living with HIV and AIDS. In 2023, the most common STIs seen in health care facilities were syphilis (91,276) genital ulcer disease (GUD) (2389 cases), male urethral discharge syndrome (MUDS) (97,564 cases), vaginal discharge syndrome (VDS) (79, 007 cases), pelvic inflammatory disease (PID) (95, 060 cases), and genital warts (11,735 cases). In addition, there was a notable increase in reported STI cases from 324,011 in 2022 to 392,40 in 2023 (MOH Annual Report, 2024). Government adopted the syndromic management strategy for management of STIs, enabling the treatment of vast majority of STI patients without the requirement for laboratory-based diagnosis. This resulted in rapid case management, reduced transmission rates and strengthened overall public health response.

To accelerate progress towards ending the AIDS epidemic as a public health threat by 2030, Government has made significant progress towards the attainment of 95-95-95 Fast Track targets, which are meant

to scale up HIV prevention, treatment, and care services, emphasizing on early intervention and universal access. As of 2024, 95 percent of individuals with HIV knew

their status, 98 percent of diagnosed individuals were on ART, and 97 percent of those on ART were virally suppressed.

Challenges under the HIV/AIDS/STIs programming include low testing coverage in some populations, particularly among children, vulnerable populations, Adolescent and Young People (AYP) and men, inconsistent condom usage; low uptake of PrEp services due to myths and misconceptions; high mobility and labour migration contributing to the majority of new HIV infections. Other challenges include, stigma and discrimination and poor treatment adherence among adolescents.

Malaria

Malaria is still one of the country's public health problems. Among the contributing factors to high malaria incidence rate are climate change conditions, poor drainage systems, stagnant waters, rural and forested settings.

The malaria parasite prevalence by Rapid Diagnostic Tests (RDTs) increased to 32 percent among children in 2024, as compared to 29.3 percent in 2021. For rural and urban areas, the estimates were 35.9 percent, and 8.0 percent respectively (2024 Malaria Indicator Survey). Comparing 2024 to 2023, the malaria incident rate reduced from 399 per 1000 cases in 2023 to 300.6 per 1000 cases in 2024. This resulted in a further reduction in mortality rate from 8 per 100,000 population in 2023, to 6 per 100,000 population in 2024 (HMIS,2024).

In an effort to eliminate malaria, Government strengthened malaria surveillance, case management, and vector control measures. To curb malaria transmission, efforts were made towards distribution of 11.5 million nets, covering over 20 million people in the 2023 mass net campaign of Long-Lasting Insecticide Treated Nets (LLINs). Through the Indoor Residue Spraying (IRS) programme, a total of 894,266 structures were sprayed covering about 3 million people. Further, the continuous training and equipping of Community Health Workers (CHWs) strengthened the management of malaria at community levels, leading to increased access to malaria diagnosis and treatment services.

Challenges under malaria include: erratic supplies of anti-malaria drugs and RDTs commodities at service delivery points; low coverage of IRS; inadequate provision of technical assistance at all levels of service delivery; weak early warning systems on climate change; and low uptake of vector control interventions (LLINs and IRS).

Tuberculosis (TB)

Zambia is among the countries in the sub—Saharan Africa with a high burden of TB. In 2019, WHO reported an estimated percentage of Multi Drug Resistance Tuberculosis (MDR/RR-TB) at 2.6 percent, and llpercent of new cases, while the percentage of Rifampicin-Resistant TB previously treated patients within the MDR was estimated at 76 percent in 2019 to 80 percent in 2024 (2024 MOH Annual Report).

Government recorded some improvement in the treatment success rate for all forms of TB, which increased from 82.8 percent in 2018 to 89 percent in 2023 (2023 MOH Annual Report). Furthermore, TB incidence declined from 346 cases per 1000 population in 2018 to 295 cases per 1000 population in 2023.

These improvements are partly attributed to the introduction of a shorter regimen of TB treatment that enhances adherence and expanded provision of prophylaxis TB treatment to prevent infections in vulnerable populations. Further, Government strengthened TB diagnostic capacity through improved equipment (molecular tools) and other technologies across the country, leading to enhanced detection and management of MDR-TB. This contributed to high treatment coverage of approximately 93 percent in 2024, exceeding the national target of 92 percent, while drug-resistant TB treatment success stands at 80 percent, slightly below the 82 percent target.

Challenges under TB programme include poor adherence to TB treatment by vulnerable patients; nutritional constraints in TB patients; inadequate radiology services (x-ray) in rural areas; and inadequate drug susceptibility testing for drug-resistant TB which is not being done at all levels of care. Further challenges include limited human resources to adequately cover vulnerable and high-risk populations; inadequate awareness of TB/HIV co-infection leading to delayed diagnosis; increased transmission rates, treatment failures and mortalities; inadequate investment in operational research on treatment of TB infection; and weak coordination and collaboration among stakeholders.

Leprosy

Zambia reached the Leprosy elimination target of <10/100 000 population in the year 2000, and the leprosy incidence and status has been maintained. The number of reported leprosy cases reduced from 400 in 2014 to 250 in 2021. Factors attributing to the achievement include: integration of Leprosy prevention and control services into the general health care system, capacity building for health care workers in leprosy management, decentralization of Leprosy management, administration of multi-drug therapy for leprosy patients, and use of Leprosy Preventive Treatment for close contacts.

Available data indicates that Leprosy has taken a gender dimension, with 64 percent of leprosy cases being males, and the commonest type being the multi-bacilli, at 83.6 percent, signifying late detection of the disease. Despite efforts made to combat leprosy, the country still records new leprosy cases in some areas, with Northern, Western, and Central provinces recording the highest numbers. Other challenges include stigma and discrimination against leprosy patients; low case detection and management; inadequate skills and knowledge on leprosy management among health workers and the community; and inadequate rehabilitation and support centres for patients who develop disabilities due to leprosy.

Neglected Tropical Diseases (NTDs)

Neglected tropical diseases such as schistosomiasis, lymphatic filariasis soil transmitted Helminthes, cysticercosis, trachoma, plague, anthrax and rabies, are still prevalent in various locations in the country. Progress made in the control and management of NTDs has been due to successful mapping of high disease burden areas and subsequent implementation of mass drug administration initiatives. The country has further integrated the management of NTDs within the general health delivery system resulting into improved case detection and management. Despite the achievements, challenges in the programming of NTDs interventions include inadequate diagnostic capacities at various levels of health care, inadequate chemotherapy for management of NTDs cases, and weak multi-sectoral collaboration to control zoonotic diseases.

Viral Respiratory Illnesses

Viral respiratory illnesses (VRIs) continue to pose a significant public health challenge in Zambia. VRIs contribute substantially to morbidity and mortality, particularly among vulnerable populations such as children and the elderly. In recent years, VRIs such as SARS-CoV-2

(COVID-19), influenza A (H1N1 and H3N2), influenza B, Respiratory Syncytial Virus (RSV), rhinovirus, and adenovirus are some of the public health threats in the sector, causing some service disruptions and a threat to life. Zambia has achieved impressive COVID-19 vaccination coverage and established oxygen plants across the Country to improve oxygen availability for patient care.

While co-infections with multiple viral or viral-bacterial pathogens are common, especially in children, there is limited access to comprehensive and rapid diagnostics for a wide range of VRIs, particularly in remote areas. Inadequate Infection Prevention and Control (IPC) infrastructure; low levels of adherence to Standard Operating Procedures, leading to nosocomial infections; insufficient oxygen supply systems in health facilities to manage severe respiratory illnesses; and non-inclusion of influenza vaccines on the national immunization schedule, have compromised the diagnosis and treatment of the diseases and further left a significant gap in preventive measures for common VRI.

1.2.4 Non-Communicable Diseases

Non-Communicable Diseases (NCDs) affect people of all ages and classes and have similar risk factors. These are mainly attributed to lifestyles such as unhealthy diets, physical inactivity, harmful use of alcohol, tobacco and substance abuse. Overtime, the country has witnessed an increase in the burden of NCDs, contributing to high levels of morbidity and mortality. In 2016, it was estimated that NCDs caused about 29 percent of all deaths in the country, and the risk of dying prematurely (between the ages of 30 and 70) from NCDs was 18 percent. The most common NCDs include chronic respiratory diseases, cardiovascular diseases (CVDs), diabetes mellitus (Type II), cancers, epilepsy, mental illnesses, trauma (mostly due to road traffic accidents and burns), sickle cell anaemia, obesity, and some of the oral and eye diseases. The 2017 STEPS survey showed the following population

prevalence rates for both male and female: hypertension 19.1 percent, diabetes 6.2 percent, salt consumption 9.5 percent, physical inactivity 10.4 percent, tobacco use 12.3 percent, alcohol use 21.7 percent, cervical cancer screening 21.1 percent, and obesity 7.5 percent.

Government recorded an increase in availability of equipment and appropriate infrastructure for comprehensive NCD prevention, treatment, care and support at all levels of service delivery. Additionally, there exists the National Alcohol Policy and NCDs Strategic Plan to providing necessary frameworks supporting the implementation of NCDs interventions.

Despite the milestones attained, existing gaps include: inadequate numbers of specialised personnel to support provision of quality interventions; limited research and information on NCDs and their associated risk factors; increase in unhealthy lifestyles and levels of substance and alcohol abuse, especially among the adolescents and young people (AYP); weak enforcement of alcohol regulations; and increased environmental hazards and risks, leading to increased disease burden.

Mental Health

Mental disorders are among the risk factors of disability, contributing to 16 percent of the global disability-adjusted life years (DALYs) reported in 2019. Zambia has an estimated 20 percent prevalence of mental health problems amongst the population, cutting across all ages and gender.
The most common conditions presenting in health facilities include brief psychotic disorders, schizophrenia, mood affective disorders (depression, bipolar mood disorders), anxiety disorders and organic brain syndromes. The mental health situation is driven by factors such as genetic disorders, poverty, rising rates of urbanization, unemployment, child abuse and gender-based violence. Other contributing factors include medical conditions such as HIV and AIDs.

Government enacted the Mental Health Act No.6 in 2018 to provide for the necessary legal framework to support delivery of mental health services in the country. A Mental Health Unit was subsequently established at Ministry of Health headquarters to serve as a secretariat for mental health services, contributing to the recognition and protection of the rights of mental health users. Additionally, Mental Health Units were established at provincial centres to decentralise services and improve access to quality mental health services.

Despite the strides made under mental health, existing challenges include: largely centralised services; weak integration of mental health services into primary health care; inadequate specialised mental health human resources; high attrition of trained mental health professionals; inadequate suitable infrastructure for mental health services; inadequate and expensive rehabilitation services which are mostly privately resourced with weak regulation, resulting to poor quality of care. Other challenges include: inadequate supply of psychotropic drugs; limited standard treatment guidelines for common mental disorders, leading to inconsistencies in the provision of mental health services, stigma and discrimination towards people suffering from mental and neurological health problems.

Oral Health

Oral diseases, like other non-communicable diseases are associated with lifestyles, such as unhealthy diets, substance abuse, and tobacco use among others. Oral health is another neglected area of public health concern, with 90 percent of untreated oral diseases, 74.5 percent of Zambians having had not visited a dentistry at least 12 months (2018 NCDs Risk Factor National Survey).

