



THE ZAMBIA MEDICAL ASSOCIATION

26th July, 2024

PRESS BRIEFING -STATE OF HEALTHCARE IN THE NATION

Good morning ladies and gentlemen. The Zambia Medical Association (ZMA) executive members present here, the media and fellow citizens. Thank you for joining us today as we address serious issues that affect the integrity of the health sector and service delivery in Zambia.

ZMA is the official representative of the medical professional in Zambia whose main goal is to champion the practice of medicine for the benefit of society through research and ethical practice. In doing this, ZMA upholds the values and morals of society, the values of democracy, accountability, transparency and good governance. It is therefore our mandate to promote accountability, transparency, good governance among all institutions tasked with the responsibility of delivering quality health services without leaving anyone behind.

It is on this basis that we have called for this press briefing to address the numerous issues that have raised public concern and left the medical profession questioning the government's commitment to executing its mandate in the delivery of healthcare services in Zambia owing to the various critical issues that remain unresolved. But first and foremost, we would like to thank the outgoing Minister of Health Ms. Sylvia Masebo for her contributions to the sector over the last three years and also to take this opportunity to welcome the new Minister of Health Dr. Elijah Muchima to the sector and wish him all the best as he executes his mandate.

1: ZAMMSA

As ZMA, we are extremely concerned and exceedingly appalled by the recent happenings at the Zambia Medicines and Medical Supplies Agency (ZAMMSA) where it was revealed that 61 containers of medicines and medical supplies meant for the ZAMMSA warehouse and ultimately the Zambian people were diverted to a private facility and kept there for 7 months allegedly without the knowledge of the ZAMMSA Board and the Ministry of Health. We agree with the Ministerial statement that was

delivered to parliament by the former minister of health on 16th July, 2024, that highlighted that there was gross mismanagement and negligence bordering on possible criminality on the part of ZAMMSA. However, how feasible is it that the consignments would be domiciled at an unauthorized facility without the full knowledge of the ZAMMSA management, board and the Ministry of Health? In the 7 months that the said medicines and medical supplies were kept in the containers at the private facility, how many times did the board meet and was the delivery of the said consignment on the agenda? If not, why? The Ministry of Health, having committed the country to such a huge expenditure, paid for by the tax payer's money, why then did it take 7 months for the ministry to find out that the consignments meant for the ZAMMSA warehouse had been taken to a private facility? We believe that accountability should be apportioned on all individuals tasked with the execution of the mandate of ZAMMSA including the Ministry of Health. With the foregoing, the Zambia Medical Association recommend:

- 1) Systems strengthening by ensuring that ZAMMSA is allowed to execute its mandate without undue external political interference and influence. The procurement of medicines and medical supplies have over the years been marred with irregularities and a lack of transparency. The use of "single sourcing" and "emergency procurement" leave room for abuse in the supply chain and possible corrupt practices.
- 2) Investigations into the recent ZAMMSA scandal with full disclosure of findings and the full extent of the law applied on those found wanting to deter any would be perpetrators
- 3) The former Minister of Health should not hold any ministerial position until all investigations over this matter are conclusively exhausted to allow for a transparent system and preservation of public trust in our elected officials.
- 4) The new Minister of Health must with immediate effect fire the current ZAMMSA board and constitute a new board. How can a board claim to be ignorant of the whereabouts of a government to government consignment meant for ZAMMSA that cost the Zambian people \$24,000,000? That is a cost too much to bear.
- 5) Strengthen governance and oversight; by establishing clear and transparent policies and guidelines for procurement, distribution and inventory management. The ZAMMSA board should be actively

- involved in monitoring and evaluation of operations to enhance and maintain accountability
- 6) Improve transparency and accountability by ensuring full public disclosure. ZAMMSA should regularly publish procurement plans, contracts, and audits to maintain transparency.
 - 7) Enhance procurement processes by encouraging competitive bidding. Ensure all procurement processes are competitive, transparent and adhere to approved international standards.
 - 8) Leverage technology through enhanced digital tracking systems by implementing advanced inventory management systems to track the movement of drugs and medical supplies effectively and facilitate or improve the use of data analytics to forecast demand, identify potential shortages and optimize distribution. This will ensure that there is no break in the supply chain of medicines and medical supplies. We do not want to hear situations of drugs having left a hub and not arriving at the intended destination or being diverted to another facility or country.
 - 9) Community engagement and education by conducting public awareness campaigns to educate the public about the importance of identifying and reporting any suspicious activities
 - 10) Strengthen regulatory compliance by conducting regular audits, both internal and external to ensure compliance with national and international regulations. Corruption in any form undermines public trust and hinders access to essential medicines.
 - 11) Increase the funds for operations of ZAMMSA

2: National Health Insurance

The National Health Insurance scheme managed by the National Health Insurance Management Authority (NHIMA) is critical to the national health agenda of attaining universal health coverage, reducing health inequalities and bridging the access gap by bringing health services as close to the people as possible. We applaud the government's decision to return NHIMA to the Ministry of Health. However, we have noted with concern the policy inconsistency regarding the administration of the scheme and lack of engagement among relevant actors.

