World Health Organization

ANNUAL REPORT, 2012

WHO Country Office Zambia

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ACRONYMS

ACT	Artemisinin-Based Combination Therapy
ADH	Adolescent Health
AFRO	WHO Regional Office for Africa
AFP	Acid Flaccid Paralysis
AIDs	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Anti-Retroviral Drugs
AVW	Africa Vaccination Week
BFHF	Baby Friendly Health Facility Initiative
CBO	Community- Based Organization
CAH	Child and Adolescent Health
CHAZ	Churches Health Association of Zambia
CCM	Country Coordination Mechanism
CCS	Country Cooperation Strategy
CHAI	Clinton Health Access Initiative
CHEP	Copperbelt Health Education Project
CIDRZ	Centers for Infectious Diseases Research in Zambia
CSU	Country Support Unit
DFC	Direct Finance Cooperation
DHB	District Health Board
DHMT	District Health Management Team
DOTS	Directly Observed Treatment Short course
EPI	Expanded Programme on Immunization
EPR	Epidemic Preparedness and Response
FANC	Focused Antenatal Care
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GGM	Good Governance for Medicines
GAVI	Global Alliance for Vaccines and Immunization
GFATM	Global Fund to Fight AIDS, TB and Malaria
GTYS	Global Tobacco Youth Survey
GRZ	Government of the Republic of Zambia
GSM	Global Management System
HPR	Health Promotion
HMIS	Health Management Information System
HIV	Human Immuno-deficiency virus
HR	Human Resources
HQ	Headquarters
IDSR	Integrated Disease Surveillance and Response
IMAI	Integrated Management of Adolescent and Adult Illnesses
IMCI	Integrated Management for Childhood Illnesses
IMR	Infant Mortality Rate
IPTp	Intermittent Preventive Treatment in Pregnancy
ITNs	Insecticide Treated Nets (ITNs)
IRS	Indoor Residual Spraying
IRH	Integrated Reproductive Health
JAR	Joint Annual Review
LLINS	Long lasting insecticide treated nets
MACEPA	Malaria Control and Evaluation Partnership for Africa
MAMPA	Monitoring Alcohol Policies in Africa Project
MC	Male circumcision
MCH	Maternal and Child Health

MOH	Memorandum of Understanding
MCDMCH	Ministry of Community Development Mother and Child Health
MDG	Millennium Development Goal
MDR	Multi-Drug Resistance
MIS	Malaria Indicator Survey
MIYCN	Maternal Infant and Young Child Nutrition
MMR	Maternal Mortality Ratio
MDGs	Millennium Development Goals
MOF	Ministry of Finance
MOH	Ministry of Health
MOU	Memorandum of Understanding
MeTA	Medicines Transparency Alliances
MTEF	Medium Term Expenditure Framework
PMTCT	Prevention of Mother to Child Transmission
NFNC	National Food and Nutrition Commission
NCDs	Non Communicable Diseases
NTDs	Neglected Tropical Diseases
NHSP	National Health Strategic Plan
NGO	Non-Governmental Organization
NHA	National Health Accounts
NPO	National Professional Officer
OPV	Oral Polio Virus
RBM	Roll Back Malaria
SARA	Service Availability Readiness Assessment
SADC	Southern Africa Development Community
SDH	Social Determinants of Health
SHI	Social Health Insurance
SIAs	Supplementary Immunisation Activities
SNDP	Six National Development Plan
SWAps	Sector-wide Approaches
TA	Technical Assistance
TB	Tuberculosis
TFM	Transition Funding Mechanism
TWG	Technical Working Group
UNDAF	United Nations Development Assistance Framework
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNZA	University of Zambia
USAID	United States Agency for International Aid
VMMC	Voluntary Male Medically-Assisted Adult Male Circumcision
WB	World Bank
WCO	WHO Country Office
WNTD	World No Tobacco Day
WHD	World Health Day
WHO	World Health Organisation
WHO-FCTC	WHO Framework Convention on Tobacco Control
WR	WHO Representative
ZEMA	Zambia Environmental Managment Agency
ZDHS	Zambia Demographic and Health Survey

FOREWORD

I am pleased to present to you the WHO Country Office annual report for 2012.

It was an important year for WHO and the health sector partners in that a number of activities were implemented and key events supported in line with the National Health Strategic Plan 2011-2015 targets and the Country Cooperation Strategy (CCS) 2008-2013.

In the year 2012, a new Government was ushered in, and health services were re-aligned through the introduction of a new Ministry, namely, the Ministry of Community Development Mother and Child Health (MCDMCH) set up to deal with issues concerning Maternal, Newborn and Child Health (MNCH), whereas the Ministry of Health would focus on policy and clinical care.

WHO technical efforts were expanded and support enhanced the broader implementation framework; i.e., within the national health strategic plans and other relevant sector strategies anchored on National Development Plans and the United Nation Development Assistance Framework (UNDAF) to address the national and global agenda, including the Millennium Development Goals (MDGs).

The WHO Representative donated several items to enable smooth operations of the newly opened Copperbelt University School of Medicine in Ndola as part of WHO broader aim of addressing human resource shortage in health. These donations included WHO publications, the WHO Blue Trunk Libraries, a desktop computer and a Nissan double cab vehicle. Zambia is faced with a dual epidemic of communicable and non-communicable diseases (NCDs). In 2012, WHO provided technical and financial support to the national authorities to convene a high level " Organisation of African First Ladies against AIDS (OAFLA) Zambia chapter and Sixth Stop Cervical Cancer in Africa (SCCA) Conference" from 22-25 July 2012, Lusaka in Zambia which was held under the theme: 'A New Era in Cervical Cancer Prevention'.

This report highlights key achievements in the health sector, including programme implementation, challenges, lessons learnt and recommendations.

CHAPTER 1: INTRODUCTION

Although Zambia continues to make progress in the health sector, the country faces a double burden of communicable and non-communicable diseases. HIV and AIDs, malaria and TB remain major drivers of disease burden and an increase in non-communicable diseases such as hypertension, Diabetes, Cardio-vascular diseases, Chronic obstructive pulmonary diseases is increasingly being reported.

In order to mitigate the high burden of disease, WHO Country Office (WCO) continues to work with national authorities to strengthen the health system through support to strategic technical capacities and development of strong partnerships to advance national and Global Health Agenda. In 2012, WHO actively participated in Sector wide Approaches (SWAps) coordination mechanisms of the health development partners, serving as a member of the health troika and contributed to the United Nations operations towards the One UN system.

In 2012, WCO invested in strengthening its own capacity to meet national priorities and accountability for service delivery. Therefore, the Country Support Unit (CSU) was established at WCO in Zambia, aligned to assure an efficient WHO system. Accordingly, the position of Operations Officer (OO) was filled together with other positions such as Budget and Finance, Logistic-procurement-travel and ICT. Establishment of the CSU at WCO brought efficiency in the implementation of programme activities.

The work of WHO Country Office in Zambia benefited from financial support from partners to strengthen its technical assistance capabilities. The tuberculosis and malaria programmes mobilised financial support from various sources including; USAID, United States Presidents' malaria initiative, whereas HIV/AIDS through Bill and Melinda Gates Foundation had support of USD 75,000 for the male circumcision programme. The maternal and child health programmes received funds amounting to USD 625,000 from the CIDA UN H4+ initiative aimed at accelerating progress towards maternal and neonatal morbidity and mortality reduction.

In 2012, WHO made several strategic decisions to enable the country to respond to key priority health investments in Zambia, including; provision of technical guidance. One of the major activities was an integrated measles campaign targeting 7,503,515 children vaccinated against measles and 3,046,223 provided with Vitamin A, 2,787,030 provided with de-worming tablets and 1,335,239 vaccinated against polio. Furthermore, WHO facilitated national authorities to convene the International Health Regulations (IHR) meeting which reviewed the implementation of IHR by countries, identified gaps and revised IHR country Plans of Action (PoA).

WHO leadership in health was also notable for policy and standard-setting in advocacy, joint planning and reviews. WHO provided technical support to different programmes including; Child and adolescent health, HIV/AIDS, Malaria and Tuberculosis, Essential drugs and medicines, Safe motherhood, Emergency Obstetric care, family planning, Gender Based Violence (GBV) and health promotion. WHO supported national authorities and partners to finalise the National Malaria

Strategic plan (2011-2015), National Health Accounts and the Neglected Tropical Diseases (NTD) Master Plan (2011-2015).

