2022 ANNUAL REPORT

WHO ZAMBIA



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WHO ZAMBIA

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FOREWORD



2022 was a very busy year for the Zambia WHO Country Office. Within the framework of the General Programme of Work (GPW 13) and implementing the PB 2022-2023, we supported the Government of Zambia's health sector priorities to ensure improved access to quality essential health services; attainment of Universal Health Coverage (UHC) through strengthening of health systems and primary health care; promoting healthier populations through multisectoral actions and approaches, whilst strengthening our public health emergency response efforts to combat COVID-19.

With the support of our partners and other key stakeholders, much was accomplished. A key highlight of the year was moving COVID-19 vaccination coverage from 14% to 75% between January and December 2022. As a result, there is low transmission of COVID-19 in Zambia. Together with UNICEF and other partners we supported the country to respond to polio (cVDPV and WPV1) outbreaks. We supported the country to review and update the National Health Strategic Plan (NHSP) 2022-2026, and other programspecific strategic documents.

We supported the government to mobilize additional resources from GAVI, the Global Fund and the US government for immunization, malaria, TB and HIV. We continued building capacity for preparedness and response; communicable and noncommunicable disease; as well as promoting healthier populations by institutionalization of Health in all policies (HiAP).

These achievements were made possible with the support of WHO Regional Office and Headquarters as well as the support from health cooperating partners and donors to help us drive this health agenda.

As I invite you to read this report that highlights our achievements, let me thank all the WHO staff who dedicated their time, expertise and effort working together with health development partners and government to better the health of the Zambian people. We look forward to even greater achievements in the new year.

Dr Nathan N. Bakyaita

WHO Representative for Zambia

LIST OF ACRONYMS

AEFI - Adverse Event Following Immunization AFP - Acute Flaccid Paralysis AHSP - Adolescent Health Strategic Plan ANC - Antenatal Care BMGF - Bill and Melinda Gates Foundation bOPV - Bivalent Oral Polio Vaccine CDH - Cancer Disease Hospital CDC - Centers for Disease Control and Prevention DAK - Digital Adaptation Kit DEFRA - Department for Environment, Food and Rural Affairs DHIS - District Health Information System **DISA - Data Intensive Systems and Applications** DSD - Differentiated Service Delivery EBS - Event-based Surveillance EQA - External Quality Assessment ESCA - European Secretariat for Cluster Analysis FAO - Food and Agricultural Organization of the United Nations FLHSCA - Frontline Health Services Readiness and Capacity Assessment GFTAM - Global Fund to fight AIDS, Tuberculosis and Malaria **GPEI - Global Polio Eradication Initiative** HHFA - Harmonized Health Facility Assessment HCP - Health Cooperating Partners HCW - Healthcare Workers HiAP - Health in All Policies HIV - Human Immunodeficiency Virus IDSR - Integrated Disease Surveillance and Response IPC -Infection Prevention and Control IEC-Information Education and Communication IHR - International Health Regulations **IRS - Indoor Residual Spraying** MoH - Ministry of Health MAF-TB - Multisectoral Accountability Framework for Tuberculosis NCCSP - National Cancer Control Strategic Plan NAHO - National Health Observatory NIS - National Immunization Strategy NMESP - National Malaria Elimination Strategic Plan NTDs - Neglected Tropical Diseases

PEPFAR - US President's Emergency Plan for AIDS Relief

PCR - Polymerase Chain Reaction

LIST OF ACRONYMS

PLHIV - People living with HIV **PVS - Performance of Veterinary Services** QMS - Quality Management Systems RCCE - Risk Communication and Community Engagement **RDTs - Rapid Diagnostic Tests** RMNCAH - Reproductive, Maternal, Newborn, Child, and Adolescent Health SDGs - Sustainable Development Goals SIAs - Supplementary Immunization Activities SMAGs - Safe Motherhood Action Groups SOPs - Standard Operating Procedures SRHR - Sexual and Reproductive Health and Rights TSS - Technical Support Supervision TB - Tuberculosis UKHSA - UK Health Security Agency UK-VMD - UK Veterinary Medicines Directorate WCO - WHO Country Office WFP - World Food Programme WHO-AFRO - WHO African Region Office WHO-FCTC - WHO Framework Convention on Tobacco Control WHO FP DAK - WHO Digital Adaptation Kit for Family Planning WHO - World Health Organization WOAH - World Organization for Animal Health ZNPHI - Zambia National Public Health Insitute

ZNPHRL - Zambia National Public Health Reference Laboratory

EXECUTIVE SUMMARY

In 2022, WHO Zambia in collaboration with the Ministry of Health, cooperating partners and other stakeholders worked tirelessly to deliver interventions aimed at improving Zambia's health service delivery, bringing health services closer to the people and ultimately achieving the Government's health agenda.