We therefore re-echo our earlier recommendations which were aimed at ensuring the sustainability of the scheme, protection of the scheme from

insolvency and ensuring operational autonomy of the scheme. The following are the recommendations:

1. Financial sustainability: NHIMA must explore alternative financing mechanisms such as the introduction of VAT and SinTax. The system must also ensure the capturing of all eligible citizens from both the Public and Private sector. Presently, the scheme has more claimants than contributors. This must be addressed by ensuring that all eligible contribute while those assigned the 'Non-contributory' status eg. Pensioners and older persons (>65) as well as the 'poor and vulnerable' (those on Social cash transfer) are covered by provision of additional resources by the government.
2. The Scheme is under stress because the contributory rate is inconsistent with the scope of benefits. The current average rate of K60 is unsustainable for a household of 7.
3. Lack of essential services in public facilities, like drugs and laboratory services, has tilted patient flow to the private sector, which has higher tariffs. This shift has further strained the financial solvency of the Scheme.
4. Hospital management is encouraged to be in constant control of NHIMA processes to avoid unscrupulous people manipulating claims and suffocating the Scheme. The case of masquerading doctors at UTH-Adult who were submitting fraudulent claims to NHIMA.
5. Insurance thrives on the law of numbers. University and college students are encouraged to register for NHIMA. Universities and colleges with clinics are also encouraged to apply for accreditation to NHIMA to enhance health service provision to their students. Further, ZMA implores Ministry of Defense to onboard service personnel onto the Scheme.
6. ZMA calls for policy consistency with regards operations of NHIMA to avoid health service interruption, enhance stakeholder participation and maintain public confidence. NHIMA policy on accreditation of public and private providers, development and

review of the benefit package and quality assurance measures should involve wide stakeholder participation and buy in. ZMA stands ready to guide NHIMA on the prioritization of health services on the benefit package.

7. Undue political interference is derailing NHIMA's strategic direction. ZMA urges politicians to desist from manipulating operations of NHIMA and leave management of the Scheme to competent professionals. We note that in countries where Social Health Insurance Scheme has failed, the reason has mostly been attributed to undue political interference and deviations from the Scheme's mandate.
 - b. Financial prudence and accountability: NHIMA should adopt a decentralized approach by handling claims through facilities for certain consumables and also strengthen the claims verification process including systems strengthening
 - c. NHIMA is not a tool for politics and thus should be left to operate without undue political interference.

3: Human Resource for Health Development (Training) in Zambia

The Ministry of Health, as the main consumer of graduates from medical training institutions should have an enhanced interest in the training of doctors and other healthcare workers to ensure that the numbers trained and the quality meet the present and future requirements of the health sector.

Focus Areas for the Minister of Health:

1. Human capital development planning, at undergraduate and postgraduate level, needs to be better coordinated so that the training institutions do not overenroll, quality is maintained, and the Ministry takes the most efficient and effective training options. We therefore recommend the creation of a deliberate mechanism that will foster coordination between the Ministry of Health and the Ministry of Education to discuss the training of doctors and other healthcare workers especially regarding their clinical placements in MOH hospitals, decongesting UTH and LMMU, and increasing faculty.

2. Institute regulatory reforms for health training institutions. Currently, there has been growing concerns over the quality of training for health professionals. For example, it seems that it only takes one to have a bus and a building to be called a health training institution. Where is the regulator in all this? As ZMA, our core mandate is to promote high standards of practice, quality training which ultimately lead to quality healthcare for the Zambian people hence we cannot sit by and watch this lack of enforcement of training standards. For example, there are currently 10 medical schools in Zambia, four (4) public and 6 (private). There is a concern about the quality of doctors trained. This concern is based on lack of trainers (faculty) in the medical schools, lack of clinical teaching sites resulting in overcrowding at UTH and LMMU. The unique thing about training doctors is that they are trained in hospitals that are run by the Ministry of Health, and yet there isn't enough consultative collaboration between the Ministry of Education and the Ministry of Health. Additionally, the training of clinical officers and nurses also leaves much to be desired and has heavily been commercialized. We wonder if the focus has shifted from quality to profit. We further call for a systematic and gradual phasing out of the clinical officers general training program whose inception was premised on filling the gap of clinicians that existed then. The program has served its purpose.
3. Resolve the matter of Levy Mwanawasa Medical University (LMMU). It was established by the Ministry of Education and an MOU was signed with MOH, for MOH to be engaged in its operations. The MOU has lapsed and government has changed, "What is the direction for LMMU?" It still does not appear on the MOE budgetary provisions and oversight procedures, and still not on MOH budgetary provisions and oversight procedures. Who is supposed to appoint the LMMU Council? Who is the line Ministry for oversight purposes?
4. The MOH must demonstrate renewed and committed resolve to support the Zambia College of Medicine and Surgery (ZACOMS), which has contributed immensely to training specialists in a very short time. The MOH policy position must be clear about this training approach adopted by the East Central and Southern Africa