WHO supported national authorities in planning and implementation of activities to generate evidence to inform policy working in collaboration with various partners including; MoH, MCDMCH, Central Statistical Office, the Malaria Control and Evaluation Partnership in Africa (MACEPA), the United Nations Children's Fund (UNICEF), the United States President's Malaria Initiative (PMI), Health Systems Strengthening Program (HSSP), the World Bank, Universities and Non-Governmental Organisations (NGOs). Notable technical assistance included support to the 2012 Malaria Indicator Survey, health facility Malaria survey and the 2011 Joint Annual Review (JAR) for the health sector performance.

CHAPTER 2: PROGRAMMES CONTRIBUTION TO NATIONAL PRIORITIES

2.1 HEALTH SYSTEM STRENGTHENING

In the year 2012, WHO Country Office provided strategic policy dialogue and advice to the Ministry of Health in many areas to strengthen the health system. WHO promoted an effective health dimension to social, economic, environmental and developmental policy through dialogue with senior officials from the MOH, other line ministries and partners. WHO jointly convened a two-day consultation with the Ministry of Finance and the Zambia Revenue Authority which reviewed the national tobacco tax system and explored measures to make the system more effective. WHO made a submission of the Social Health Insurance business plan to the Minister of Health which was taken to the Cabinet Office special committee for use to design and implement the Social Health Insurance (SHI) scheme. WHO kept national authorities regularly informed on key resolutions of WHO governing bodies on health priorities.

As a leader of the Troika in 2012, WCO facilitated dialogue between national authorities, the donor community and cooperating partners on policies, and acted as a convener / broker for the development and strengthening of networks with government institutions, non-governmental organisations, professional associations leading to signing of the MoU between Government and Partners. WHO led the Human Development Health agenda within UN Country Team (UNCT) and ensured that the UNDAF reflected the national health situation and priorities. WHO supported the Government to catalyse policy development and provided technical cooperation to build sustainable national health systems and capacity in the health sector. Principal interventions included: facilitating the revision of the Country Cooperation Strategy (CCS), mobilizing expertise from all levels of WHO to provide technical support on National Health Strategic Plan (NHSP) 2011-2015; National Health Policy (NHP) 2011-2020, Human Resource for Health Strategic Plan (2011-2015), Joint Annual Review (JAR), Social Health Insurance (SHI) plan, Global Alliance for Vaccines and Immunization (GAVI), Global policy and strategy formulation, and development of norms and standards through support to MOH.

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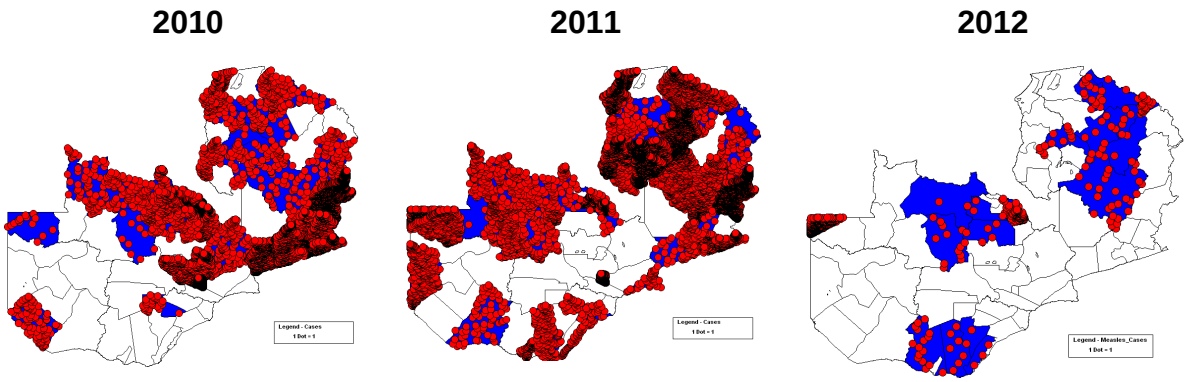
2.2 DISEASE PREVENTION AND CONTROL - EPI

The WHO Country Office in Zambia provided strategic technical support making key achievements in areas of immunisations and surveillance for vaccine preventable diseases, while aiming to contribute to improved child survival (MDG 4, 5 and 6) by 2015. WHO provided technical leadership in development of operational planning and implementation of surveillance for vaccine preventable diseases in the context of Integrated Disease Surveillance and Response (IDSR) for the year 2012. Data was compiled and epidemiological surveillance reports were presented regularly to the national epidemics committee meetings that are chaired by the Minister of Health to provide informed decisions in outbreak investigation and response.

Zambia experienced measles outbreaks despite the nationwide, under 5 year measles Supplementary Immunization Activities (SIAs) that were conducted in 2010. The disease had affected populations below and above 5 years. The continued measles outbreaks prompted the WCO to recommend to the MoH to plan and mobilise resources for a nationwide measles SIAs targeting 9 months to 15 years old children. In the period 2010-2012, WHO facilitated and advocated for measles case based-surveillance reports using line listing. Measles cases for the period 2010 to 2012 are shown in Figure 1.

Figure 1: Measles Cases, 2010 - 2012



Note: a dot represents 1 measles case
Source: *MOH / EPI Annual Report 2010-2012*

WHO Country Office through the Measles partnership supported MOH with USD 1, 622,552 which was used to plan, implement and evaluate the measles SIAs that integrated with vitamin A supplementation, deworming and administration of tOPV in 30 selected high-polio districts. The integrated measles campaign targeted 7,503,515 children vaccinated against measles and 3,046,223 provided with Vitamin A, 2,787,030 provided with de-worming tablets and 1,335,239 vaccinated against polio. WCO actively participated in the planning, preparation, implementation and supervision of the integrated measles SIAs and spearheaded the Measles post-campaign evaluation using the EPI Cluster Sampling methodology. The findings were used to validate the administrative results obtained during the measles SIAs. Technical support was also provided for the compilation of the technical report of the integrated measles SIAs.

In order for maintain AFP certification standards WCO supported the quarterly 2012 polio risk assessments, classifying 30 districts as polio high risk areas and for these districts polio vaccination was integrated into the under 5 programme during the measles SIAs.

WCO provided technical and financial support to the MoH, MCDMCH and partners to plan, implement, supervise and monitor the AFP surveillance activities which led to sustaining AFP surveillance and certification-standard indicators which were supported by virological confirmation of specimens collected from suspected cases. These were non-polio AFP rate (NPAFP) of more than 2 per 100,000 children less than 15 years and stool adequacy was more than 80%. Key indicators were maintained as shown in Table 1 and helped to prevent importation of wild polio virus from neighbouring countries.

Table 1: Zambia: AFP surveillance performance indicators, 2012

(Data submitted from provinces (week 52) as of 30 December, 2012)

Provinces	2012 estimates <15 pop (million)	Annual Expected AFP Cases	All Reported Cases in database	Only AFP cases	Annualized Non-polio AFP rate	AFP cases with 2 stools within 14 days (0-14d)	AFP cases with 2 stools within 14 days %	Confirmed VDPV	Confirmed Wild	Compatible (virologic Class system)	AFP Detection rate	AFP cases with results	Non-polio enterovirus cases #	Non-polio enterovirus cases %	Surveillance index
Central	0.6	13	18	18	2.8	17	94%	0	0	0	2.8	18	1	6%	2.6
Copperbelt	1.0	20	27	27	2.7	21	78%	0	0	0	2.7	27	4	15%	2.1
Eastern	0.8	17	25	25	3.0	21	84%	0	0	0	3.0	25	2	8%	2.5
Luapula	0.5	10	16	16	3.3	15	94%	0	0	0	3.3	16	1	6%	3.1
Lusaka	1.2	24	27	27	2.3	23	85%	0	0	0	2.3	27	0	0%	2.0
Muchinga	0.4	8	16	16	4.1	15	94%	0	0	0	4.1	16	1	6%	3.8
Northern	0.6	12	18	18	3.1	18	100%	0	0	0	3.1	18	1	6%	3.1
North-Western	0.4	7	9	9	2.5	9	100%	0	0	0	2.5	9	1	11%	2.5
Southern	0.8	17	30	30	3.6	28	93%	0	0	0	3.6	30	3	10%	3.4
Western	0.4	9	23	23	5.2	16	70%	0	0	0	5.2	23	1	4%	3.6
Zambia	**6.7**	**135**	**209**	**209**	**3.1**	**183**	**88%**	**0**	**0**	**0**	**3.1**	**209**	**15**	**7%**	**2.7**

Serious surveillance gap

Yellow for NPAFP rate - certification level BUT surveillance gap for stool adequacy

