



The Present Context

Zambia has a GDP of USD 400 per capita. With over two-thirds of the population living under the national poverty line, the country ranks 90th out of 103 on the UNDP Human Poverty Index scale. A recent survey found that 60% of the households had been severely food-insecure since the beginning of the 1990s and that the proportion of the people affected was increasing both in rural and urban areas. The vulnerability of families is aggravated by the increasing AIDS pandemic affecting all aspects of social and economic growth in the country, weakening the public sector and threatening long-term national development.

In 2005, reduced crops and harvests due to a prolonged drought have affected over half of the country's provinces, leaving an estimated 1.2 million people in need of food assistance.

Crisis involving: The Whole Population

Millennium Development Goals in Zambia

Eradicate extreme poverty & hunger	Achieve universal primary education	Promote gender equality	Reduce child mortality	Improve maternal health	Combat HIV/AIDS, malaria etc.	Ensure environmental sustainability	Global partnership for development
Far behind	Slipping back	On track	Slipping back	On track	...

Note: Information is based on one to two specific targets for each major goal. The selection of goals and targets in the table is based principally on data availability.

Source: UNDP, Human Development Report, 2002.

Main Public Health Issues and Concerns

Health Status

- The health indicators are generally very poor. Life expectancy has declined from 52 years in 1980 to 37 in 2003. Around 28% of all children under five years of age are underweight for their age while 47% are stunted.
- UNDP 2003 figures give under-five and infant mortality at 182 and 102 per 1,000 per year respectively.
- Maternal mortality has been estimated at 750 per 100,000 live births per year, but can be as high as 1,300 per 100,000 live births in some remote areas. Reasons include home delivery, limited access to health facilities, poor quality of pre- and post-natal care by untrained hospital staff and lack of surgical and medical supplies.
- Cholera and other waterborne diseases, such as dysentery, are endemic. Access to safe water is low in rural areas (35% of households) but access to sanitation is higher (71%). In urban areas virtually all households are reported to have sanitary facilities.
- Malaria causes about 15% of maternal deaths, 40% of infant deaths and 46% of outpatient admissions countrywide. The main parasite is *P. falciparum*. Resistance to chloroquine is estimated at around 30% in some parts of the country, and artemether-lumefantrine is the first line drug for uncomplicated malaria.
- The HIV/AIDS prevalence among the adult population is estimated at 16%. Women are reported to be at higher risk of being infected with HIV than men (18% and 13% respectively).

* Disclaimer

The emergency country profiles are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or areas or its authorities, or concerning the delineation of its frontiers or boundaries.

- The incidence of illnesses associated with HIV/AIDS has increased. From a reported incidence of 92 to 112 per 100,000 people in the 1970s, new cases of tuberculosis are now estimated to be 508 per 100,000 people. HIV prevalence among adults with TB is 62.2% and reports indicate that 30% to 40% of HIV-positive people die of TB.

Health System

- Since 1992, Zambia has adopted a decentralized health system. The Ministry of Health is responsible for policy and strategic directions, while the Central Board of Health (CBoH) oversees the technical management of services and implementation of health policies. The district health system and hospitals are run by the District Health Boards (DHBs) and the Hospital Management Boards (HMBs) respectively, whose members are appointed by the MoH.
- Access to health services is estimated at 99% in urban areas, while in rural areas only an estimated 50% of the households are reported to be within a 5-km distance from a health facility.
- Surveys of health facilities have shown that electricity supply and safe water supply are not always available. Transports are also lacking. Some facilities are under-staffed.
- A recent review of the Extended Programme of Immunization (EPI) found inadequate vaccine planning, procurement and management, lack of effective communication between health workers and users, as well as ineffective disease surveillance, response and feedback.
- Drug supply to hospitals only meets 30%-40% of the requirements.
- Zambia is among the countries most severely affected by the brain drain. In 2001 attrition rates were estimated at 41% for psychiatric nurses, 38% for environmental health officers, 25% for clinical psychologists, 22% for public health nurses and 14% for pharmacists.
- Zambia spends around 3% of its GDP on public expenditure on health, or an estimated USD 10 per capita (2000). It is estimated that 38% of the total health expenditure comes directly from households in the form of out-of-pocket payments. In 2000, donors' and partners' share of the MoH budget amounted to 41%.

Main Sector Priorities

The overall sector priorities include strengthening health care delivery (planning, monitoring and evaluation), supporting disease surveillance and control, promoting reproductive health, women and child health, environmental health, reinforcing health information systems for health policy and management and emergency preparedness and promoting strategic partnerships.

WHO's main aims to respond to the current crisis are twofold:

- Filling the gaps in surveillance, early warning of and capacity to respond to health threats through:
 - Further development of assessment tools and annual health sector assessments to monitor the impact of the crisis;
 - Continued support to the implementation of the Integrated Disease Surveillance and Response (IDSR) strategy and responses to disease outbreaks;
 - Maintenance of HIV Emergency Response Kits stocks and dissemination of guidelines and training materials on HIV/AIDS interventions in emergency settings.
- Enhancing Capacity for Emergency Preparedness through:
 - Monitoring of the capacity of the health sector to manage crisis situations;
 - Support to vulnerability assessments and development of emergency preparedness plans;
 - Capacity building for assessment and response to crises by ensuring the presence of adequately trained and appropriately skilled staff.