(ECSA) Committee of Ministers. This requires coordination between the regulators, Higher Education Authority (HEA) and the Health Professions Council of Zambia (HPCZ), the Zambia Medical Association, MOE, MOH, medical schools, and ZACOMS.

4: Service delivery

The ZMA recognizes government's effort in improving the healthcare delivery service in Zambia. Notably:

1. The increased allocation of nearly 11.4% of the national budget to the health sector.
2. The continued recruitment of healthcare workers which stands at 14,000+
3. Increased allocation in the drug budget to 4 Billion kwacha
4. Constitution of the board for the Health Professions Council of Zambia
5. Construction of new health facilities and maternity annexes
6. Improved engagement of the associations in the recruitment process
7. Commencement of the promotions of staff
8. Providing leadership and support during the recent cholera outbreak

Noted challenges and Recommendations

1. Leadership and governance: This is a critical pillar in ensuring that the government's mandate as espoused by the National Health Strategic plan and the 8th National Development plan is executed effectively by the technocrats. However, the ZMA has noted over the years the continued lack of protection for appointed officials in the health sector such as Permanent Secretaries, Provincial Health Directors, District Health Directors, Senior Medical Superintendent and Medical Superintendents. This compromises their ability to execute their duties effectively without fear or favor and we therefore recommend security of tenure in the execution of their duties. Undue political interference on these technocrats must cease.
2. Human resource for health: We commend the government for the notable commitment to recruitment of healthcare workers over the last few years. We do however wish to re-echo our stance on the continued exploitation of our members under the disguise of voluntary internship as a basis for recruitment into the civil service.

Currently, the number of qualified but unemployed doctors stands at 1500 and increasing. We therefore call on government to create more senior positions and expedite promotions to allow for the recruitment of those currently unemployed. We also urge the government to develop enabling policies that will promote diversification of employment through private sector participation.

3. Non-availability of imaging and laboratory services: This is largely due to inadequate budget allocation for imaging and laboratory services, poor or lack thereof of maintenance of the existing medical equipment, and supply chain challenges. We call for a holistic review of laboratory services and ensure adequate allocation towards laboratory inputs. For example, the University Teaching Hospitals (UTH) cannot conduct basic full blood count and chemistry investigations. The largest referral in the country does not have a functional CT scan or MRI and depends on the Cancer Diseases Hospitals (CDH) and Levy Mwanawasa University Teaching Hospital for imaging modalities.
4. Cancer disease services: We commend the government in acknowledging the need to revamp the Cancer Diseases Hospital and also decentralize cancer treatment services in the country to other provinces. However, we are concerned with the slow pace of the proposed renovation project at the CDH which perpetuates the continued referrals of patients for treatment abroad and consequently incurring exorbitant costs. We urge the government to treat this matter with the urgency it deserves for the benefit of the Zambian people. The longer the patients wait, the poorer the outcome.
5. Health financing: We acknowledge and commend the increase in the budget allocation towards the health sector however, we call on Government to work towards the recommended Abuja Declaration's 15% of the National Budget.
6. Health information Systems: We urge the government to support the implementation of the electronic health record systems – SmartCare which we believe will lead to improved patient management and data quality for decision making.

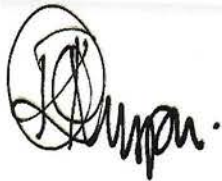
7. We call for an urgent mid-term National Health strategic plan review as this will inform the sector's overall performance and ascertain whether this performance is in tandem with the National Health goals.

Conclusion

The ZMA represents a major stakeholder in the country in the delivery of health services in the country and the overall attainment of the 2030 agenda. It is therefore imperative that there is a deliberate plan for active and frequent engagement of the association on matters of health. We remain committed to advocating for a well-functioning health sector, emphasizing effective leadership, governance, transparency and prudent resource management to ensure universal access to healthcare in Zambia.

We still maintain that people should be held accountable and we will be paying close attention to the evolution of the matter.

I thank you.



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President
Zambia Medical Association