Green indicates provinces with operational + certification-level surveillance

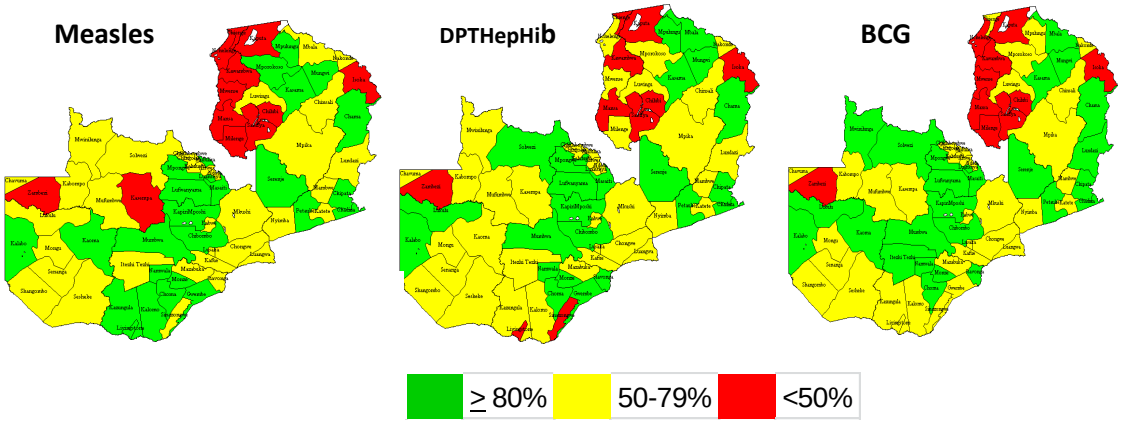
Source of data: Ministry of Health, 2012

Rotavirus surveillance and control: Since 2005, WHO has been supporting sentinel surveillance for rotavirus at the University Teaching Hospital, providing baseline information for programme management in Zambia prior to rotavirus vaccine introduction. In preparation for country-wide Rota virus introduction, in 2012, the Rota Virus Immunisation was launched on a pilot basis in three districts, namely, Lusaka, Chongwe and Kafue of Lusaka Province funded by Centre for Infectious Diseases Research in Zambia (CIDRZ). Surveillance for neonatal tetanus has also been supported to maintain the elimination status. Monthly joint meetings for the EPI Laboratories and EPI programme (WHO/EPI and MoH/EPI Teams) were conducted. These data were discussed at performance harmonisation meetings chaired by the National Epidemiologist and discussed findings from the Haemophyllus Influenza (Hib) / Paediatric Bacterial Meningitis (PBM), and Rota virus surveillance areas.

To enhance surveillance at sub-national level, WCO donated two surveillance vehicles, one each to Eastern and North-Western Provincial Medical Offices in the context of Integrated Disease and Surveillance Reporting (IDSR).

The WCO provided support to the Ministry of Health and the Ministry of Community Development, Mother and Child Health for the collation and compilation of the routine immunization data as reported from districts and provinces. The 2012 district performance coverage for various antigens is presented in Figure 2.

Figure 2: Immunisation coverage by antigen by district, Zambia 2012



Source: *EPI Annual Report 2010*.

WCO sourced funds through the CDC Small Grants to support training of health providers to strengthen the Reaching Every District (RED) strategy, providing training and implementation guidelines and supporting the orientation of 60 tutors and clinical instructors from health training institutions.

WCO in collaboration with UNICEF provided technical support for training surveyors and implementation of Data Quality Self-Assessment (DQS) to strengthen data management.

To increase storage capacity, the WCO provided leadership in the procurement and installation of five (5) walk-in cold rooms at the central stores of the National EPI unit (Figure 3). Increased cold chain capacity was a

requirement for the country to qualify for GAVI support for introduction of new vaccines (Pneumococcal Conjugate vaccine, Second dose of Measles and Rotavirus vaccine). WHO supported the preparation of funding proposals which were approved by the Inter Agency Coordinating Committee (ICC).

Figure 3: New Cold Room at the National EPI Unit

2. 3 REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

WHO through its comparative advantage as a lead technical agency in health, provided strategic technical advice to the Ministry of Health and the Ministry of Community Development, Mother and Child Health (MCDMCH) in the development of strategic plans, guidelines, capacity building, surveys and facilitating partnerships and resource mobilisation for maternal, newborn, child and adolescent health. WHO also provided financial and technical support towards a situation analysis on adolescent health in Zambia. Key contributions in 2012 included the following:

Adolescent Health (ADH) Standards of Care: WHO HQ/AFRO supported the development and drafting of the ADH standard of care which will be launched in 2013.

Adolescent Health Orientation Manuals for health care providers: WHO, MOH and partners reviewed and adapted the generic WHO-ADH Orientation manuals for health care providers, “A training of trainers’ (TOT) workshop and training of health care providers in ADH.”

Implementation guide on integrated community-based delivery of newborn and child health interventions: The guide was piloted in four districts which was supported by CIDA funded Health for the Poorest Population (HPP) initiative. WHO, UNICEF and partners developed implementation guide.

Maternal, Infant and Young Child Nutrition (MIYCF) Guidelines: WHO worked with the National Food and Nutrition Commission to develop guidelines on MIYCF in tandem with the National Food and Nutrition Sector Strategic Plan for Zambia 2011–2015 to standardize nutritional care for the mother and child during the most vulnerable period i.e. the first 1000 most critical days that prevent stunting in children less than two years of age.

Monitoring implementation: WHO supported MOH and MCDMCH to plan, monitor and evaluate implementation of the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNACH) programmes at national and district levels. WHO also supported the harmonization of the Community IMCI and integrated community case management (iCCM) data collecting and monitoring tools and MOH to improve data collection, analysis and use for planning and purchased IT equipment for MNCH coordinators in each district planned for the activity.

Partnerships and resource mobilization: To support the reduction of maternal and child deaths, WHO convened a meeting with partners on women and children health to validate a national score card for women and child health in Zambia, This support led to receipt of USD 250,00 to support different components in the score card for improvement of women and child health.

Building capacity: To build capacity, WHO supported the government of the Republic of Zambia of to use the One Health Tool for costing health strategic plans. In addition, WHO supported an AFRO/FANC sub regional demonstration course for midwives, medical officers and WHO professional officers from five countries. WHO supported a maternal death surveillance and response regional workshop. WHO facilitated a regional training workshop on IMCI computerised adaptation and training tool (ICATT). In terms of nutrition, WHO provided support to build a core multi-sectoral government team in the field of population based prevention of childhood obesity during a regional workshop. WHO provided technical assistance towards a regional capacity building training of trainers (TOT) on “Caring for the child health, growth and development in the community”.

A baseline survey: A health facility and community survey were conducted to facilitate planning. WHO actively participated in the CIDA UN H4+ initiative which aims to accelerate progress towards maternal and neonatal morbidity and mortality reduction in 5 low performing districts in Zambia. WHO provided technical guidance and facilitation to the programme reviews and bottle neck analysis to assess MNCH programmes in the districts. Additionally, WHO provided leadership to conduct a health facility and households survey in all districts using adapted WHO generic health facility Service Availability and Readiness Assessment (SARA) and IMCI health facility tools. The surveys showed low use of modern contraceptives, low uptake and access to the required four visits of focused antenatal care (FANC), few pregnant women deliveries supported by skilled attendants.

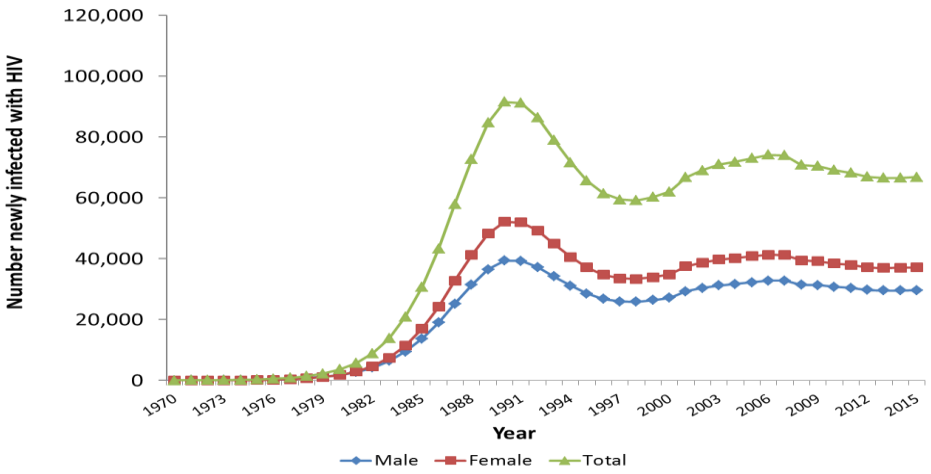
WHO supported facility and community-based surveys, assessments, studies and assisted national health authorities to identify viable research proposals to address barriers in maternal, neonatal and newborn health. Furthermore, WHO supported an assessment of health facilities’ adherence to Baby Friendly Health Facility Initiative (BFHF) based on standard WHO/UNICEF assessment tools. The assessment showed universal knowledge among communities for exclusive breast feeding and all health facilities complying with the Code of Marketing of Breast milk substitutes.