Working in collaboration with various stakeholders, our operational areas including communicable and noncommunicable diseases, life course, emergency preparedness and response, healthier population and enabling functions did record a number of achievements.

Under our communicable and noncommunicable diseases area, the country was supported to implement the differentiated testing, advanced HIV disease and digital interventions to improve men's access and retention in HIV services. Further, amidst the ongoing response to COVID-19, the country was supported to increase immunization coverage, with over 200 health care workers across all 116 districts trained in adverse events following immunization

In the area of UHC/Life Course, our team supported the Ministry of Health to develop the National Health Strategic plan 2022-2026 and other sector strategic documents aimed at strengthening the country's health system.

Our support towards patient safety and quality of care ensured the review of the malaria and HIV community workflows of one province and a district to inform the development of the Community Digital Health Tool in Zambia Furthermore, our public health emergency preparedness and response supported the Government to respond to public health outbreaks including cholera, measles and polio. With the unwavering support and efforts of partners, the cholera outbreak was declared over within two months of its Zambia inception. was supported to continue responding to the COVID-19 pandemic by enhancing the country's capacity in high-level coordination, rapid surveillance, response teams. data management and laboratory equipment.

In 2022, our continued efforts to promote a healthier population saw us work with the Ministry of Health and other partners to enhance the capacity of health promotion officers. A total of 10 provincial health promotion officers in all 116 districts of the country were trained to support the implementation of social mobilization actions, to improve planning, implementation, and reporting of health-related issues in health facilities.

We further, supported community radio stations in all ten provinces of the country to disseminate messages on COVID-19, other epidemic prone diseases and priority health programmes, reaching 80% of the population and contributing to behavioral change especially during health emergencies.

The operations team enabled us to mobilize and manage resources. Timely procurement of supplies, submission of reports and management of risks and compliance enabled the smooth operation of the WCO and contributed to the achievement of these results.



1 Communicable and Noncommunicable Diseases

1. Communicable Diseases

1.1 HIV, Tuberculosis and Hepatitis

1.1.1 Improving HIV services for men

WHO is a key Global Fund Strategic Initiatives (SI) partner responsible for coordinating country stakeholders and providing technical assistance.

In 2022, there was an improvement in men's access and retention in HIV services in Zambia resulting from the implementation of the differentiated testing, advanced HIV disease and digital interventions by MoH with financial support from the Global Fund and technical support from WHO, ICAP and the Centre for Infectious Diseases Research in Zambia (CIDRZ).

1.1.2 Supporting health facilities and community approaches to accelerate TB case finding and treatment

The country office facilitated the planning and development of a surge plan for implementation of the Strategic Initiative of the Global Fund on Tuberculosis Preventive Treatment for people living with HIV and household contacts and under 5 years of TB/HIV patients. The Strategic Initiative for innovative approaches addresses specific barriers to finding and treating missing people with TB, especially in key populations and vulnerable groups and scale up of innovative health facility and community approaches to accelerate TB case finding and treatment including missing people with Drug-Sensitive TB and Drug-Resistant TB.

1.1.3 Meeting the End TB Strategy Milestones

The 2022 Global Tuberculosis Report highlighted significant progress made on tuberculosis prevention, treatment, and care. Zambia was among the three high TB burden countries that passed the first milestones of the End TB Strategy.



Zambia was among the six high TB burden countries that exceeded the 35% reduction in TB deaths and 20% reduction in TB incidence compared with 2015 and was among 30 high TB burden countries with the highest levels of treatment coverage. Further, Zambia, with six other countries (India, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe) collectively accounted for 82% of those started on tuberculosis preventive treatment.

1.1.4 Multisectoral Accountability Framework for Tuberculosis

То achieve ΤВ elimination by 2030, multisectoral stakeholder involvement. beyond the Ministry of Health is required. WCO provided technical support to the Ministry of Health and partners to develop and implement the Multisectoral Accountability Framework for Tuberculosis (MAF-TB) to strengthen multisectoral accountability for TB response and put in place mechanisms for monitoring and reporting so as to contribute to faster towards the Sustainable progress Development Goals (SDGs), the End TB strategy targets and ultimately achieve the elimination of TB.

1.1.5 Providing accurate, timely and affordable HIV diagnosis

The WHO HIV testing guidelines recommend a standard HIV testing strategy consisting of three consecutive HIV-reactive test results on serology assays to diagnose HIV infection.

WHO country office provided technical and financial support to MoH to conduct the HIV three-test level verification study. A total of eleven WHO pre-qualified rapid test assays were identified as candidates for inclusion in the new HIV testing algorithms and tested in the laboratory to ensure no false positives were detected among the candidates.