To strengthen the provision of oral health services and increase coverage and access to quality oral health care, Government constructed and upgraded various health institutions, including oral health training schools. Government further increased procurement and supply of dental equipment and dental supplies which led to increased access to quality oral services. Other achievements include scaling up the training of dental personnel through the introduction of a Bachelor's degree program in Dentistry at the Copperbelt University and Levy Mwanawasa Medical University, in 2010 and 2019, respectively. This added to the existing pool of dental professionals, comprising Dental Surgeons, Dental Therapists, Dental Technologists and Dental Assistants, leading to improved delivery of quality Oral Health Services.

While noting the progress made so far, the coverage of oral health services in the country is inadequate. This is further worsened by non-availability of the services at primary health care level. Additionally, the levels of public awareness on oral diseases and conditions is low. Other challenges include: weak diagnostic capacities at various levels of care, inadequate qualified human resource, limited dental equipment and infrastructure, obsolete equipment negatively impacting on quality of service delivery, and inconsistent supply of dental commodities.

Cancer Diseases

Zambia continues to face a high burden of cancer related morbidities and mortalities, with high mortality rate for childhood cancers, at 70 percent. The 2020 Global Cancer Observatory (GLOBOCAN) report estimated that the overall age-standardised cancer incidence rate for both sexes in Zambia was 153.5 per 100,000 population for all cancers. The age-standardised mortality rate was estimated at 103.3 per 100,000 population. The highest burden of cancers come from cervical cancer at 23 percent, Kaposi's Sarcoma 16 percent, Prostate cancer 11.2 percent, Breast cancer 7 percent and oesophagus cancer 3.7 percent.

Achievements made under cancer include: the development of a national population based cervical cancer prevention program, introduction of a DNA testing for Human Papilloma Virus and vaccine for the prevention of cervical cancer in 2019, procurement of equipment for management of cancer related diseases, and establishment of three training programmes for Radiation Therapy, Radiation Fellowship and Clinical Medical Physics.

Despite the achievements made, challenges in the delivery of cancer services include: high attrition rate of qualified staff in the management of cancers; inadequate advanced medical equipment; low levels of awareness of risk factors; poor health-seeking behaviour; limited access to cancer prevention, diagnostic and treatment services for pre-invasive and invasive cancers; inadequate capacity for early diagnosis and treatment of cancers; and inadequate research conducted on cancers.

Eye Health

The prevalence of eye diseases in the country stood at 3.2 percent in 2022, with cataract accounting for 55 percent of all blindness in the country. The common major causes of blindness include, glaucoma accounting for 15 percent, corneal opacities at 12 percent, trachoma at 7.4 percent childhood blindness at 5.5 percent, whilst the rest account for 5.1 percent.

Government established two Specialist Eye Hospitals namely University Teaching Hospital (UTH) -Eye Hospital and Kitwe Teaching Eye Hospital, (7) eye centres of excellence and over 70 eye health facilities across the country. In addition, Government increased the number of eye specialists through the introduction of training of ophthalmologists at University of Zambia and under the Zambia Colleges of Medicines and Surgery (ZACOMS). Additionally, the Levy Mwanawasa University has been training Mid-Level eye health personnel since 2010 adding up to the existing pool of eye personnel in the country.

Challenges include inadequate human resource, infrastructure and equipment for eye health services, weak referral and outreach systems and low public awareness on eye health leading to poor health seeking behaviours.

1.2.5 Medical Tourism

Zambia's geographical location positions her as a promising regional hub for medical tourism. Key factors that influence the growth of medical tourism include the availability of specialist personnel, modern diagnostic technologies, and adequate state-of-the-art health infrastructure. Government has made progress towards construction of health infrastructure and procurement of medical equipment for improved quality health services in the country.

Notably, progress has also been made in specialized areas such as cancer and cardiovascular diagnosis and treatment, through the establishment of Cancer Diseases Hospital in 2006, and the National Heart Hospital in 2021, both of which provide advanced treatment services. These facilities have contributed to the provision of specialized care, including over 200 cardiac surgeries and oncology services to both local and other nationals in the region. Further, progress has been made in strengthening specialized health infrastructure across the country, providing advanced diagnostic and treatment services, and contributing to specialized health care for both locals and in the region. These include the Eye Hospital at University Teaching Hospital, the Kitwe Eye Hospital and specialized Maternal, Neonatal and Pediatric hospitals under the University Teaching Hospitals. Collaborations with regional and international health institutions have enhanced local capacity through training and telemedicine.

Despite these advancements, challenges hindering the country's medical tourism potential include: increased cases of cancers and cardiovascular diseases, leading to patients being referred for treatment

abroad; limited modern diagnostic technologies; and severe shortage of specialists, such as Oncologists and Cardiologists. Others include Infrastructure limitations: especially in radiotherapy and chemotherapy, and frequent equipment breakdowns contributing to low foreign patient inflow, thereby eroding trust in local healthcare services.

1.2.6 Blood Transfusion and Organ Transplant Services Blood Transfusion Service

Blood transfusion is a lifesaving intervention key to treatment of disease conditions that can cause morbidity and mortality. Blood transfusion services are anchored on availability of quality assured, and safe blood and blood products to ensure maximum efficacy and appropriateness for use. The Zambia National Blood Transfusion Service (ZNBTS) governs the provision of blood transfusion services through, collection of blood, testing and distribution of safe blood units to support patient care.

Blood collections increased from 38,477 units in 2004, 112,110 units in 2021 and 215,191 units in 2025 (ZNBTS report), with strict compliance to mandatory laboratory screening of all blood for HIV, Hepatitis B and C, and syphilis. Further strides have been made to decentralise blood transfusion services through establishment of Provincial Blood Banks, and creation of Provincial Hubs and Satellite Centres, providing additional storage and distribution centres to nearby hospitals to support delivery of quality health services. In addition, certain medical conditions and treatments require specific components of blood, highlighting the ongoing need for specialized blood products, to meet diverse patient need.

The Blood Transfusion Services' collection levels remain below the national blood requirements. There is also inadequate legal framework to support Blood Transfusion Services, coupled with a low proportion

of repeat blood donor population due to inadequate information and negative cultural beliefs on blood donations. Other challenges include inadequate specialised blood products for specialised medical and surgical services; inadequate equipment and reagents at the satellite areas; and weak coordination of hemovigilance programme to effectively monitor blood transfusion outcomes nationwide.

Organ Transplant

Organ transplantation is a critical procedure in the management of severe organ failure worldwide, saving and improving the quality of life by replacing a failing organ with a healthy one. Globally, Organ transplantation has progressed tremendously, with improvements in surgical methods, organ preservation, and pharmaco-immunologic therapies. Zambia has witnessed an increase in demand for such services, necessitating treatments abroad, which are costly and not accessible by majority citizens who require such services, thereby countering efforts to attain Universal Health Coverage.

Notably, five kidney transplants services were successfully conducted in 2022 at the University Teaching Hospital, marking a significant milestone and demonstrating the country's emerging capacity to provide specialised transplant services locally. This achievement highlight both the potential for expanding access to organ transplantation and the need for supportive systems to ensure sustainability and quality.

Despite the recorded progress, development of a safe, accessible and ethically sound transplant program in the country is hampered by inadequate legal and regulatory framework to govern organ transplantation services, and ethical compliance.

1.2.7 Laboratory and Medical Imaging Services (Diagnostics)

Laboratory services

Laboratory services are critical in accurate diagnosis and management of patients and for research purposes. There are 537 operational health public laboratories distributed across various levels of healthcare, providing various laboratory testing services. To ensure quality laboratory services,

Government established a Quality Assurance Coordinating Unit (QACU), resulting into forty (40) laboratories implementing a structured management systems programme, with fourteen (14) being internationally accredited. In addition, Biosafety and biosecurity measures have been strengthened at all levels of care, ensuring safe handling of specimens and reducing risks to both laboratory personnel and to patients.

Despite the recorded achievements, 65 percent of functional medical and public health laboratories do not meet all the standard laboratory infrastructure requirements for diagnostics purposes, which has negatively impacted on the quality of laboratory services. In addition, a number of health facilities do not have designated laboratory rooms, coupled with limited structured arrangements for outsourcing testing services from other health facilities. Further challenges include: frequent laboratory reagents and commodity stock outs, frequent equipment break downs, unavailability of spare and lack of maintenance contracts for laboratory equipment, weak laboratory information system, and outsourced critical support services such as calibration and external quality assurance, which has resulted into high costs of services.

Medical Imaging Services

The demand for medical imaging services has increased over time as a result of changes in the country's disease profile, with communicable and non-communicable diseases becoming more prominent. Diagnostic images help healthcare professionals diagnose, monitor, and treat various medical conditions. Medical imaging modalities include general x-ray, contrast-aided, ultrasound, mammography, Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Dual Energy X-ray Absorptiometry (DEXA), nuclear medicine, and interventional radiology.

To strengthen medical imaging services at all levels of care, Government procured various imaging equipment, including CT-Scans, MRI, digital x-ray machines, digital fluoroscopy x-ray, Mammography, digital mobile x-ray, digital C-arm x-ray and ultrasound machines. This has led to increased availability of digitized and specialized medical imaging services and access to quality medical imaging services nationwide. The upgrading of two analogue x-ray machines at two secondary hospitals in Lusaka to semi-digital Computed Radiography (CR) was done, further enhancing diagnostic capacity.

While progress has been made in this area, limited access to specialised medical imaging services such as SPECT-CT, PET-CT, CT, MRI, mammography and nuclear medicine, remain a major challenge. With respect to nuclear medicine, Zambia has one unit which is non-functional due to obsolete equipment, leading to late diagnosis of diseases, a backlog of patients awaiting the radionuclide imaging services, thus compromising the quality of care. Other challenges include: inadequate imaging equipment to cover all levels of care; shortage of imaging human resources (radiologists, radiographers, and medical physicists) resulting to long turnaround times for radiology reports. Further, the number of trained personnel in nuclear medicine, including physicians, technologists, nurses, and radiopharmacists, is also inadequate. Notably, nuclear medicine has not been fully integrated into National Health

Care System, creating some sustainability concerns. Additionally, poor supply chain management system for imaging consumables; and a weak National Quality Assurance programme to monitor quality provision of imaging services constitute further challenges.

1.2.8 Rehabilitation, Services and Palliative Services

Rehabilitation Services

A number of patients that attend hospital services require medical rehabilitative services, which include among others physical, occupational, speech and language therapies. Some of these services are available in hospitals, health centres, and communities.

The main challenges under rehabilitative services include: inadequate human resource and skilled community workers; inadequate resources for post-illness care and lack of partnerships at community levels.

Palliative Services

Zambia has a large un-met need for palliative care services for patients suffering from various terminal and chronic illnesses. The increase in the burden of disease as a result of cancers, cardiovascular diseases, mental and physical disorders among others, has led to an increased demand for palliative care services.