2.4 HIV AND AIDS, TB AND MALARIA

2.4.1 HIV and AIDs:

Although Zambia has reported a decline in the prevalence and incidence of HIV and AIDS, the disease remains a public health concern. National adult prevalence is especially high among women and urban populations. In an effort to address this as well as accelerate the HIV national response to attain national and global targets, the WCO continued to support government in the implementation of HIV programmes. The WHO strategic efforts aimed at supporting the programme to reduce further the rate of new infections by 2015 (Figure 4).

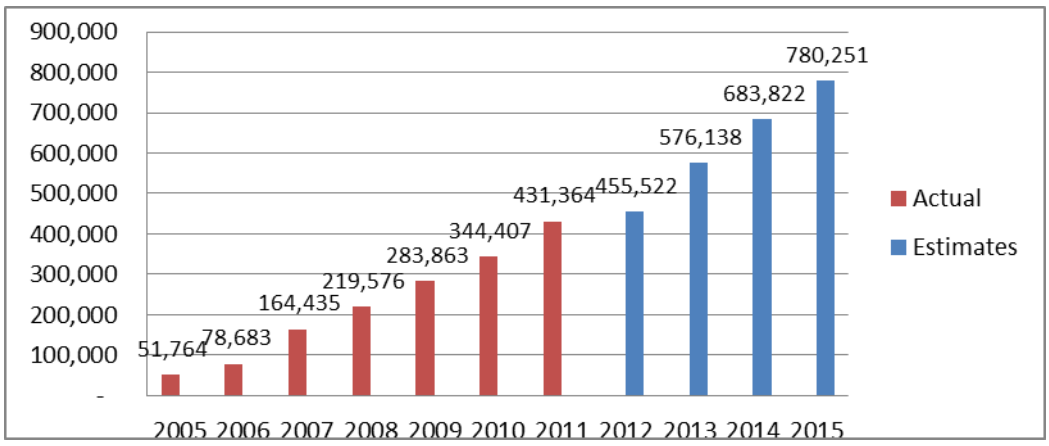
Figure 4: New HIV infections in population of 15 years and above by sex



Source: *2012 UNGASS Zambia report*

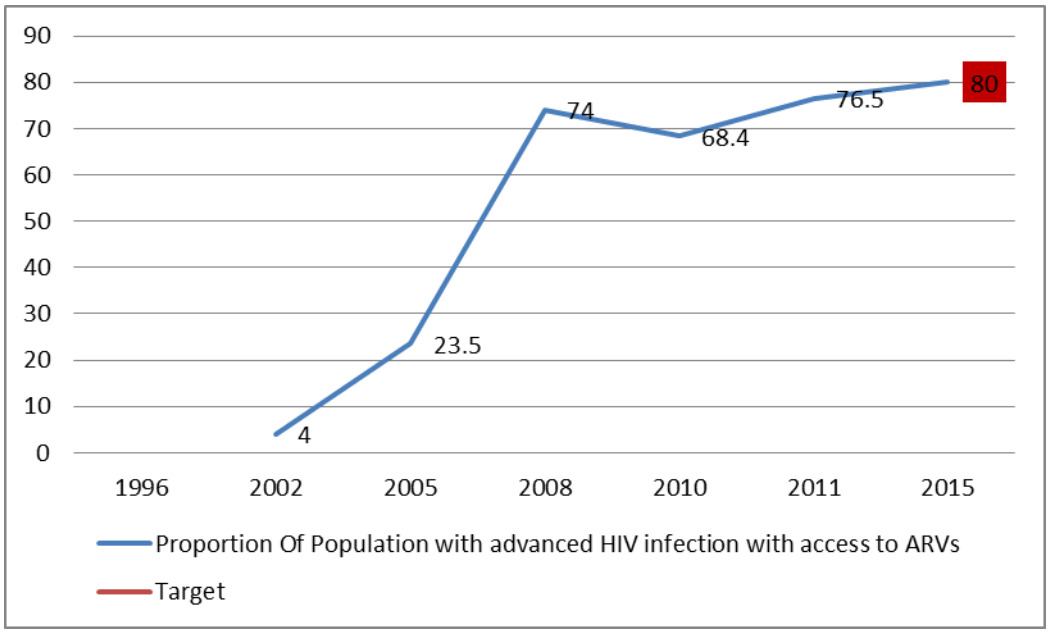
HIV and AIDS Treatment Care and Support: With the Government free paediatric and adult ART policy, Zambia has made significant progress towards achieving universal access to the treatment for HIV and AIDS (Figure 5, 6 & 7).

Figure 5: Actual ART Patients and Estimated Patients



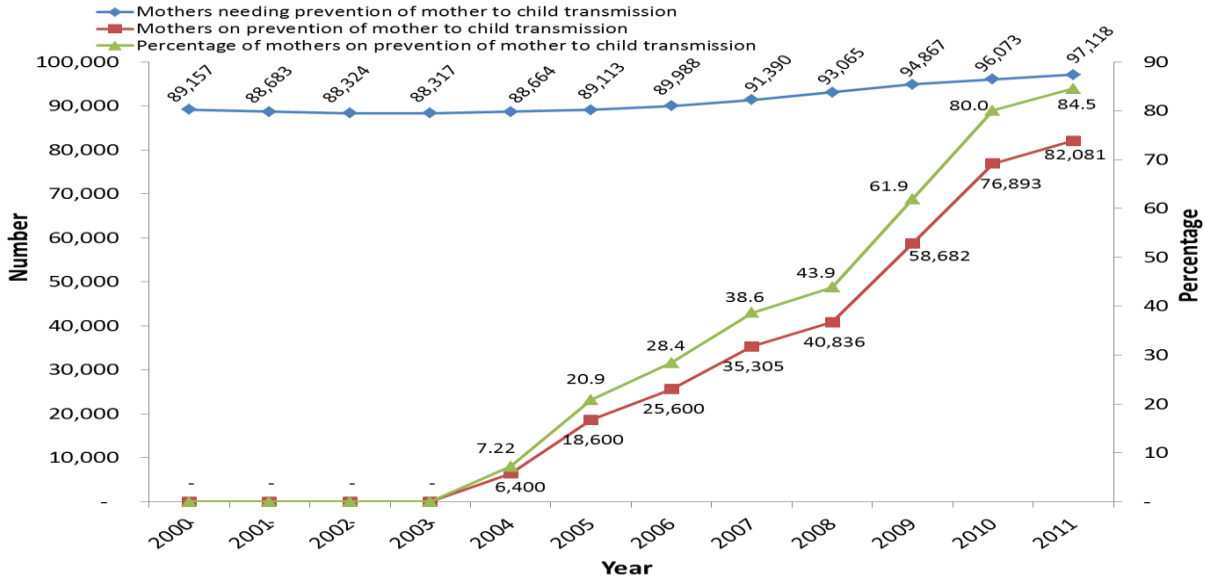
Source: *Zambia: National Annual Long term ARV Forecast Report 2013-2015*

Figure 6: HIV population with advanced disease accessing ARVs



Source: *MoH HMIS data.*

Figure 7: Mothers needing and accessing prevention of mother-to-child transmission services



Source: *2012 UNGAS Zambia Report.*

The treatment coverage increased from 23.5 percent in 2005 to 76.5 percent in 2011, with over 344,000 children and adults having received antiretroviral treatment. Approximately 90 percent of those who received treatment were adults and 28.1 percent were children. Among adults, more females accessed treatment compared to males. Critical to the attainment of the universal access target is the need to address the variation in age and geographical distribution in the treatment coverage. Antiretroviral treatment coverage is higher in urban areas compared to rural settings and higher in adults than in children. These are issues that need to be addressed if the country has to attain the 80 percent universal access target.

