Zambia: macro context

Current Government

• President: Edgar Lungu
• Zambia enjoys political stability compared to its surrounding neighboring countries like DR Congo
• President Lungu was re-elected in August 2016
• Greatest challenge facing this government is an economic slump owing to a reduction in copper prices

Political priorities

• Economic diversification and job creation
• Poverty and Vulnerability
• Reduced Developmental Inequalities
• Enhancing Human Development
• Conducive Governance Environment for Economic Diversification

Risks

• Heavy reliance on copper exports
• External debt distress is high; elevated from medium by a joint IMF-World Bank debt sustainability analysis

Macroeconomic Indicators

• Population (2014) 15.7 M
• GDP Per Capita $1,722
• Government revenue as % of GDP 16.8%
• Real GDP Growth per capita (2016 proj.) 6.2%
• GDP per capita growth 3.3%
• Inflation 6–8%
• Classification: Low Middle Income

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### Zambia: Health indicators

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<th>Health Indicator</th>
<th>National</th>
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<tr>
<td>Neonatal/Infant/Under 5 mortality/ 1000 live births</td>
<td>24/45/75</td>
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<td>Maternal Mortality Rate/100k live births</td>
<td>398</td>
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<tr>
<td>HIV Prevalence rate</td>
<td>12.9%</td>
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<td>Life expectancy at birth</td>
<td>61.16 years (2016)</td>
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<td>Percentage of children under 5 years stunted</td>
<td>40.1%</td>
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**SOURCE:** Zambia Data Health Systems (2013-14); WHO, 2016; World Bank data (2016)
Health financing landscape

Zambia’s health expenditure compared to other LMICs Source: WHO (2015)

- **Revenue generation**: Primarily from Government of the Republic of Zambia (GRZ) from general tax. External donors (off and on-budget), make up for 34% of THE.

- **Pooling**: In 2015, GRZ launched the Social Health Insurance (SHI) scheme. First phase targeting civil servants and formal employees aim to enrol 4.5m Zambians; phase 2 targeting informal sector to reach 11m. Hospital based insurance schemes provide additional risk pooling.

- **Purchasing**: Provided by MOH (district, provincial and tertiary hospitals) and Ministry of Community Development, Mother and Child Health (MCDMCH) (health posts, rural and urban health centres). MOH received 57% of THE by GRZ, MCDMCH received 42% while other line ministries got < than 1% of THE.

Zambia: Community health system

**CHA**
- Coordinate NHC in health zone of HC monthly
- Coordinate with CBV in community health care delivery and promotion, supported by NHC in daily routines
- Supervise medicine distribution by CBV
- Cooperate with CBV in HP/HC
- Participate in MDAR of EHT

**CBV**
- CBV report monthly on their activities and findings to NHC
- Work in communities – maternity support, health care, immunization, family planning, nutrition, CD & NCD, sanitation & health promotion
- Report on incidence of communicable diseases
- Provide prescribed medicines
- Support CHA in HP/HC and participate in HF staff meeting
- Participate in MDAR of EHT

**HCFP / HPFP**
- Ensure all procedures are implemented and feedback from health system
- Catalyze where needed
- Mentor CBV and NHC
- Identify and provide TA to all frontline workers and NHC through DRC

**NHC**
- Common coordination and meeting point for all CBV
- Action planning with community and its regular engagement
- Organize and coordinate CBV/frontline workers' implementation on daily basis, but NHC members do NOT involve in CHC service provision
- Call for monthly meeting for sharing experience
- Report back on HCC and district level meetings
- NHC report in activity form
- Quarterly review of community action plan
- Develop color-coded score card with HCCE
- Quarterly “buy-in” of other stakeholders
- Monitor CBV time in HP/HC
- Initiate peer reviews and efficacy self assessment
- Track CBV via database
- Select new CBV

- Community Health Assistant (CHA) program launched in 2012
- CHAs split their time: 20% at the health posts; 80% in the community
- Training: CHAs attend a 1 year training: 12 modules of theory and practical
- Community HAs receive a salary of 2,600 ZMK per month (US$465) and other civil servant benefits. They are also provided with a bicycle, mobile phone, shoes, an umbrella, a backpack, and a uniform—all of which are GRZ property
- Community Based Volunteers (CBVs) are based in the communities and are purely volunteers, coordinated by Neighbourhood Health Committees (NHC)
- New community health strategy (2017-2021) in place; new community health team finds its difficult to operationalize therefore developing an operational plan
- New strategy yet to be costed