The Palliative Care Alliance Zambia (PCAZ), established in 2005, plays a key role in advocacy, training, and service coordination. Hospital-based teams have been integrated into major hospitals, including Livingstone Central Hospital, Cancer Diseases Hospital, Kitwe and Ndola Teaching Hospitals, providing both inpatient and home-based care. Government developed the National Palliative Care Strategic Plan 2021-2026, providing a strategic framework for delivery of Palliative care services. Further, Government enhanced training of health workers, developed guidelines, and strengthened partnerships with regional and

international institutions leading to enhanced capacity and quality health service delivery.

However, palliative care services in Zambia are mostly oriented towards physical care without support for the psychological, social and spiritual needs of clients and their families. There is also weak coordination of palliative care services in Zambia.

1.2.9 Referral, Emergency and Mobile Health Services Routine Referrals

Routine referrals in health care connect primary care to specialist services. Key resources to facilitate referrals are ambulance services usually in the form of Motor bikes, boats and motor vehicles, and the staff required to escort the patient namely driver, cockswine paramedics Nurses, clinical officers or doctors.

Challenges in ensuring a smooth and effective referral system include inefficient communication, information gaps and feedback mechanisms leading to misdiagnosis and treatment delays; administrative and systemic obstacles, including inefficient referral tracking, interoperability issues and lack of standardisation. Other challenges include specialised care shortages and patient related logistical barriers

Emergency And Mobile Services

Emergency and Mobile Health Services encompass a range of resources designed to respond swiftly to critical situations. This includes Emergency Medical Services (EMS) for medical emergencies, as well as mobile services like specialised outreach programmes mainly targeted at underserved areas such as rural and remote hard to reach areas using road, water and air. Government procured 10 mobile hospital units in 2011 to facilitate provision of mobile health services with service

coverage of 729,046 patients, accounting for 32,857 surgical operations done. This improved access to specialized care contributing to improved health outcomes.

Government has further expanded mobile health services through Zambia Flying Doctor Services (ZFDS), increasing coverage from 105,433 in 2023 to 174,917 in 2024. The number of health facilities reached with specialised services also grew significantly, from 286 to 463. Additionally, aeromedical evacuations rose to 95 in 2024 from 88 in 2023, facilitating the transportation of patients to tertiary medical hospitals for specialised care. These advancements underscore the Government's commitment to enhancing access to healthcare, particularly in remote and underserved areas thereby reducing health inequalities.

A mentorship and onsite training program in emergency health services covering a wide range of courses was instituted to enhance skills and knowledge for health care workers in emergency services. These included first aid, basic life support and advanced life support trainings. Further, positions for paramedics were created to man ambulances which has strengthened the emergency medical response system.

Despite the attained milestones, there are still gaps in the provision of ambulatory services (motor vehicles, boats, and aircrafts) which include: inadequate numbers of specialized paramedics, leading to compromised quality of care; poor coordination among stakeholders in the provision of ambulance and referral services. Other challenges include obsolete equipment on mobile units making it difficult to provide required and needed services. Furthermore, there is limited replacement of worn-out equipment in mobile health hospitals, with only three out of eight facilities receiving new medical equipment.

1.2.10 Public Health and Global Health Security

Recent public health events have highlighted the critical importance of strengthening public health security in Zambia. This is through minimizing the danger and impact of acute public health events that threaten people's health across geographical regions and international boundaries. Outbreaks of Pandemic nature and magnitude like the 2014 Ebola outbreak, and the Corona Virus Disease of 2019 (COVID-19), alongside frequent cholera outbreaks experienced in the country, have underscored the importance of enhancing surveillance, management and mitigation of the spread of infectious diseases and other public health events within countries and across borders.

The enactment of the Zambia National Public Health Institute Act, No. 19 of 2020 established the Zambia National Public Health Institute (ZNPHI), with a purpose to strengthen coordination of public health security and pandemic prevention and control. This Act also established the Public Health Emergency Operations Centre (PHEOC), a platform providing for multi¬sectoral coordinated responses to various disease outbreaks such as cholera, anthrax, polio, measles, COVID-19 and others, including implementation of International Health Regulations (IHR), within the framework of one health strategies employed in all the pillars of emergency response.

Early warning systems, disease surveillance and intelligence have been enhanced through implementation of the Integrated Disease Surveillance and Response (IDSR) strategy. These include; event-based surveillance, community-based surveillance, risk communication and community engagement as well as electronic-IDSR (e-IDSR). By year 2024, 62% of all health facilities across the country had at least one health care worker trained in IDSR.

In order to ensure epidemic preparedness, prevention, control and management, Government developed the National Action Plan for Health Security and Multi-Hazards Emergency Preparedness and Response Plan. Multisectoral epidemic preparedness, prevention, control and management committees have been established at all levels of care to ensure public health emergency preparedness and response, while risk assessments have been conducted to categorize epidemic prone areas as well as identifying, profiling and mapping of potential health threats and hazards.

Further, Government established the National Public Health Reference Laboratory to ensure early detection and diagnosis of diseases of public health importance. Laboratory capacity has been built to conduct genomic sequencing and other complex analysis. Other developments include training of advanced field epidemiologists (43) and 328 frontline field epidemiologists, public health emergency management including Incident Management System at national and sub-national levels in order to develop competencies in public health security including outbreak investigation and surveillance, analyses, and interpretation of public health data.

Despite the attained milestones, non-operationalization of the Public Health Emergency Fund has negatively affected emergency preparedness and response, early detection of diseases of epidemic potential, outbreak investigation and surveillance, analysis, and interpretation of public health data, and mitigation efforts. Other challenges countering efforts to attain public health security objectives include: limited staff trained in enhanced eIDSR and surveillance data management systems; weak strategic and health security information management systems at all levels of care; disjointed laboratory network mainly established for clinical and case management purposes; and a centralised PHEOC without adequate linkages with the sub-national levels.

1.2.11 Community and School Health Services Community Health

The health of individuals and populations is determined within the communities they live in. Access to healthcare services at community level is therefore critical to good health. Community health is globally recognized as an arm for extending service coverage by increasing access points. Community health services are designed to be the first and last mile help, serving every member of the community. In Zambia, the community health workforce team include Environmental Health Officers; Public Health Nurses; Health Promotion Officers; Public Health Officers; Community Health Assistants; and various community-based volunteers such as Safe Motherhood Action Groups (SMAGs) and Tuberculosis Treatment Supporters (TB -TS).

To strengthen community health services, Government has built 1600 health Posts, created community structures such as the Neighborhood Health Committees (NHCs), Ward development committees and village committees. Over 5000 Community Health Assistants (CHAs) have also been trained which have enhanced the quality of health services provided at community levels. Further, Government is in the process of rolling out the community health information system to improve on the data management at community level.

The development of contracts for Community-Based Volunteers (CBVs) has helped regulate their practice, while the creation of CBV incentive guidelines has standardized remuneration and improved retention rates. Moreover, a comprehensive CBV master list for better accountability and management of CBVs was developed, with over 90,000 CBVs currently registered across the country, in an effort to create a more robust and efficient community health framework.

Challenges under community health services include; low service coverage, fragmented services, and inadequate skills among community

health workers which have negatively impacted on both service quality and access to health services provided in the community. Additionally, the structures created at community levels such as the NHCs do not have some legal backing to facilitate their effectiveness, while the programming of Community health services is incoherent leading to inconsistencies in the programming and delivery of services. The referral and the logistical support systems and the participation of the community in service provision is weak, resulting in service gaps, transparency and accountability issues.

School Health Services

Improving the health status of today's school children impacts on tomorrow's adult populations, with the promise of higher educational attainment, improved adult health outcomes, and higher income earning potential, all of which are strongly interdependent. Poor health and chronic under-nutrition may lead to delayed school entry, early school termination, absenteeism, poor cognitive and psychological development, poor school performance, and reduced work capacity.

The introduction of the free education policy has led to increased enrolments in Government schools. However, the objectives of the free education policy may be undermined by poor health among learners. In response to the developments, Government has expanded already existing school health systems by constructing designated health rooms in schools, to improve access to quality health services, support learner wellbeing and for the overall attainment of improved education outcomes.

Despite improvements in the implementation of the school health programme, notable challenges include: inadequate medical supplies; limited number of health personnel to support provision of quality school health services; low coverage of school feeding programme;

weak coordination of stakeholders and inter-ministerial action on school health and nutrition services. Additionally, there is no defined health service package for school health services, leading to inconsistent and fragmented services and inequalities in accessing care among learners. There are existing gaps in the legal framework, and other standard operating procedures to support optimal provision of school health services.

1.2.12 Traditional Complementary and Alternative Medicines (TCAM)

Traditional Complementary and Alternative Medicines and knowledge have proved to be effective treatment for health conditions. According to WHO, it is estimated that about 80 percent of the population in Zambia use TCAM for their day-to-day health needs. Factors contributing to this are precipitated by the socio- economic status of an individual, religious beliefs, cost and the type of illness.

Indicatively, there are approximately 40,000 Traditional Health Practitioners under Traditional Health Practitioners Association of Zambia (THPAZ) and Ng'angas Association, over 500 documented complementary and alternative medicines practitioners under Zambia Institute of Natural Medicine and Research (ZINARE) and approximately 50,000 undocumented traditional complementary and alternative medicines practitioners across the country. To ensure quality, safety and efficacy of TCAM, Government through Zambian Medicine Regulatory Authority developed guidelines on registration of herbal medicines.

Despite TCAM being widely used, indigenous traditional herbal remedies are not subjected to scientific evaluation to determine their efficacy and safety, leading to increased complaints of mismanagement and safety issues of clients and patients. Lack of standardized training, absence of a

certification programme and regulation of the practice and practitioners; non integration of TCAM into conventional practice; weak coordination between conventional healthcare providers and TCAM practitioners and inadequate research in TCAM present further challenges. Furthermore, no deliberate efforts to sensitise and educate communities on preserving the medicinal plants on which TCAM mostly relies on, raising some sustainability concerns.

1.3 Health Workforce

Human resources for health are a key factor to providing quality health services and facilitating Government efforts to attain desired health goals. The availability of adequate numbers of appropriately qualified and experienced health workers, in the right skills-mix is key to an effective and efficient health sector performance, and the overall attainment of Universal Health Coverage.

Currently, the Ministry of health has a total staff establishment of 151,394 positions, out of which 82,059 are funded positions, reflecting 54 percent funded staff establishment. This leaves a human resource gap of 69,335 of unfunded positions, accounting for 46 percent.

With the onset of decentralisation, Government has further been constructing health facilities across the country. This is in addition to other facilities constructed through other stakeholders in various parts of the country. These developments highlight the need to further expand the staff establishment to cover for the current human resource gap in the sector, and the one created by newly constructed facilities. Available statistics indicate that the country's doctor to patient ratio was at 1 to 12,000, compared to the ideal doctor patient ratio of 1 to 5,000. Similarly, the nurse-to-patient ratio stood at 1 to 14,960, compared to the ideal of 1 to 700 (The WHO,2020 Report). The most affected are the rural areas, which do not have adequate capacities to attract and retain qualified health workers.