In supporting government to improve treatment coverage, WCO provided technical assistance to MoH in the development of treatment guidelines for third line ARV regimen and establishment of Advanced Treatment Centres for patients with complicated and advanced HIV at tertiary referral hospitals.

Prevention of Mother to Child Transmission.

The number of HIV infected pregnant women who received antiretroviral drugs to prevent mother to child transmission increased from 25 percent in 2006 to 84.5 percent in 2011. This greatly reduced new HIV infections among newborns and mortality of children and their mothers, averting approximately 50, 000 deaths in 2011. To further reduce HIV infections in 2012, WCO supported the development of a costed plan on the elimination of Mother to Child Transmission of HIV (eMTCT). In addition, a policy brief and business plan for transitioning to Option B+ PMTCT

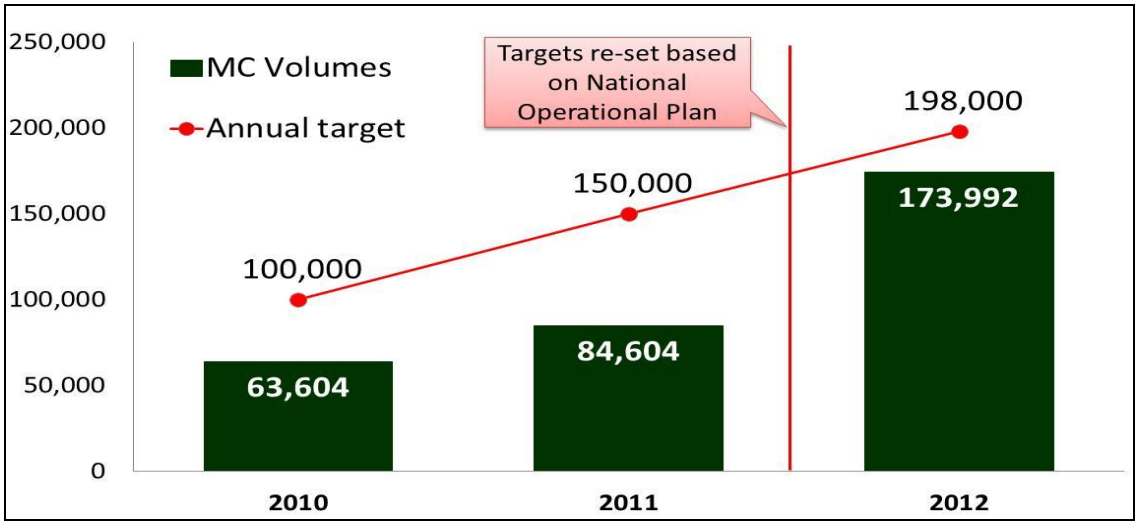
treatment regimen, a triple-drug antiretroviral combination therapy provided to all pregnant women testing positive for HIV for life, was developed.

Furthermore, with WCO support, MoH trained 104 health workers in Basic ART package (IMAI) through an integrated training package that covers all the critical areas in HIV management. The training included 41 midwives working in maternal and child health unit at primary health facilities. The aim of the training was to enable midwives to diagnose and manage opportunistic infections in HIV and AIDS patients and initiate pregnant women and children on ART to ensure a continuum of care for infants and improved uptake of HIV treatment among pregnant women.

Voluntary Medical Male Circumcision (VMMC)

In 2012, WHO contributed significantly to the development and launch of normative guidelines which have provided a clear strategic direction for scale up of male circumcision programme. The guidelines include the Country Operational Plan (2012-2015), the National Voluntary Medical Male Circumcision (VMMC), Communication and Advocacy Strategy (2012-2015) and the Training Guide for Male Circumcision Under Local Anaesthesia in Adolescents and Adults. Implementation of recommendations in these strategic documents contributed to a rapid increase in the number of circumcisions performed resulting in 143,000 circumcisions performed between June and December 2012**.** Figure 8 provides annual Male circumcision performance.

Figure 8: Annual Male Circumcision Performance



WHO provided technical assistance towards strengthening of the national M&E systems through the development of the data driven MC programme performance targets. In addition, the WCO was instrumental in the harmonisation of data collection tools such as registers. To further strengthen the M&E system WHO working with MOH and other partners conducted supportive supervision and mentorship visits to low performing MC sites.

WHO provided leadership in mobilising resources for the male circumcision programme from Bill and Melinda Gates Foundation and CDC, done through the development of various grant proposals.

The WCO also advocated and lobbied for the increase in the Zambian Government and US Government budget allocations for male circumcision.

WHO led the male circumcision demand creation activities which included advocacy meetings with parliamentarians, traditional leaders and other community leaders. These were engaged through the house of chiefs and media houses including community radio stations.

2.4.2 Malaria

Zambia is among the countries in the African region that has made significant progress in malaria prevention and control in the past seven years. In 2012, about 4.8 million malaria suspected cases were reported compared to approximately 4.1 million cases reported in 2005. Likewise, for all ages, approximately 3,000 deaths were reported due to malaria in 2012 compared to 7,737 deaths in 2005.

This progress in malaria prevention and control is attributable to many factors, including high intervention coverage of malaria preventive and curative services. For example, the 2012 MIS indicates that 68% of households had at least one ITN for malaria prevention, while in 2006 only 38% of the households owned at least one ITN. Furthermore, the number of districts included in the IRS programme increased from 36 to 72 districts since the 2010 Malaria Indicator Survey, with an increasing number of rural-more malarious areas targeted and receiving spraying in 2012. Nationally, about 72% of households reported having either an ITN or being sprayed in the past year. Likewise, the percentage of pregnant women received doses of Intermittent Preventive Treatment during pregnancy increased from 59% to 72%, and position Zambia to be among the highest coverage in Africa.

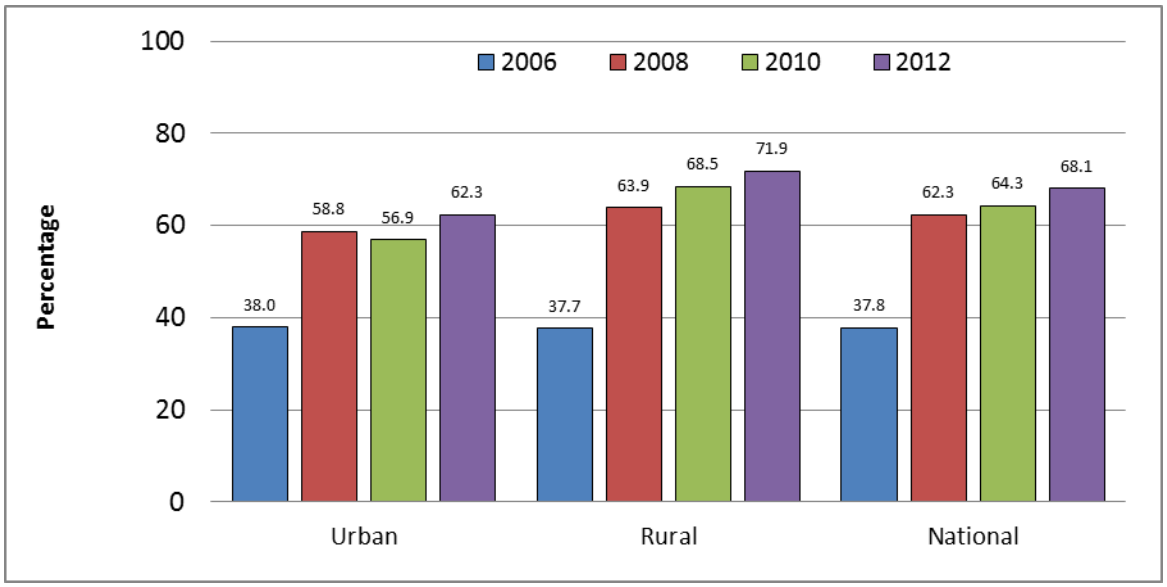
WHO's support to the MOH in 2012 was both financial and technical. This support covered the WHO Core function and was focused on strengthening planning, monitoring and evaluation, surveillance, operations research, partnerships, resource mobilisation, generation of evidence and review of policies, guidelines and manuals, as follows:

Development of plans, reports, strategies, partnerships: WHO supported the malaria monitoring and evaluation activities to collate and analyse national HMIS data for the WHO World Malaria 2012 Report. In addition, WHO provided technical assistance to the Global Business Coalition for Health (GBC-Health), mining companies and the Roll Back Malaria Southern African Regional network to convene a Public-Private-Partnership (PPP) stakeholder meeting in Johannesburg, South Africa on 09 October 2012. This technical assistance led to the development of a road map for the RBM 2020 malaria control and elimination workplan. WHO

supported a similar meeting in Zambia on 26 September 2012 to broaden public and private sector engagement of mining companies (Konkola and Mopani Copper Mines), Zambia Sugar, and mobile phone companies (e.g., MTN) and Dunavant Cotton.