Table 1: Number of funded positions against approved establishments

Staff category	Funded Posts Vs. Approved MoH establishment											
	2022				2023				2024 and 2025			
	Actual	Approved MoH establishment	Gap in Establishment		Actual Staff	Approved MoH establishment	isap in establishment		Funded Posts	Approved MoH establishment	Gap in Establishnant	
			No	%			No	°,t			No	Ye
Administration	22,718	52,111	29,393	56%	24,912	52,472	27,560	53P«	23,430	52,600	29,170	55%
Audiology	0	132	132	100%	1	132	131	99%	1	132	131	99P»
CHA	1,984	4,007	2,023	50%	2,085	4,022	1,937	48P«	2,177	4,080	1,903	47%
Clinical Officer	5,041	8,053	3,012	37%	5,577	8,271	2,694	33%	6,414	18,149	11,735	65P»
Dental	640	1,928	1,288	67%	684	1,895	1,211	64P«	800	1,529	729	48%
Environmental Health	3,328	5,744	2,416	42%	3,411	5,669	2,258	40%	3,967	5,008	1,041	21P»
Laboratory	2,915	3,215	300	9%	2,944	3,246	302	9%	3,172	4,167	995	24%
Medical Doctor	3,058	6,240	3,182	51%	3,345	6,308	2,963	47%	3,947	6,468	2,521	39P»
Medical Physicists	6	6	0	0%	3	5	2	40P«	3	5	2	40%
Midwife	4,560	11,718	7,158	61%	4,868	11,963	7,095	59%	5,805	14,954	9,149	61%
Nurse	25,409	36,337	10,928	30%	24,288	36,811	12,523	34%	26,083	33,900	7,817	23%
Nutrition	732	1,805	1,073	59%	769	1,832	1,063	58%	819	1,832	1,013	SSL»
Optometry/Ortfopea‹	18	200	182	91%	52	142	90	63%	103	362	259	72R»
Pharmacy	1,975	2,910	935	32%	2,075	2,943	868	29%	2,150	3,447	1,297	38%
Physiotherapy/Prosth	977	1,163	186	16%	1,047	1,218	171	14%	1,117	1,245	128	10%
Radiology	1,249	1,941	692	36%	1,170	1,963	793	40%	1,330	1,605	275	17%
Teaching	505	2,080	1,575	76%	625	2,042	1,417	69%	741	1,982	1,241	63%
Grand Total	75,115	139,590	64,475	"46°A	77,856	140,934	63,078"	4SY«	82,059	151,465	69,406	46°/»

Factors worsening human resource situation include low retention and motivation of existing health workers; limited treasury authority leading to staffing shortages, reduced motivation, and compromised quality and accessibility of health service delivery.

In response to the developments, Government has made significant strides by prioritising the recruitment of health workers in the public health sector. This has led to an increased staff establishment from 61,635 in 2013 to 151,394 in 2024, reflecting an increase in the establishment of 89,759 (120 percent) over the ten years. This expansion has further led to over 90 percent increase in certain critical health cadres such as Doctors, Nurses, Midwives and Clinical Officers among others.

Additionally, Government has extended the training of healthcare workers to private colleges and universities, leading to increased production of human resources for health. To further strengthen provision of specialized care, the Specialty Training Programme (STP) and other specialized programmes were introduced through the University of Zambia and other local and international institutions. These programmes cover fields such as Public Health, Oncology, Paediatrics, Critical Care and Epidemiology. Launched in 2017, the STP has revolutionised medical training in the country, by integrating service delivery into training thereby equipping specialists with the necessary skills and knowledge. To date, the program has produced 388 specialist doctors, the highest number of specialists produced being Obstetricians and Gynaecologists (74), Paediatrics and Child Health (56), and General Surgery (43).

Despite these achievements, the health work force continues to face several challenges. Key among these is a high number of unfunded positions within the approved structure. Currently, the Ministry is operating at 54 percent of filled establishment, which is below the minimum recommended threshold of 80 percent by World Health Organisation. This has led to abnormal staff to patient ratios, created a service gap and further compromised the quality, efficiency and timelines of health care services. In addition, inequitable distribution of health workers persists, with rural and underserved areas remaining underserved. Further, the reduced number of Government sponsorships for specialist programmes limit the production of specialised health personnel.

1.4 Health Information, Research and Digital Health

Health Information Systems (HIS), research and digital health are important in generating and promoting the utilization of high-quality information required for the promotion, restoration and maintenance of a population's health.

1.4.1 Health Information

Government has made significant efforts to strengthen Health Information Systems (HIS) to support healthcare programmes. This is by way of enhancing data collection, reporting, and utilization. Key achievements include reorganizing the District Health Information System (DHIS) database to improve system efficiency and streamline service delivery. In addition, Heath Management Information System (HMIS) tools have been revised to align with international standards, thereby improving the quality, consistency, and comparability of health data. Government has also integrated the private health facilities into the national reporting system which has improved data completeness and strengthened the representativeness of the national health statistics. The digitization of data collection tools has enhanced efficiency in data production, reduced turnaround time and facilitated timely access to information for decision making at all levels of the health system. These advancements have laid a strong foundation for evidence-based planning, informed policy formulation and the design and implementation of responsive and effective health interventions.

Despite the progress made in strengthening health information systems, challenges include parallel reporting systems and use of non-Government reporting tools; limited skills in data analytics; inconsistent data between related variables; limited health market data. Additionally, there is inadequate resources for research; limited interoperability amongst systems; inadequate legal framework to enforce data sharing

by private facilities; and inadequate advanced digital infrastructure to meet evolving healthcare demands.

1.4.2 Health Research

Health research is a critical pillar in strengthening the health system and informing evidence-based policy formulation, planning, and implementation of health programmes. Government is committed to promoting the generation, dissemination and utilization of high-quality and ethically sound research to guide decision-making and improve the effectiveness, efficiency and quality of health interventions which would contribute to improved health outcomes.

In line with this commitment, Government enacted the National Health Research Act No. 2 of 2013 to provide a legal and institutional framework for the governance, and coordination of health research in the country. The Act established the National Health Research Authority to regulate, coordinate and promote health research activities in Zambia. It further provides for the establishment of Ethics Committees to ensure ethical oversight of research involving human participants, and the National Health Research Fund to support the financing and sustainability of priority health research. This has strengthened research capacity, fostering collaboration among research institutions, and ensuring that research findings are translated into policy and practice to enhance the performance of the health sector.

Challenges under research include low levels of health research conducted in the country; weak institutionalisation of research in the sector, inadequate health research infrastructure to support clinical trials and other priority studies. Other challenges include weak linkages between researchers, research institutions and decision-makers. The research landscape is also characterised with lack of harmonisation of research clearance procedures, weak coordination of

actors, weak capacities to conduct research, and low dissemination and utilisation of research findings. Insignificant investments in traditional, complementary and alternative medicines and other emerging fields presents further challenges.

1.4.3 Digital Health

Government has prioritized the strengthening of health information systems through the adoption and implementation of various Information and Communication Technology (ICT) solutions to support service delivery, health management, and evidence-based decision-making. These initiatives support electronic health records, logistics management, laboratory information systems, and financial management across the health sector. ICT embraces principles of good governance, advances accessibility and quality of services and information. The application of E-health Technologies and Artificial Intelligence in health care has the potential to address most of the supply and demand challenges which include; enhancing patient experience and access, improving population health, reducing costs; maintain continuity of care during climate change emergencies and improving the work life of health care providers among others.

Key systems include the SmartCare Electronic Health Record System, which has been deployed in over 1,400 health facilities; the Electronic Logistics Management Information System (eLMIS), operational in 1,469 health facilities; and the Laboratory Information System (DISA-LAB) implemented in 174 hospitals. In addition, the Integrated Financial Management Information System (IFMIS) has been rolled out to all Provincial Health Offices, District Health Offices, training institutions, and all secondary and tertiary hospitals.

Further, institutional connectivity to the Government Wide Area Network (GWAN) has been extended to several health institutions to facilitate

efficient communication and data exchange. The establishment of the National Data Warehouse (NDW) has enabled the integration of data from multiple health information systems, thereby strengthening data management, supporting evidence-based decision-making, and improving patient care across the health system.

Despite the attained milestones, there are inadequate mechanisms to guarantee integrity and confidentiality for patients in the gathering, storage and use of information, reliance on paper-based methods, siloed applications and uncoordinated interventions to digitize multiple health solutions, with limited or no interoperability; inadequate capacities to utilise telemedicine and telehealth; poor retention of qualified ICT personnel; low coverage of the Electronic Health Record and logistics management systems for medicines supplies and commodities which is below 60 percent of facilities. In addition, a significant number of facilities are not connected to the national grid or any other alternative power source, causing connectivity challenges.

1.5 Medicines and Medical Supplies

Availability and access to safe, effective and quality medicines, vaccines and medical supplies at all levels of care, are key to provision of quality health services. The increase in the population, and the changing epidemiological profile of the country have resulted into increased demand for quality, affordable medicines, vaccines and medical supplies.

The Zambia Medicines and Medical Supplies Agency (ZAMMSA) Act No. 9 of 2019, provides the necessary legal framework to support the procurement, storage and distribution of medicines and medical supplies. Whereas the Medicines and Allied Substances Act No. 3 of 2013 provides for registration and regulation of the Medicines and Allied Substances, regulation and control of clinical trials and registration and regulation of pharmacies, health shops and agro -veterinary shops. Capacity for

sampling, physical and chemical quality control testing of pharmaceutical products has also been strengthened, leading to availability and improved access to quality medicines. Further, the national storage capacity for medicines and medical supplies has been expanded from 7,200 square metres pallet capacity to 32,000 square metres. Regional hubs in seven provinces have been established leading to improved storage capacity and distribution to the last mile of medicines and medical supplies.

Challenges include inadequate storage facilities at district and health centre levels; lack of supply chain risk management plans; weak supply chain management system, leading to stock-outs and wastage of medicines; inadequate logistical support systems including transport and human resource. Other challenges include weak institutional capacity to conduct surveillance against the substandard and counterfeit medicines; irrational use of medicines and medical products among the population; limited digitalisation of supply chain inventory regarding tracking and tracing end-to-end data visibility; lack of real time consumption data; and inadequate local production of medicines and medical supplies.

1.5.1 Medical Devices and In-vitro diagnostics

Zambia's medical device market has witnessed a surge in demand for portable diagnostic equipment to improve healthcare accessibility. Significant investment has therefore been made in Medical Devices and In-vitro diagnostics to simplify the prevention, diagnosis and treatment of diseases and illnesses. The most well-known medical devices among others include pacemakers; imaging instruments; dialysis gadgets and implants. Further, guidelines on the essential principles of safety and performance of medical devices and Invitro Diagnostics adopted from the International Medical Regulators Forum (IMDRF) were developed.

However, there is inadequate expertise in the field of medical devices, limited availability of such devices at service delivery points, and lack of harmonization and standardization of the product specifications of the

medical devices used at different levels of care.

1.6 Infrastructure, Medical Equipment, and Transport

1.6.1 Infrastructure

Government's aspiration is to achieve a five (5) kilometers radius access to the nearest health facility for every individual and family. This is in an effort to attain Universal Health Coverage. To this effect, progress has been made in the provision of adequate health infrastructure and equitable distribution across the country thereby enhancing access to quality health services.