Resource mobilization: WHO provided technical assistance to the Ministry of Health and partners to estimate the funding gap by facilitating the development of a comprehensive gap analysis. In addition, WHO provided technical assistance to MOH to develop a Transitional Funding Mechanism (TFM) proposal to The Global Fund to secure 2.8 million ITNs. The proposal was submitted through the Country Coordination Mechanism (CCM). This together with other funding from partners in the malaria programme contributed to the progress in ITN coverage reported in Figure 9 referred to earlier.

Figure 9: Household ownership of at least one ITN by rural and urban areas (Zambia 2006-2012)



Source: *MIS, 2012*

Supporting generation of evidence: WHO supported the Ministry of Health to plan, review field protocols and to conduct the fourth nationally representative Malaria Indicator Survey (MIS, 2012). The 2012 MIS assessed population coverage of promotive, preventive, treatment coverage intervention and, provided information on malaria impact - morbidity and mortality indicators. WHO supported MOH and partners to review the field protocol and sample size determination.

Review of policies, guidelines and manuals: WHO convened a joint technical review of malaria in pregnancy (MIP) implementation on 5 to 9 November, 2012 in collaboration with the Ministry of Community Development Mother and Child Health, Ministry of Health, President's Malaria Initiative and JHPIEGO. During this review, WHO facilitated logistics and disseminated new WHO guidelines, including the

review of supervisory tools to enhance implementation of the Malaria in Pregnancy (MIP) programme. WCO Zambia also provided technical assistance to finalize the WHO Manual on malaria programme performance at a workshop held at the WHO Headquarters in Geneva.

WHO supported planning and implementation of IEC and advocacy activities in line with the National Malaria Communication Strategy. The World Malaria Day (WMD) 2012 was commemorated under the theme "*Sustain Gains, Save Lives: Invest in Malaria*". Figure 10 shows one of the sentization activities on the use of ITNs during the WMD commemoration in Kasama on 25th April 2012.

Figure 10: Sensitization on the importance of ITNs on World Malaria Day in Kasama District

Source: *NMCC Report 2012*

In addition, the SADC Malaria Week was observed under the theme "*Be Free of Malaria in the SADC Region."* In 2012, several health promotion activities were conducted to promote best practices to support implementation of different interventions such as Intermittent Preventive Therapy in pregnant women (IPTp) and the use of Long lasting insecticide treated nets (Figure 10).

2.4.3 Tuberculosis

WHO Country Office supported the MoH through the National Tuberculosis Programme (NTP) both financially and technically in the implementation of its activities in 2012 to contribute to reduction in morbidity and mortality of Tuberculosis (TB) in Zambia. Principal contributions included the following:

National TB Prevalence Survey*:* In 2012, Zambia was one of the 21 countries mandated by WHO to undertake a national TB prevalence survey to estimate the burden of the disease in a given country. WCO served as a member of the National Steering Committee which provided an oversight and advisory role to the TB survey. WHO supported preparations and finalization of the study protocol for the TB

prevalence survey in Zambia. In addition, WCO provided financial support for the survey coordinator at MoH to undertake a mission to observe the national TB prevalence survey in Rwanda.

The office facilitated a technical visit to Zambia from the Global Task Force at WHO HQ, by Dr I Onozaki to brief the Zambian TB prevalence survey team.

Paediatric TB: WHO as a lead partner provided technical leadership in the development and printing of paediatric TB guidelines in compliance with the latest WHO guidelines. WHO also facilitated two staff – one from University Teaching Hospital and another from Ndola's Arthur Davison Hospital to attend training in South Africa at an International Union Against TB and Lung Disease international training. The two consultants led the training programme of childhood TB in the country.

TB Drugs: The WHO Country Office, in response to a request of the MoH, and in collaboration with the WHO Country Office in Botswana, organized and supported the shipment of donated emergency supply of First Line TB Drugs from the Ministry of Health Botswana at a cost of USD 18,000. These medicines averted a stock-out of TB drugs in Zambia.

Provincial trainings and meetings: WHO provided financial and technical support to training programmes of the NTP. Technical assistance included provincial and district trainings in DOTS, TB/HIV, programmatic management of drug resistant TB and TB data management. Also given similar support were TB/HIV national, provincial technical review meetings and technical support visits from provincial to district and lower levels.

Public Private Partnership: WHO provided technical guidance in development of a protocol to assess the involvement of private providers in TB control activities in Zambia. WCO provided both technical and financial support during the conduct of the survey.

Community Support: WHO provided technical and financial support for trainings in community DOTS of community health workers and facility based health care workers. The office also provided technical support to the Copperbelt Health Project Unit (CHEP) during their 4th Copperbelt TB conference that was attended by NGOs, CBOs, district, provincial and national level staff.

Resource mobilization: WHO supported proposal development for funding of TB/HIV activities as a TBCARE 1 in-country partner. The proposal was successfully funded by the USAID and greatly assisted NTP programme in funding implementation.

In collaboration with HQ, WCO also provided facilitation and technical support in the development of a proposal for funding to the Global Fund's Transitional Funding Mechanism (TFM) totalling USD 4 million. The proposal was successful and agreed to fund the total budget submitted by Zambia.

TB in the mining sector: WHO provided technical support to a stakeholder meeting to operationalize the SADC Protocol and Code of conduct on TB in the mining sector in Zambia.

Printing of TB Strategic Documents: WCO provided technical and financial support to develop and print Multi-Drug Resistant (MDR) patient cards and identity cards, as well as facility registers that are now in use by the NTP.

2.5 NON-COMMUNICABLE AND COMMUNICABLE DISEASES

Zambia is one of the countries that participated in the WHO survey for the second Global Status Report on Road Safety (GSRRS) in 2011 and received financial and technical support in the finalization of the country GSRRS report.

Building NTDs capacities: WHO provided technical support towards finalization and costing of the Neglected Tropical Diseases (NTDs) plan and development of a country brief on NTDs. WHO facilitated participation of national staff in a regional workshop for the finalization of the Neglected Tropical Diseases Master Plan, country assessment tools and adaptation of hospital safety index held in Lusaka, Zambia.

WHO supported a regional meeting for African countries on training of trainers (ToTs) on Neglected Tropical Diseases (NTDs). The meeting also reviewed finalized guidelines for supporting harmonization of mapping in an integrated manner.

Building NCDs capacities: WCO provided financial support for the non-communicable diseases (NCDs) retrospective data collection covering the period 2008-2010. The data on selected NCDs was collected from the country's three tertiary hospitals and has since been shared with AFRO.

In order to monitor the magnitude of NCDs and to influence policy decisions, WHO supported a retrospective data collection on selected NCDs from the tertiary health facilities in the country at a total cost of USD 4,500 and funded a World Heart Day (Figure 11).

Figure 11: Health workers monitoring blood pressure during World Heart Day 2012

WHO/AFRO has been assessing the implementation of activities of National Cancer Control Programmes using a structured questionnaire. The country office facilitated the administration of the questionnaire by the Ministry of Health. The completed questionnaire has since been shared with AFRO.

Development of strategic plans and guidelines for Epidemics: WHO in collaboration with partners provided technical assistance towards planning, review and finalization process of the NCD Strategic Plan 2011-2015.

Furthermore, WHO provided technical and financial resources towards the printing of various guidelines for MoH on communicable diseases [cholera, typhoid fever, rapid response teams, and Integrated Disease Surveillance and Response (IDSR)] at total a cost of USD 50,000 (ZMK 258 million).

WHO also provided financial assistance, logistical support and facilitation of a workshop on bio-risk assessment tools and shipping of infectious materials held in Lusaka, Zambia.

Risk assessments and monitoring trends: Following re-classification of Zambia as low-risk for Yellow Fever in some provinces, WHO supported the

Ministry of Health to develop a protocol for conducting yellow fever risk assessment in the two at risk provinces (Western and North Western provinces), involving the human and entomological components.

Supported regional meeting International Health Regulations (IHR) in the African Region to review gaps in implementation and therefore guide countries revise their IHR Plan of Action (PoA). Country experiences in areas where they excelled were shared through presentations, plenary and group work.