Over the years, major investments have been made in health infrastructure which include: 563 health posts completed by 2020 out of the 650 planned health posts. A total of 68 health facilities were provided with maternity annexes, with improved water reticulation to improve maternal outcomes. Additionally, 478 school health rooms have been built in primary schools across the country to meet the health needs of the children in school. A total of 98 Mini Hospitals were completed out of the targeted 115 Mini Hospitals. Six (6) health centres were upgraded into first level hospitals, of which five (5) are located in Lusaka District and one (1) in Kitwe District. Further, 36 district level 1 hospitals are at various stages of completion, with the aim of expanding access to quality health services.

Challenges under infrastructure include: inadequate health facilities; inequitable distribution of health infrastructure; dilapidated and poor maintenance of infrastructure; and inappropriate planning and design of health infrastructure to cater for persons with disabilities, as well as for infection control purposes. In addition, most health facilities are not gazetted for purposes of public communication on existing services, service recognition, accountability, and legal recognition, leading to some audit queries.

1.6.2 Medical Equipment

Government has made significant milestones in the provision of medical equipment, which has led to increased access to diagnostic and specialised services. During the implementation period of the 2013 Policy, Xray services improved through the provision of a total of 145 mobile and fixed digital Xray machines. In addition, 6 Magnetic Resonance Imaging machines (MRIs) were provided in Lusaka, Southern, Copperbelt and North-western provinces in second and third level hospitals. The number of Computed Tomography (CT) scanners increased to 20, ensuring availability of CT services in all provinces. Further, Cardiatic Catheterisation Laboratory (Cath labs) services were established at University Teaching Hospital and National Heart Hospital.

Renal dialysis units were setup in all the ten provinces, resulting in increased access to specialised medical services, and reducing the need for external referrals. The Cancer Diseases Hospital was rehabilitated and re-equipped to enhance oncology services. Specialised Open Polymerase Chain Reaction (PCR) platforms were installed in all provincial laboratories to enable multiplex testing for priority conditions and suspected outbreak of respiratory infections and other pathogens. Laboratory equipment for all machine linked tests were put on placement contract frameworks with respective vendors to ensure constant availability of reagents and commodities. In an effort to increase access to oxygen services for respiratory conditions, oxygen plants were established in all the 10 provinces, the developments which has resulted in improved diagnostic services country wide.

Despite the achievements, most health facilities do not have adequate essential equipment to provide their designated services. In addition, a number of facilities have non-functional equipment, whilst some of it has become obsolete and needs decommissioning. Other challenges include poor maintenance of medical equipment; leading to frequent break

downs; and inadequate number of biomedical engineers to manage the medical equipment and Oxygen plants.

1.6.3 Transport

The Ministry of health operates a fleet of over 2,500 vehicles with the average age being above 5 years. As of 2021, the fleet was made up of buses (1%), Marine vehicles (1%), Motor vehicles (44%), motor bikes (53%) and trucks (1%). The other mobile assets the Ministry runs include specialized mobile clinics which account for less than 1% of the total number of motorized equipment available. A 2021 vehicle needs analysis revealed that 51% of the motorized units were functional, while 49% were non — functional, representing a deficit in transport needs.

While the Ministry has Vehicle Service Centre Workshops located in all the provinces to facilitate efficient maintenance of vehicles, challenges include inadequate funding for procurement and maintenance of vehicles and spare parts, resulting into poor adherence to vehicle maintenance schedules. In addition, most of the Vehicle Service Centres are understaffed and mostly manned by unskilled personnel.

1.7 Healthcare Financing

The main sources of health care financing in Zambia are Government budget appropriations, the National Health Insurance Scheme, donor support to specific projects and activities and household health expenditure through user fees generated at point of service delivery. The current budget allocation to the sector stands at approximately 12 percent of the national budget, demonstrating efforts to move towards reaching the recommended Abuja target of 15 percent.

Government has put in place deliberate strategies for local resource mobilization to facilitate reduction on donor dependency for funding to the sector. These include increased budgetary allocation to the health sector, from ZMW 3.6 billion in 2013 to ZMW 20.9 billion in 2024 and 23,167,325,387 in 2025, and the establishment of a compulsory National Health Insurance Fund (NHIF) through the National Health Insurance Act No.2 of 2018. The fund provides for additional funding to the sector while reducing the high out of pocket health expenditure. However, Zambia's Current Health Expenditure of 75.1 USD per capita is still below the average of 82 USD per capita for Low and Middle-Income Countries (NHA, 2017-2021 Report).

Challenges under healthcare financing include non-existence of a mechanism for public health facilities to claim for Road Traffic Accidents medical costs from insurance companies; lack of standardized user fees in public health facilities; limited private sector participation in health service delivery; and high cost of capital to support health entrepreneurship.

1.8 Leadership and Governance

Leadership and governance are critical factors in ensuring efficient and effective health service delivery. In the context of this policy document,

leadership is understood to mean stewardship while governance refers to the systems and structures for sector coordination, participation, transparency and accountability. The performance of the sector in leadership and governance is analysed along the following key areas: public policy, legislation and regulation; organization and management; decentralization, public private partnerships and quality assurance/ quality improvement.

1.8.1 Policy, Legislation and Regulation

Government has in place a number of policies and pieces of legislation directly or indirectly supporting the delivery of healthcare services in the country. Zambia is also party to a number of regional and international agreements which have necessitated the ratification and domestication of some of the health-related agreements, further providing for the necessary legal framework to support health service delivery.

The National Health Services Act of 1995 (NHSA-1995) provided for a comprehensive piece of legislation governing health service delivery, while the Public Health Act Health Act of 1995 is one of the key legal frameworks ensuring public health security. The National Health Services Act was repealed in 2005 and never replaced.

Since the repeal of the National Health Service Act in 2005, the health sector has been operating without a comprehensive piece of legislation to support delivery of quality health services. The persistent occurrences of diseases of both epidemic and pandemic nature, including other emerging issues has created a legal lacuna in addressing public health challenges. Further, while a number of pieces of legislation have been enacted, most of them have no subsidiary legislation to support their effective implementation. There is also weak enforcement of legislation and regulations, leading to poor regulation of services. Weak management of the policy and legislative framework presents further challenges hindering attainment of optimal performance of policies.

1.8.2 Organisation and Management

In the quest to improve the management and delivery of health services, Government has undertaken major reforms and the restructuring of the Ministry of Health. Through these reforms, the sector has established comprehensive organization and management structures at national,

provincial, district and community levels, intended to facilitate efficient and effective management of health services.

Despite these reforms, there are inadequacies in leadership and management skills at different levels of service delivery leading to reduced performance and productivity.

1.8.3 Decentralisation

Government embarked on decentralisation using the devolution approach to bring decision-making, responsibility and accountability closer to where health care services are provided, and to increase efficiency and effectiveness as provided in the 2023 Revised National Decentralisation Policy. In line with Article 147(2) of the Constitution of Zambia (Amendment) Act, No. 2 of 2016, district health services were devolved to the Local Authorities in 2023. These include community, health posts, health centres, mini and first level hospitals, and ambulance services which provide prevention, promotive, curative and rehabilitation services.

Although these services have been devolved to the local authorities, there are some levels of resistance to change among the workforce which may potentially weaken successful implementation of the sector devolution. Other challenges include: the absence of a well-established structure to provide oversight and technical support to Local Authorities on devolved functions; absence of a harmonised structure to perform roles and responsibilities for devolved functions, which has led to officers working in silos in some districts; inadequate capacity to carry out devolved functions and the absence of change management processes for relevant staff.

1.8.4 Public, Private Partnerships

The Private Sector plays a major role by direct investments in health services, participation in public health programmes or through corporate social responsibility. Government has remained committed to strengthening partnerships with stakeholders including communities, other Government departments, Cooperating Partners, Non-Governmental Organisations, Civil Society Organisations and Private Practitioners, through a sector wide approach. There is an existing Memorandum of Understanding to guide Government and partner relationships in relation to the implementation of framework documents guiding the sector, such as the National Health Strategic Plan. Government has further established the Public Private Sector Development Forum (PPDF) to strengthen public-private collaboration, create a conducive business environment and accelerate the actualisation of Public Private Partnerships (PPPs).

Despite the achievements, challenges include high cost of doing business for the private sector; lack of incentives to stimulate private health sector investment by locals and non-commitment by private facilities to provide health related data to Government to facilitate decision making. Inadequate cooperation between Government and the private sector in the provision of health services in areas where they have competitive and comparative advantage.

1.8.5 Quality Assurance/Quality Improvement

Quality Assurance and Quality Improvement (QAQI) is critical to improving patient outcomes, achieving efficiency in service delivery and reducing operational costs. QAQI helps in bringing reliable, standardized, cost-effective and sustainable health care processes that help to achieve predictable results.

Government has made progress towards creating an environment in which everyone involved in service delivery values quality and is ready to take responsibility for bringing the changes needed to improve the quality of health care services and is alert to problems of quality and opportunities for improvement. The concept of QAQI has been institutionalized in several health institutions, leading to improvements in some key performance indicators like the fast-track targets (95/95/95) in HIV/AIDS Programme. Service quality assessments have been institutionalized through routine and targeted inspections of both public and private health facilities by use of standardised tools, leading to quality improvement. These inspections are essential in verifying compliance with healthcare standards and licensing requirements, further contributing to improved public confidence and professional accountability.

Despite the achievements, the challenges include; absence of a strategic framework to guide QAQI implementation; QAQI tools do not cover all areas of the health service delivery with a biasness towards clinical areas; low understanding of the QAQI concept and methodologies by health professionals; inadequate capacity to implement QAQI standards in health programs; Inadequate and incoherent monitoring system in place to check for compliance to standards by individuals and institutions, leading to contributing to negative image especially in public facilities.

1.9 Cross Cutting Issues

1.9.1 Gender and Health

Gender inequalities remain major obstacles to attaining equitable access to quality health services by both male and female, and the ultimate attainment of overall health goals. Male and female, boys and girls have different health needs at different stages of their lives and also face different access barriers to quality health services as a result of their gender. This may be attributed to the way the health system is arranged

and organised, geographical presentations or the demand and supply sides of health services.

Gender responsive programming is therefore key to attaining equitable access to quality health services including the planning designing of appropriate health interventions. Government enacted pieces of legislation to reduce inequalities to accessing social services such as health and has further developed some framework documents to guide the implementation of interventions to ensure equity of access to quality services by all. These include the guidelines to the management of survivors of gender-based violence, the National Gender Policy 2023, Gender Equity and Equality Act.

Despite Government efforts to address gender related access barriers to quality health services, challenges include: negative socio-cultural norms disadvantaging girls and women (early marriage, decision on health care, GBV) and inadequate gender analytical skills, and capacities among health workers to mainstream gender in health services, leading to gender blind health interventions. Other challenges include health care provider bias and attitudes, structural and systemic barriers that include policies and institutional practices that restrict access.

1.9.2 Climate Change

Climate change affects the social and environmental determinants of health, which include clean air, safe drinking water, sufficient food and secure shelter. Overtime, the country has been experiencing droughts, floods and extreme heat due to climate change. This has led to an increase in food, water and vector borne diseases which are the primary causes of morbidity and mortality predominantly in children. Other effects of climate change include: increase in zoonotic diseases and mental health issues; disruption of food supply systems resulting in malnutrition; limited access to health facilities and outreach points, resulting in poor health service coverage in flooded/cut-off areas.

In response to this, Government developed a Health National Adaptation Plan (HNAP, 2019), a framework to guide climate change mitigation and adaptation interventions. In addition, a multi-sectoral drought response plan has been developed leading to increased implementation of WASH interventions in communities. Government has further strengthened carbon sequestration activities such as tree planting, promotion of non-incineration methods, and macro burn incineration for healthcare waste treatment so as to reduce carbon emissions and unintended persistent organic pollutants.

Factors countering efforts to mitigate the effects of climate change inadequate awareness of climate change related issues, increased accidents associated with human animal conflict; limited access to health facilities and outreach points resulting in poor health service coverage in flooded/cut-off areas; increase in mental health problems including post-traumatic stress disorder and depression; disruption of food systems resulting in malnutrition; and prevailing warmer temperatures favouring the proliferation of vector borne diseases such as malaria.

1.9.3 Persons with Disabilities

Persons with disabilities encompass a diverse spectrum of individuals, including those with physical, sensory, intellectual, developmental, and psychological impairments, each possessing unique abilities, challenges, and perspectives.

In this regard, Government enacted the Persons with Disabilities Act No. 6 of 2012 and the Mental Health Act No. 6 of 2019, which have significantly strengthened the protection of rights of persons with disabilities, and increased access to quality health services through inclusive and affirmative actions. Other milestones attained include the development and translation of selected health information, education and communication materials into braille and sign language. Further,

communication for people with hearing or visual impairments has been mainstreamed into the pre-service curriculum for registered nurses to address challenges associated with providing sexual reproductive health services. To this effect, in service and pre- service nurses have been trained and oriented in disability inclusion and basic sign language.

Challenges under health programming for Persons with disabilities include access barriers due to long distances to health facilities; inadequate appropriate infrastructure such as availability of rumps, functional elevators, appropriate toilets and access to information and signage. Stigmatisation of persons with disabilities by community and health workers, and lack of appropriate skills by providers to handle PWDs presents further challenges.

CHAPTER TWO: VISION, RATIONALE AND GUIDING PRINCIPLES

2.1 Vision

The vision of this Policy is: "A Nation of Healthy and Productive People".

2.2 Rationale

Zambia, like many other Sub-Saharan African (SSA) countries, continues to face a high burden of both communicable and non-communicable diseases, with the latter accounting for an estimated 35% of all deaths in 2021. Despite this challenge, the country has made notable progress in mitigating the adverse social and economic impacts associated with the high disease burden. This progress is reflected in gradual improvements in selected health indicators, demonstrating the effectiveness of targeted interventions and Government's commitment to strengthening the health system.

Since 2013, several developments have occurred within the socio-economic, political, environmental, and technological context in which health services are delivered. These developments have created both opportunities and challenges, underscoring the need for a coherent and forward-looking policy framework to guide the health sector. In response, Government initiated a review of the 2013 National Health Policy to ensure that it remains relevant, responsive, and aligned with national priorities. The revised policy framework is therefore designed to strengthen governance, facilitate the attainment of a robust, accessible, sustainable, and resilient health care system, and provide strategic direction towards achieving Universal Health Coverage (UHC).

Furthermore, the policy provides a framework to facilitate Government efforts to consolidate the gains achieved in the sector, while providing a clear roadmap for improving the health of Zambians through prioritized actions and targeted policy interventions across the continuum of care, including promotive, preventive, curative, rehabilitative, and palliative services.

2.3 Guiding Principles

The implementation of the National Health Policy will be guided by the Zambian Constitution and by the following key principles:

Equity of access:	To ensure equitable access to health care for all the people of Zambia, regardless of their geographical location, gender, disability, age, race, social, economic, cultural or political status.
Primary Health Care approach:	To consistently adhere to the Primary Health Care approach to organization, management and control of health service delivery systems, in line with the Ouagadougou Declaration of 2008.
Affordability:	To ensure affordability of health care services to all, taking into account the socio-economic status of various sections of society.
Cost-effectiveness:	To ensure efficient and cost-effective delivery of health care services, always ensuring "value for money".
Leadership:	To ensure appropriate, visionary, efficient and effective leadership in the management and control of the health sector at all levels.

Transparency and accountability:	To ensure the highest standards of transparency in the management of the health services and accountability for the actions taken, resources utilised and to the communities served at all levels of health service delivery.
Decentralization:	To implement decentralization of the health system, according to the objectives of the National Decentralization Policy of 2023.
Intersectoral Collaboration/ partnerships:	To strengthen coordination and partnerships across relevant sectors in order to address the social determinants of health and improve health outcomes.
Gender sensitivity:	To ensure gender sensitivity in the management and delivery of health services at all levels in accordance with the national gender policy.
Quality Assurance and Quality Control:	To ensure the provision of safe, effective and high-quality health services that meets the high standards of clinical quality and patient safety by improving systems, procedures, and guidelines
Global health:	To ensure that Zambia participates actively in global health, through research and adherence to jointly agreed upon principles for service delivery and health management.
Innovation and Adaptability	To encourage technological, managerial, and policy innovations to address emerging health challenges and meet the population needs

CHAPTER THREE: POLICY OBJECTIVES AND MEASURES

3.1 General Objective

The general and overarching objective of the National Health Policy is to reduce the burden of disease, maternal and infant mortality and increase life expectancy- through -the-provision of-a-continuum-of-quality-effective healthcare services as close to the family as possible in a competent, clean and caring manner.

The successful implementation of this Policy will therefore be anchored on the following specific objectives:

(i) To provide equity of access to quality environmental health services in order to enhance public health and wellbeing;
(ii) To increase coverage of quality food and nutrition services, in order to improve the nutritional status of the Zambian population, particularly children, adolescents and women in child-bearing age;
(iii) To implement an effective, transparent, responsive, accessible and culturally appropriate communication and public relations system for effective functioning of the health sector and promotion of health of citizens.
(iv) To improve access to quality, cost-effective and affordable reproductive, maternal, new-born, child and adolescent, health services in order to reduce morbidities and mortalities.
(v) To provide safe, affordable and accessible assisted reproductive technology services in order to address all forms of infertility;
(vi) To reduce and halt the spread of communicable diseases in order to end epidemics in the country.
(vii) To reduce morbidity and premature mortality from non-communicable diseases in order to promote health and well-being.

(viii) To position Zambia as a competitive regional hub for the provision of quality and specialised health service.

(ix) To provide equitable access to safe, quality and efficient blood transfusion and organ transplant services in order to improve quality of life.

x To provide quality, safe and cost-effective diagnostic services, for effective treatment and patient management.

(xi) To provide holistic and equitable rehabilitative and palliative care services for patients with life limiting illnesses and their families, in order to enhance overall quality of life.

(xii) To provide quality mobile, referral and emergency response services for patients, in order to enhance access to appropriate medical care.

(xiii) To prevent and protect populations from infectious disease outbreaks, epidemics and pandemics, in order to reduce morbidity and mortality;

(xiv) To increase access to quality community and school health services in order to promote and protect the health and well-being of individuals within communities and school environments.

(xv) To promote the integration of Traditional, Complementary and Alternative Medicines into conventional healthcare practice, in order to safeguard patient well-being.

(xvi) To increase availability of competent, motivated, committed, and equitably distributed staff in order to contribute to delivery of quality health services.

(xvii) provide timely and accurate health information to support evidence-based decision making.

(xviii) To promote health research in order to generate scientific evidence to inform decision making and appropriate health interventions.

(xix) To increase coverage of digital health solutions, in order to enhance healthcare access, efficiency and service delivery.

(xx) To ensure equitable access to quality, safe, efficacious and affordable essential medicines, vaccines and medical supplies.

(xxi) To ensure access to safe, effective and quality health technologies that are essential for the prevention, diagnosis, treatment and rehabilitation of illnesses and diseases.

(xxii) To improve availability of appropriate health infrastructure, equipment and transport in order to contribute to the attainment of good health outcomes.

(xxiii) To increase health sector financing through diverse, predictable, sustainable, equitable and cost-effective financing mechanisms in order to provide quality health services.

(xxiv) To implement an efficient, effective, equitable and sustainable healthcare system that meets the needs of the population, improve service delivery, strengthen health system, and enhance public trust

(xxv) To provide adequate policy and legal framework to facilitate the delivery of quality health services.

(xxvi) To provide strategic direction and oversight in order to enhance accountability, transparency, efficiency and effectiveness in the management of devolved functions.

(xxvii) To institutionalize quality improvement practices across all levels of service delivery in order to enhance health outcomes.

(xxviii) To attain a gender responsive health system and contribute towards attainment of health equity and improved health outcomes.

(xxix) To improve health sector preparedness to effectively respond, mitigate, and adapt to climate change health related challenges; and

(xxx) To enhance access to inclusive, equitable and quality healthcare services at all levels for persons with disabilities.

The following specific objectives and measures are based on the situation analysis as tabulated under chapter one in this document.

3.2 Key Determinants of Health

Environmental Health

Objective 1: To provide equity of access to quality environmental health services in order to enhance public health and wellbeing.

Policy Measures

Government shall:

(i) Strengthen the legal framework to support environmental health services;
(ii) Strengthen enforcement capacities for environmental health services including occupational health;
(iii) Strengthen mechanism to address determinants of health
(iv) Strengthen food safety surveillance and operational structures at all levels of the food chain;
(v) Strengthen and Scale up Infection Prevention and Control interventions;
(vi) Strengthen port health services across the country;
(vii) Strengthen healthcare waste management in health settings
(viii) Strengthen data management for Environmental Health
(ix) Strengthen provision of occupational health services
(x) Strengthen regulation of food safety
(xi) Strengthen behavioral change communication on environmental health and food safety; and
(xii) Strengthen laboratory capacities for food safety and water quality monitoring and Control services.

Nutrition

Objective 2: To increase coverage of quality food and nutrition services, in order to improve the nutritional status of the Zambian population, particularly children, adolescents and women in child-bearing age.

Policy Measures

Government shall:

(i) Strengthen functional capacity of institutions dealing with food, including food for medical use (dietetics) and nutrition services, at all levels;
(ii) Strengthen nutrition service delivery in life cycle (women, men, infants, children, adolescents, and the elderly);
(iii) Strengthen regulations on marketing unhealthy food and beverages to children including those in schools and for the general public;
(iV) Strengthen research in food and nutrition at all levels, including on nutraceutical local production;
(v) Strengthen nutrition response in emergencies situation and disasters;
(vi) Strengthen the micronutrient deficiencies prevention and control programme;
(vii) Strengthen nutrition service delivery in communicable and non-communicable diseases; and
(viii) Strengthen coordination of institutions dealing with food and nutrition programmes at all levels, including on nutraceutical local production.