2.6 HEALTH PROMOTION

A drama group performing during World health day 2012

Capacity building for health promotion: The WHO Country Office provided financial and technical support for the National Health Promotion Technical Committee quarterly multi-sectoral meeting which serves as a coordination and collaboration mechanism for health promotion in the country. WHO supported the review of Health Promotion Guidelines for district implementation to also address the major risk factors for Non-Communicable Diseases.

Tobacco Control: The WCO supported advocacy to implement the WHO Framework Convention on Tobacco Control (WHO/FCTC) and activities related to the provisions of the WHO/FCTC. The World No Tobacco Day was commemorated on 31st May 2012, under the theme "*countering the Tobacco industry interference in health policies"* as detailed in Appendix 2. WHO also advocated for the enactment of the Tobacco Bill of 2010.

In addition, WCO supported the development of a school teacher's guide on tobacco control to increase awareness on risks, harmful effects and consequences of tobacco use among the youth and to delay and or prevent the age of onset tobacco use. Furthermore, WHO supported the development of IEC materials for use by pupils in schools to educate young persons on the dangers or harmful effect on health of tobacco use.

Between 16 and 17 February 2012, the WHO AFRO/HQ and Country Office supported the Ministry of Finance (MOF) and the Zambia Revenue Authority to hold a consultation meeting for the introduction of the WHO tobacco taxation simulation model (WHO-TaxSim). This is aimed at improving the National Tobacco Taxation system.

Alcohol and other psychoactive substance misuse: WHO funded an integrated 13 week health promotion programme on the national broadcaster to educate the public about the dangers of substance abuse, with a focus on alcohol and tobacco. WHO supported national authorities to develop a booklet on prevention of substance abuse among pupils in schools. The booklet provides information on types of substances, dangers of substance abuse and their harmful effects. WHO also provided education on risk factors for NCDs.

In order to help governments to monitor alcohol marketing practices and to gain insight into the impact of Alcohol advertising, WHO facilitated data collection for the WHO/AFRO-coordinated Monitoring Alcohol Policies in Africa Project (MAMPA). This was conducted in June 2012 by the Young Men's Christian Council after ethical approval from UNZA Research Ethics Committee. The WCO and MoH played the role of support and coordination in the project. The MAMPA project is intended to help governments to monitor alcohol marketing practices and to gain.

Communication strategies and social mobilization: WHO provided technical support towards social mobilization of planned activities on the Expanded Programme on Immunization. WHO's TA included development of communication strategies, advocacy and social mobilization strategies, development of IEC messages and other materials for the bi-annual Child Health week campaign, Africa Vaccination Week and the National Measles vaccination campaign in September 2012. WHO also supported the development of communication strategies and materials for the introduction of the Pneumococcal and Measles Second Dose vaccines in the routine immunization schedule to be implemented in early 2013.

WHO facilitated the development of Health learning and communication materials for malaria, NCDs, child health and other programmes. Mass media strategies were also used to disseminate key messages to the public through radio and TV discussion programmes, documentaries and announcements.

WCO produced an electronic WHO Newsletter, Press Releases and posted on the WHO/AFRO website to enhance WCO visibility. WHO maintained a media mailing list to ensure a smooth WHO-media collaboration. WHO also invited journalists from various media institutions to participate in WHO organized meetings and tours to the districts and provincial offices. As a consequence, the local media carried several reports about the work of WHO in Zambia.

WHO provided information and articles for the production of the UN Newsletter and implementation of the joint United Nations Communication Plan and activities for promotion of MDGs.

2.7 ESSENTIALS DRUGS AND MEDICINES

Health workers despatching medicines to provinces and districts

For the year 2012, WCO offered technical and financial support to the Pharmaceutical Regulatory Authority (PRA) to train 30 health workers in Southern province for improved reporting on suspected adverse reactions to medicines as part of improving post marketing surveillance. The WHO Country Office contributed USD12, 000 towards this training. The goal was to equip frontline health workers with skills to improve the rate of reporting adverse drug reaction to the national pharmacovigilance centre. WHO in the 2013 will continue supporting capacity building for health works in pharmacovigilance.

WHO with financial support from European Commission and the German Government through Federal Ministry for Economic Cooperation and Development (BMZ), assisted MoH to conduct a Good Governance for Medicines (GGM), which was started in 2007. The assessment was done using the WHO Standardized assessment tool, to measure the extent of vulnerability to corruption in the Zambia's pharmaceutical sector. The final report on this assessment was released in 2012 and formed the basis for future works in Good Governance for Medicines (GGM) for Zambia to help curb corruption in Zambia's pharmaceutical sector.

WCO supported the publication of the final report which is available at http://apps.who.int/medicinedocs/documents/s19892en/s19892en.pdf

WHO is taking leadership in promoting activities which ensure high standards of pharmacy practice in Zambia. Working with Ministry of Health and other cooperating partners, a number of initiatives were started in 2012. One such initiative is the Pharmacy Practice Mentorship Program for 24 selected sites in Copperbelt and Lusaka provinces. The initiative was funded by CHAI while WHO provided technical support in developing the trainers' manual and setting milestones for the program. So far, the program is on-going and will be extended to the Southern province in 2013. The aim of the program was to develop a mentorship program which is holistic in its approach to improve quality of service provision in public pharmaceutical care services. The programme will be assessed to estimate impact on the quality of pharmaceutical care services in the selected sites.

WHO, working with Health Action International (HAI) provided technical support to a local initiative (Medicines Transparency Alliance - MeTA) which promotes transparency and accountability in the pharmaceutical sector. The technical support has resulted into the project having its proposal approved and funded for implementing MeTA-Zambia phase II in 2013. MeTA Zambia phase II, using a multi-sectorial approach in promoting transparency and accountability hopes to contribute significantly to increased access to quality assured essential medicines for the Zambian population.

2.8 ENVIRONMENTAL HEALTH

The WHO Country Office collaborated with the Ministry of health and the Zambia Environmental Management Agency (ZEMA) and provided technical assistance to

plan and convene international workshop on the feasibility study for a Sub-regional poison centre in the East African Sub region.

WHO provided USD 10,500 to convene an Inception meeting, First Multi-stakeholder and National Stake holder meetings to contribute to the broader objective of environmental health risk reduction. During these meetings, WHO in collaboration with various partners (Ministry of Environment, Zambia Environmental Management Agency, University of Zambia Medical School and Paediatric Association of Zambia and Zambia Regulatory Authorities) developed a concept paper for consideration by national health/environmental authorities to explore the feasibility of establishing a poison centre. In an effort to increase advocacy, WHO also supported the University of Zambia to hold school completion to generate information aimed at developing effective job aids/for risk reduction in kerosene-poisoning at the household level.

CHAPTER 3: MAJOR CHALLENGES

In spite of great progress towards meeting goals, some challenges remained in 2012. These are:

3.1 The impact of the global financial economic down turn continued to be felt through reduced assured and voluntary funds in the country office. This state of affairs necessitated increased efforts for mobilisation of resources to enable the country office to meet its mandate of providing timely and quality technical assistance to the national authorities.

3.2 Inadequate domestic funding for commodity support for malaria and other communicable diseases such as HIV/AIDs and TB were key constraining factors. In view of this situation, WHO drew the national health authorities' attention to the need to consider having a budget line to enable the procurement of essential medicines such as ACTs and develop sustainable ways of ensuring access to ARVs in the country. There was also limited funding for tobacco, alcohol and substance abuse activities for use in the Ministry of Health, making it difficult to complete some of the activities which were funded through catalytic funding available at WHO.

3.3 There were several issues related to ensuring access to essential drugs and health technologies that were addressed. These included:

- capacity building to establish a viable Pharmacovigilance in the country and to ensure that the Pharmaceutical Regulatory Authority (PRA) are financially and technically equipped to undertake its full mandate of safeguarding public health. These were achieved through efficient regulation of medicines, importation, exportation, storage, distribution, marketing, sales, quality assurance and safety, and maintain standards of practice of pharmacy in public and private institutions.

- Ensuring retention of qualified manpower, training Pharmaceutical Regulatory Authority staff in all relevant areas including in Dossier Reviews and Evaluation of Drug Adverse Reports from Service Delivery Points to enhance drug safety monitoring as part of post marketing surveillance.

3.4 Integrating of services for reproductive health, maternal, newborn, child and adolescent health at national level still remains a challenge and this fragments efforts at health facility and community levels. Like other programmes, the human resource for supportive supervision is inadequate, including funding to cover cost of implementing some activities.