Health Promotion, Communication and Public Relations

Objective 3: To implement an effective, transparent, responsive, accessible and culturally appropriate communication and public relations system for effective functioning of the health sector and promotion of health of citizens.

Policy Measures

Government shall:

(i) Strengthen institutional capacity in communication, public relations and health promotion.
(ii) Strengthen Communication, Public Relations and Health Promotion efforts in all major health programmes and interventions to support prevention and treatment at all levels of care.

3.3 Health Service Delivery

Reproductive, Maternal, Newborn, Child, Adolescent Health

Objective 4: To improve access to quality, cost-effective and affordable reproductive, maternal, new-born, child and adolescent, health services in order to reduce morbidities and mortalities.

Policy Measures

Government shall:

(i) Strengthen provision of RMNCAH, services;
(ii) Strengthen provision and management of menopause, andropause and infertility health services;
(iii) Strengthen capacity to conduct research and promote innovation in RMNCAH; and

(iv) Strengthen social behavioural change communication (SBCC) for RMNCAH services.

Assisted Reproductive Technology

Objective 5: To provide safe, affordable, ethical and accessible Assisted Reproductive Technology services in order to address all forms of infertility.

Policy Measures

Government shall:

(i) Provide the necessary policy and legal framework for assisted reproductive technology;
(ii) Build capacity in the provision of assistive reproductive technology;
(iii) Raise public awareness on issues surrounding infertility and treatment options;
(iv) Enhance monitoring and data collection on infertility.

Communicable Diseases: HIV, STIs, Malaria TB, Leprosy and Viral Respiratory Illnesses

Objective 6: To reduce and halt the spread of communicable diseases in order to end epidemics in the country.

Policy Measures

Government shall:

(i) Strengthen prevention, screening, early detection and control of communicable diseases.
(ii) Enhance Social and Behavioural Change (SBC) for communicable diseases.

(iii) Strengthen diagnosis, treatment, care and rehabilitation of communicable diseases.
(iv) Strengthen surveillance and research in communicable diseases.
(v) Strengthen coordination and collaboration on communicable diseases.
(vi) Broaden the country's vaccination schedule.
(vii) Expand access to vector control interventions.
(viii) Strengthen access to quality services for communicable diseases at all levels.
(ix) Strengthen climate informed malaria early warning and response system for timely detection.

Non-Communicable Diseases (NCDs): Mental health, Oral health, Cancers, Eye Health

Objective 7: To reduce morbidity and premature mortality from non-communicable diseases in order to promote health and well-being.

Policy Measures

Government shall:

(i) Strengthen Social Behavioural Change programming for NCDs.
(ii) Scale up access to quality NCDs services at all levels of healthcare.
(iii) Strengthen the information system and research on NCDs.
(iv) Strengthen institutional capacities for the management of NCDs.
(v) Strengthen the legal framework for the management of NCDs.
(vi) Scale up NCDs screening, early detection, treatment, rehabilitative and palliative care.
(vii) Strengthen and decentralise NCDs services with special emphasis on mental health and cancer services for prevention, treatment and rehabilitation.
(viii) Strengthen community based NCDs services with special emphasis on mental health.

(ix) Ensure adequate provision of specialised human resource for management of NCDs.
(x) Strengthen coordination of mental health services.
(xi) Strengthen refractive error services.
(xii) Promote medical tourism services.

Medical Tourism

Objective 8: To position Zambia as a competitive regional hub for the provision of quality and specialised health services.

Policy Measures

Government shall:

(i) Strengthen specialized healthcare workforce capacity.
(ii) Strengthen Specialized healthcare workforce capacity,
(iii) Upgrade and modernize diagnostic and treatment technologies.
(iv) Improve oncology and cardiovascular treatment infrastructure and
(v) Strengthen health infrastructure maintenance systems.

Blood Transfusion and Organ Transplant

Objective 9: To provide equitable access to safe, quality and efficient blood transfusion and organ transplant services in order to improve quality of life.

Policy Measures

Government shall:

(i) Strengthen the legal framework to support provision of blood transfusion and organ transplant services;

(ii) Strengthen capacity in the provision of blood transfusion and organ transplant services, including production of specialised blood component services;
(iii) Strengthen coordination of blood transfusion and organ transplant services
(iv) Strengthen commodity security for blood transfusion services and organ transplant;
(v) Strengthen capacity for the appropriate use of blood and blood products, and the national haemovigilance programme; and
(vi) Strengthen Social Behavioural Change Communication for blood transfusion and organ transplant services.

Laboratory and Medical Imaging

Objective 10: To provide quality, safe, cost-effective and accessible diagnostic and imaging services, for effective treatment and patient management.

Policy Measures

Government shall:

(i) Strengthen Institutional capacities in diagnostic and imaging services;
(ii) Strengthen laboratory specimen referral and result handling system;
(iii) Strengthen legal framework to support the Biosafety and Biosecurity Programme;
(iv) Strengthen coordination of diagnostic and imaging services;
(v) Strengthen and expand nuclear medicine services; and
(vi) Scaleup provision of medical imaging services at all levels of care.

Rehabilitative and Palliative Care Services

Objective 11: To provide holistic and equitable rehabilitative and palliative care services for patients with life limiting illnesses and their families, in order to enhance overall quality of life.

Policy Measures

Government shall:

(i) Ensure availability of health workers for the provision of palliative and rehabilitative health services;
(ii) Strengthen provision of rehabilitation and palliative care services
(iii) Strengthen the institutional framework for the coordination and implementation of rehabilitation and palliative care services in the country; and
(iv) Strengthen community outreach programmes, including support for post illness recovery and home based

Referral, Emergency and Mobile Services

Objective 12: To provide quality mobile, referral and emergency response services for patients, in order to enhance access to appropriate medical care.

Policy Measures

Government shall:

(i) Strengthen institutional capacities for effective provision of referral and emergency health services;
(ii) Strengthen stakeholder coordination in referrals and emergency response; and

(iii) Strengthen social behavioral change for emergency response in communities.

Public Health Security and Global Health Security

Objective 13: To prevent and protect populations from infectious disease outbreaks, epidemics and pandemics, in order to reduce morbidity and mortality.

Policy Measures

Government shall:

(i) Strengthen surveillance, epidemic emergency preparedness and response;
(ii) Strengthen Public Health Laboratory capacities;
(iii) Strengthen the implementation of One Health approach for prevention, detection and response to public health threats; and
(iv) Enhance the resilience of health systems to withstand public health threats.

Community and School Health Services

Objective 14: To increase access to quality community and school health services in order to promote and protect the health and well-being of individuals within communities and school environments.

Policy Measures

Government shall:

(i) Strengthen the legal framework for the provision of community and school health services;
(ii) Enhance access to community and school health services;

(iii) Strengthen community and school health coordination platforms; and
(iv) Strengthen inter-ministerial and stakeholder coordination for community and school health services.

Traditional, Complementary and Alternative Medicines

Objective 15: To promote the integration of Traditional, Complementary and Alternative Medicines into conventional practice, in order to safeguard patient well¬being.

Policy Measures

Government shall:

(i) Provide for the development of the legal framework to regulate TCAM practice and practitioners.
(ii) Promote research in TCAM; and
(iii) Strengthen preservation of medicinal plants.

3.4 Human Resource for Health

Objective 16: To increase availability of competent, motivated, committed, and equitably distributed staff in order to contribute to delivery of quality health services.

Policy Measures

Government shall:

(i) Ensure the availability of sufficient skilled human resources with the right mix at all levels of service delivery points;
(ii) Strengthen human resource management, planning, development and administration at all levels within the sector;

(iii) Strengthen practicum sites in the public and private health facilities; and
(iv) Strengthen staff retention mechanisms to reduce attrition.

3.5 Health Information, Health Research and Digital Health

Objective 17: To provide timely and accurate health information to support evidence-based decision making.

Policy Measures

Government shall:

(i) Strengthen HMIS implementation at all levels;
(ii) Enhance the utilization of HMIS data in policy and decision making; and
(iii) Strengthen integration of data from the private sector into HMIS to support planning and decision making.

Health Research

Objective 18: To promote health research in order to generate scientific evidence to inform decision-making and appropriate health interventions.

Policy Measures

Government shall:

(i) Strengthen mechanisms to facilitate harmonization of health research procedures;
(ii) Strengthen mechanisms for setting national health research priorities;
(iii) Operationalise the National Research Trust Fund;
(iv) Strengthen the utilization of research findings; and

(v) Strengthen capacity for researchers and health research institutions.

Digital Health

Objective 19: To increase coverage of digital health solutions, in order to enhance healthcare access, efficiency and service delivery.

Policy Measures

Government shall:

(i) Scale up the use of electronic methods in the management of records in health facilities;
(ii) Strengthen interoperability of various digitalised health solutions;
(iii) Strengthen mechanisms for collection, storage and use of information to enhance the integrity and confidentiality for patients;
(iv) Expand the application of artificial intelligence in health care service delivery; and
(v) Expand coverage of digital health solutions for diverse populations including unreachable areas.

3.6 Medicines and Medical Supplies

Objective 20: To ensure equitable access to quality, safe, efficacious and affordable essential medicines, vaccines and medical supplies.

Policy Measures;

Government shall

(i) Improve storage capacity for Medicines and Medical supplies at all levels;

(ii) Strengthen local manufacturing of medicines and medical supplies;
(iii) Strengthen regulatory capacities of responsible institutions to improve enforcement of standards and regulations;
(iv) Strengthen institutional capacities in the supply chain management
(v) Strengthen pharmacovigilance efforts to promote rational use of medicines and medical supplies; and
(vi) Strengthen operationalization of the drug fund.

Medical Devices

Objective 21: To ensure access to safe, effective and quality health technologies that are essential for the prevention, diagnosis, treatment and rehabilitation of illnesses and diseases.

Policy Measures

Government shall:

(i) Strengthen availability of medical devices;
(ii) Strengthen the national regulatory system for medical devices;
(iii) Strengthen institutional capacity in the utilisation of medical devices; and
(iv) Ensure harmonization and standardization of medical devices specification.

3.7 Infrastructure, Equipment and Transport

Objective 22: To improve availability of appropriate health infrastructure, equipment and transport in order to contribute to the attainment of good health outcomes.

Policy Measures

Government shall:

(i) Construct, maintain and rehabilitate health facilities;
(ii) Strengthen PPPs in infrastructure development and provision of equipment in the health sector;
(iii) Ensure Provision of appropriate medical equipment at all levels of care;
(iv) Ensure that all public health facilities and training institutions are gazetted;
(v) Strengthen operations of Vehicle Service Centers; and
(vi) Ensure availability of adequate, appropriate, safe and well-maintained transport at all levels.

3.8 Healthcare Financing

Objective 23: To increase health sector financing through diverse, predictable, sustainable, equitable and cost-effective financing mechanisms in order to provide quality health services.

Policy Measures

Government shall:

(i) Establish innovative financing mechanisms;
(ii) Develop mechanisms to promote the growth of private health sector; and
(iii) Broaden the health insurance scheme coverage.

3.9 Leadership and Governance

Organization and Management, Partnerships, Transparency and Accountability

Objective 24: To implement an efficient, effective, equitable and sustainable healthcare system that meets the needs of the population, improve service delivery, strengthen health system, and enhance public trust.

Policy Measures

Government shall:

(i) Strengthen leadership and governance at all levels for better decision making;
(ii) Ensure efficient resource allocation for service delivery;
(iii) Strengthen Public Private Partnerships;
(iv) Strengthen coordination and harmonization of health partnerships;
(v) Strengthen financial management and control systems in line with the national public service regulations and best international practices;
(vi) Strengthen Community Participation for transparency and accountability purposes; and
(vii) Strengthen transparency accountability systems.

Policy, Legislation and Regulation

Objective 25: To provide adequate policy and legal framework to support the delivery of quality health services

Policy Measures

Government shall:

(i) Strengthen policy and legal framework supporting the sector; and
(ii) Strengthen monitoring and evaluation of policies and legislation.

Decentralisation

Objective 26: To provide strategic direction and oversight in order to enhance accountability, transparency, efficiency and effectiveness in the management of devolved functions.

Policy Measures

Government shall:

(i) Strengthen institutional capacities to implement devolved functions;
(ii) Strengthen and develop institutional capacities to implement change management programmes;
(iii) Ensure availability of support structures to facilitate effective implementation of devolved functions; and
(iv) Strengthen awareness raising programmes on decentralisation.

3.10 Quality Assurance/Quality Improvement

Objective 27: To institutionalize quality improvement practices across all levels of services delivery in order to enhance health outcomes.

Policy Measures:

Government shall:

(i) Strengthen clinical governance and accountability systems across all levels of health service delivery;
(ii) Strengthen patient safety strategies across all health service levels;
(iii) Establish and operationalise coordination mechanisms for Quality Assurance and Quality delivery;

(iv) Strengthen platforms for documenting, sharing, and scaling by Improvement (QA/QI) at all levels of health service delivery;
(v) Ensure inclusion Quality Assurance and Quality Improvement (QA/QI) approaches in pre-service curricula and in service capacity building programs;
(vi) Strengthen the regulation and enforcement mechanisms for both public and private health facilities;
(vii) Strengthen QAQI in health systems at all levels of service; and
(viii) Best practices in health care service deliver.

3.11 Cross cutting issues

Gender and Health

Objectives 28: To attain a gender responsive health system and contribute towards attainment of health equity and improved health outcomes.

Policy Measures

Government shall:

(i) Strengthen gender mainstreaming in health service delivery;
(ii) Strengthen awareness raising campaigns in gender and health; and
(iii) Strengthen gender-based violence response in the sector.

Climate Change

Objective 29: To improve health sector preparedness to effectively respond, mitigate, and adapt to climate change health related challenges.

Policy Measures

Government shall:

(i) Strengthen implementation of climate change mitigation and adaptation strategies;
(ii) Design and implement climate change-related awareness programmes; and
(iii) Strengthen disease surveillance and response systems.

Persons with Disabilities

Objectives 30: To enhance access to inclusive, equitable and quality health services at all levels for persons with disabilities.

Policy Measures

Government shall:

(i) Ensure accessible health information, educational and communication (IEC) materials for persons with disabilities at all levels;
(ii) Ensure accessible health services at all levels of health care for persons with disabilities;
(iii) Strengthen capacity of health workers to provide disability-friendly services

CHAPTER FOUR: IMPLEMENTATION FRAMEWORK

The successful implementation of the National Health Policy depends on establishing an appropriate institutional arrangement, legal and regulatory framework, resource mobilisation, financing and effective monitoring and evaluation system.

4.1 Institutional Arrangements

To ensure the successful implementation of the National Health Policy, the following institutions will support the process as outlined in the table below:

No.	Institutions	Roles/Responsibilities
1	Ministry of Health	• Provide overall leadership, policy direction and coordination in implementation of the Policy; • Provide oversight role, policy and legal framework formulation, set and enforce standards; and • Capacity building of institutions at National, Provincial, and District levels.
2	Ministry of Finance and National Planning	• Mobilise, provide financial resources and ensure compliance to the Abuja Declaration; and • Provide public financial management policy and guidelines.
3	Ministry responsible for Local Government	• Provide local governance policy direction; • Implement primary health care services; • Provide administrative and technical guidance; • Capacity Building for Local Authorities; and Promote the principle of subsidiarity.
4	Ministry of Justice	• Facilitate the development and enactment of legislation to support implementation of the Policy.
5	Sector Ministries	• Provide sector specific policy direction; • Contribute to the promotion and maintenance of public health within their mandates by addressing determinants of health such as water and sanitation, housing, food security, education and poverty reduction etc; and • Implement the Health in all Policies (HiaP) strategy by ensuring that all public health policies across sectors take into consideration the health implications of their public policies.

No.	Institutions	Roles/Responsibilities
6	Other Oversight Institutions (Auditor General, Public Protector and Anti-Corruption Commission)	• Promote accountability, transparency and good governance in the utilisation of public resources and prevent mal-administration and corruption at all levels.
7	Civil Service Commission and Local Government Commission	• Set standards and provide guidance on issues relating to human resource management; and Delegate functions and regulate the performance of human resource functions by HRMCs.
8	Disaster Management and Mitigation unit	• Coordinates disaster preparedness, and mitigation; and Mobilises resources during emergencies.
9	Statutory bodies (regulatory and service)	• Ensure that the relevant laws and regulations are developed and enforced to guarantee high standards of ethics, professionalism, and quality in the health sector.
10	The Provincial Administration	• Oversee, facilitate, and coordinate the implementation of the Policy in their respective Provinces through the Provincial Development Coordinating Committee, manage concurrent national and provincial functions (health services inclusive).
11	Provincial Health Office	• Serves as intermediaries for implementation of the Policy, link with the lower-level structures, training institutions and civil society.
12	District Administration	• Manage concurrent functions for the national and provincial level public sector functions.
13	District Health Offices and Hospitals	• Serves as the major implementing agencies and manage the district health services based on the principles set in the National Decentralization Policy.
14	Local Authorities	• Administer the district in accordance with the Constitution, and oversee implementation of the devolved health Functions
16	Professional bodies within and outside the health sector	• Set and uphold professional standards, ensure members maintain high levels of competence, ethical conduct; and • Protect public interest by guaranteeing quality professional services.
17	Traditional Leadership	• Mobilise communities, supports dissemination of information; and promote community participation in the implementation of the Policy.
18	Faith Based Organisations	• Provide quality health services through their health facilities spread across the country
19	Traditional Health Practitioners	• Ensure public health through safe and efficacious use of traditional, complementary and alternative medicines.
20	Cooperating Partners	• Provide financial and technical support for the implementation of the Policy and its implementation Plan.

No.	Institutions	Roles/Responsibilities
21	Private or Business Sector	• Complement Government efforts in providing quality healthcare services, including provision of specialised medical services.
22	Non-Governmental Organisations/Civil Society Organisations	• Support policy implementation, through advocacy, health promotion and delivery of specific health programmes and services. • Complement Government efforts in governance, accountability, transparency and monitoring performance of devolved functions to the Local Authorities.
23	Trade Unions	• Participate in change management programmes and support workforce related reforms
24	Academia and Research Institutions	• Generate knowledge through research, develop/promote evidence-based practices, build capacity of health professionals and translate scientific discoveries into clinical Applications
25	Private Public Partnership Forum	• Facilitate the Private Public involvement in health service delivery
26	Communities	• Participation in the planning, management, implementation, and monitoring and evaluation of health services to achieve higher impact.
27	Media	• Disseminate health information to the communities on promotion, preventive, treatment, rehabilitation and palliative care services and promote community participation.
28	Gender Division	• Provide technical guidance and oversight guidance on mainstreaming and integration of gender into health programming to promote equitable access to health services by all
29	Zambia Agency for Persons with Disabilities	• Advise and support the Ministry of Health and other stakeholders on the mainstreaming and integration of disability inclusion in health policies, plans, and programs; and Promote equitable access to disability-friendly health services for persons with disabilities.

4.2 Legal Framework

The Constitution of Zambia (Amendment) Act, No. 2 of 2016 which is the supreme Law of the land, supports implementation of this Policy. It guarantees the right to life, right to health, and other fundamental human, social and economic rights, which directly and indirectly impact on health of the population.

In addition, there are various health related pieces of legislation for addressing specific aspects of health which are key to effective implemention of the revised National Health Polic Notwithstanding the listed below, Government will continue to review and strengthen the existing pieces of legislation to support implementation of this Policy.

1. The Public Health Act Chapter 295
2. Zambia National Public Health Institute Act No. 19 of 2020
3. The Food and Nutrition Act, No. 3 of 2020
4. The Medicines and Allied Substances Act, No. 3 of 2013
5. The Controlled Substances Act, No. 2 of 2023
6. The National Health Research Act, No. 2 of 2013
7. The Mental Health Act, No. 6 of 2019
8. The Cannabis Act, No. 34 of 2021
9. The Industrial Hemp Act, No. 4 of 2021
10. The Flying Doctors Service Act, Chapter 298
11. The National HIV/AIDS/ TB /STI At, No. 10 of 2002
12. The Termination of Pregnancy Act, Chapter 304
13. Health Professions Act No. 17 of 2024
14. Zambia National Public Health Institute Amendment Act No. 15 of 2024
15. The National Health Insurance Act, No.2 of 2018
16. The Zambia Medicines and Medical Supplies Agency Act, No.9 of 2019
17. National Health Research and Training Institute Act. No 13 of 2024

18. The Persons with Disabilities Act No.6 of 2012
19. Children's Code Act No. 12 of 2022
20. Local Government Act No. 2 of 2019
21. Zambia Public Procurement Act No. 8 of 2020
22. Environmental Management Act No. 12 of 2011
23. Data Protection Act No.2 of 2021
24. Cyber Security Act of 2025
25. Water Supply and Sanitation Act No.28 of 1997
26. The Biosafety Safety Act No. 10 of 2007
27. Cybercrime Act No.4 of 2025
29. The Zambia Information and Communication Technologies Act No.15 of 2009
30. Disaster Management Act No 13 of 2010
31. Gender Equity and Equality Act No.22 of 2015.

4.3 Resource Mobilisation and Financing

The successful implementation of this Policy requires sustainable financing to achieve its objectives. Government shall mobilise financial and technical resources through annual budgets, support from the Private Sector, Civil Society Organisations, and Cooperating Partners.

4.4 Monitoring and Evaluation

4.4.1 Monitoring

The implementation of this Policy shall be monitored by the Ministry of health in collaboration with the Line Ministries, Local Authorities and other key stakeholders. Tracking and reporting of progress on the implementation of the Policy will be actualised through the Implementation Plan and a deliberate Monitoring and Evaluation framework. Bi-annual and Annual Monitoring Progress Reports shall be prepared and shared with stakeholders.

4.4.2 Evaluation

The Policy shall be evaluated periodically in line with its implementation plan. The mid-term review will focus on progress made after five years of Policy implementation and shall inform implementation of the remaining plan period. A final-term review shall be undertaken after 10 years. The final evaluation shall focus on the impacts/outcomes of Policy implementation.