CHAPTER 4: LESSONS LEARNT

4.1 The establishment of the Country Support Unit (CSU) in 2012 with well-defined roles was an important development. This helped to streamline roles in the country office to provide an effective support to the programmes. The CSU helped to quicken administrative processes, such as those related to human resources issues and procurement of services.

4.2 The newly introduced Enterprise Resource Planning tool, referred to as Global Management System (GSM), which came live in 2011, continued to add value to the WCO. The GSM facilitated processes to be conducted in a transparent and efficient manner. The GSM enabled quick online processing of services such as leave requests, travel, trip reports, procurement, human resource, logistics, transport and finance in line with the broader WHO reforms.

4.3 The re-alignment of service delivery between MOH and MCDMCH faced challenges such as inadequate integration of activities at national level fragments efforts of integration at health facility and community levels. It is hoped that these challenges will be overcome within the next few years of running both ministries.

4.4 Supportive supervision is inadequate in all the different programme areas which is as a result of the human resource for health crisis.

4.5 Collaboration with major players, donors and Cooperating Partners in the pharmaceutical sector helped achieve more with minimal resources and reduced or eliminated duplicity.

4.6 Once gains are made in disease control momentum can easily be lost if adequate financial resources are not maintained as was observed in the case of malaria prevention and control programme.

CHAPTER 5: RECOMMENDATIONS

- **Joint planning, monitoring and evaluation**: WHO will continue to contribute towards joint planning and implementation of national priority activities to maximize the gains. In addition, WHO will continue exploring new ways to improve pharmaceutical services and Joint Annual Reviews (JAR) to monitor national progress for health.

- **Capacity building**: In 2013 and beyond, WHO will adopt a strategic approach to build national capacities in various areas such as capacities for PRA to regulate local manufacturing of blood products, national capacities to implement policies such as Tobacco free policies in schools, communities / homes and workplaces within the WHO Framework Convention on Tobacco Control in Zambia, a treaty which was initiated to fight the global tobacco epidemic and to protect public health.

- **Health System Strengthening:** WHO should endeavour to facilitate national efforts aimed at building sustainable national health systems. This should facilitate the revision of the Country Cooperation Strategy (CCS), mobilize expertise from all levels of WHO to provide technical support to the national health strategic plan, National Health Policy, Research for Health, Social Determinants for Health, Maternal Death Surveillance and contribute to global policy and strategy formulation and development of norms and standards through support to MoH and MCDMCH.

- **Advocacy for better funding for the health sector:** The Health Sector budget allocation should be increased to 15% as recommended by the Abuja Declaration.

CHAPTER 6: CONCLUSION

The WCO technical assistance coordinated through its Country Cooperative Strategy (CCS) 2008-2013, was pivotal to enabling national response to priority agenda, which facilitated the national authorities to deliver planned activities.

WHO Country Office will continue to build its own capacity to enhance country presence, efficiency, accountability and timely delivery on agreed targets within national and global mandates. This is necessary to mitigate the dual burden of communicable and non-communicable diseases in Zambia, which are a drain on the financial resources of the majority of the affected people.

WHO will advocate to national authorities to maximise new opportunities to strengthen prevention of NCDs, such as hypertension, diabetes and cancer through advocating for the adoption of the Brazzaville Declaration on NCDs and the UN high level meeting's Political Declaration on NCDs. WHO's priorities will continue to include assisting government to finalise the NCD strategic plan and accelerate the attainment of MDGs related to health and their attainment through UNDAF level of partnership.

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ANNEXES:

ANNEX 1: Selected Technical Mission, Zambia 2012

Traveller	Mission	Date	Objectives/Purpose
Hassan Nasser & Davies Gichuru, Glaxo SmithKline	Immunization in Zambia	20 January 2012	Support introduction of new vaccines in Zambia
Dr Mwendaweli Maboshe	Supported Eritrea national TB programme	13-23 March 2012	Provided technical support as a consultant at an external review of the national TB programme of the State of Eritrea
Joanna Tempowski, WHO/HQ	Poison Centres / SAICM meeting	2 May 2012	Feasibility Study on Establishment of Poison Centres
Rufaro Chirambo	Surveillance review	18 May to 2nd June 2012	Support in-depth surveillance review
Dr Faston Goma, Dean UNZA	Introduction of Strategic plan	2 August 2012	To introduce to WHO the UNZA strategic plan
Rufaro Chirambo	Surveillance review	8 – 25 August 2012	Support in-depth surveillance review
Dr Mwendaweli Maboshe	Supported Rwanda national TB programme	13-17 August 2012	Support midterm review of the Rwanda national TB prevalence survey.
Nora Mweemba	Supported Ebola outbreak and	13-25 August, 2012	Support Ebola outbreak in Kibaale District, Uganda
Dr Freddie Masaninga	Supported Malaria Programme Review	31 Aug – 13 Sept 2012	Facilitated a comprehensive MPR, development of Aide Memoir and Report
Lori Newman, WHO/RHR, Geneva	HIV/PMTCT Mission	11 September 2012	Assignment on HIV/PMTCT
Estifanos B. Shargie	The Global fund mission	21 September, 2012	Review of GF activities
Dr Kunjumen Teena	Supported Workload Indicators for Staffing Need (WISN)	6-13 October, 2012	Facilitate Workshop on Training of Trainers (TOT) in application of WISN to support development of norms in Zambia.
Dr Mary K Bwalya	Supported Regional Works Child's Health Growth and Development	12-21 October 2012	Facilitate First Ladies African regional capacity building TOT on "Caring for the Child's Health Growth and Development in the Community", Gaborone, Botswana
Nora Mweemba	Supported Marburg outbreak	05-24 November 2012	Provide TA towards Marburg outbreak in Ibanda District, Uganda

Traveller	Mission	Date	Objectives/Purpose
Dr Olusegun Babaniyi	Regional Committee meeting (RC 63) and Regional Planning Meeting (RPM)	14-30 November, 2012	Finalise 2013 WHO plan and Regional Committee meeting for Ministers of Health
Nora Mweemba	Support Ebola outbreak and	22-23 November, 2012	Provide TA towards Ebola outbreak in Luweero District, Uganda
Tim Reed	The Medicines Transparency Alliance (MeTA) Project Mission	27th November 2012	Support MeTa activities
Dr Stella Chungong	Supported IHR workshop, Lusaka in Zambia	2-7 December 2012	Provide a forum for all stakeholders to review the current regional situation in implementation of the IHR (2005), and provide opportunity for all stakeholders to identify recommendations and solutions
Dr Mwendaweli Maboshe	Support Botswana national TB programme	3-7 December 2012	Provide technical support to the Botswana NTP as a regional expert for the Green Light Committee. An assessment of the implementation of the MDR-TB programme was made

ANNEX 2.

Advocacy through commemorative days

WHO continued to provide technical, financial and advocacy support to national health authorities on various national commemorative days. These events provided a platform to create public awareness through various key messages, to promote effective disease interventions and increase community ownership in the delivery of the health services.

To mark the World Health Day 2012 under the theme "Aging and Health: Good life adds years to life" the WHO Country Office donated 20 blankets, 2 wheelchairs and 9 mattresses and insecticide treated nets in Lusaka's Matero After-care centre, an institution which takes care of vulnerable members of society, including the aged. WHO also provided financial and technical support for the commemoration of the World No Tobacco Day and World Malaria Day on 25th April, 2012. In addition, WHO supported planning and implementation of the Safe Motherhood Week which aims to highlighting main issues in maternal health and advocate for support from the community and partners across the sector as maternal health is closely related to the development of a country. A summary of these commemorative days are as follows;

Commemorative Day	Theme	Dates	Key outcome	Venue
World TB Day	"Stop TB in my life time" with special focus on childhood TB	24th March 2012	Increased awareness on TB services	Solwezi District North Western Province
World Aids day	HIV prevention among young people	1st Dec 2012	HIV Promotion prevention interventions & increased awareness of HIV prevention treatment and care services	Kitwe
World Health Day	"Aging and Health: Good life adds years to life"	7th April 2012	Awareness about ageing processes, donations	SOS Village Lusaka (?)
World Malaria Day	"Sustain Gains, Save Lives: Invest in Malaria".	25th April 2012	Promotion ITNs, RDTs and other preventive services	Kasama District, Northern province
World No Tobacco Day	"Tobacco industry interference"	31st May 2012	Increased awareness on harmful effects of Tobacco use	Chawama, Lusaka

World Health Organisation, UN Annex Building Plot 4609, Corner of beit/Andrew Mwenya Roads, Rhodes Park.

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