Using the WHO test selection tool comparing the analytical sensitivity and specificity of test candidates, two algorithms were selected, one for antenatal care (ANC) setup Assay 1 Q HIV/Syphilis Combo), (Standard Assay 2 (Bioline) Assay 3 (Chembio) and the other for the general population Assay 1 (Standard Q), Assay 2 (Bioline) (Chembio). and Assay 3 These algorithms are now being piloted in Zambia.

1.1.6 Supporting and advocating for ending TB by 2030

On 24, March 2022, Zambia commemorated the global World TB Day of 2022 with the Director of WHO Global TB Programme, Dr Tereza Kasaeva, who commended the Government of Zambia on the remarkable progress made in reducing TB incidence (by 58%) and mortality rate (by 64%) between 2000 and 2020.

Despite the devastating impact of COVID-19, Zambia demonstrated resilience by increasing TB notifications by 10% in 2020 compared to the previous year; and a further 27% in 2021 relative to the 2020 performance.

1.1.7 Resource Mobilization

The WCO supported the Government in developing proposals for the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) securing funding for HIV/TB programme.

1.2 Expanded Programme on Immunization

1.2.1 Routine Immunization

Vaccine safety surveillance was strengthened with causalities assessed. WHO supported the training of 33 trainer of trainers and 235 healthcare workers in adverse event following immunization (AEFI) and setting up of the integrated framework for AEFI surveillance for all vaccine antigens.



As a result, there has been an increase in AEFI cases reported from 6 in 2021 to 384 in 2022. Out of these cases, seven were serious and 57% were investigated and classified.



With support from GAVI, WHO supported the MoH to develop and finalise the National Immunization Strategy (NIS) aligned to the Immunization Agenda of 2030, giving Zambia strategic direction, ability to design annual operational plans and tools for resource mobilization and allocation.

1.2.2 COVID-19 vaccination



70 year old woman gets COVID-19 vaccine

With support from GAVI, WHO working with MoH and other partners scaled-up COVID-19 vaccination coverage from 14.3% to 70% of the eligible population between January and December 2022.



WHO provided financial and material support to MoH through the provision of 700 computer tablets and hire of data entry clerks for the rapid collection of data, effective and efficient real-time data management of the Northern, Muchinga and Eastern provinces, where vaccination coverage was lagging. Ultimately, this strengthened their planning, coordination, monitoring and evaluation capabilities.



COVID-19 messages adapted into local languages

85 health promotion workers across 10 provinces oriented on COVID-19 preparedness

1.2.3 Polio response

Zambia is one of the countries responding to the wild poliovirus type 1 (WPV1) outbreak in Malawi detected in February 2022. WHO supported with both technical, ten full time staff and financially to conduct acute flaccid paralysis (AFP) and environmental surveillance and implement the four rounds of bivalent oral polio vaccine (bOPV) supplementary immunization activities (SIAs). This resulted in an increase in coverage and quality from round to round as shown in the bOPV SIA Round Performance table below:

bOPV SIAs	Vaccinated	%	LQAS Rate (%)
Round 1	1,477,662	111	32
Round 2	4,733,483	117	61
Round	5,147,102	109	66
Round 4	5,149.667 Ne of bOPV SIA Rour	111	83

1.3 Malaria and Neglected Tropical Diseases

1.3.1 Improving malaria prevention and treatment

Malaria is a major public health problem in Zambia. the malaria incidence in 2021 was 340 malaria cases per 1000 population against the set target of 5 cases per 1000 population. WHO continued to provide technical assistance in malaria prevention and treatment services; conduct research and adopt innovations and best practice.

1.3.1.1 Community-based interventions

WHO facilitated the implementation of the AFRO II multi-country malaria project, that focused on the use of non-chemical intervention (house screening) for malaria prevention. WHO in collaboration with the International Centre of Insect Physiology and Ecology (ICIPE), based in Kenya, conducted the field research that demonstrated impact of house screening on malaria transmission.

WHO coordinated the introduction of a multi-country community-based malaria project involving Burkina Faso, Senegal, and Zambia.

1.3.1.2 Enhancing malaria coverage

Over 8 million people were protected from malaria with Indoor residual spraying (IRS); 8,800,540 people in 2022. Household ownership of at least one Insecticide Treated Net (ITN) dropped from 80% in 2021 to 53% in 2022.

> 8 million people protected from malaria in 2022!

WHO supported the commemoration of the World Malaria Day (WMD) 2022, under the theme *"Harness innovation too reduce malaria disease burden and save lives,"* held in Kalumbila District, North-Western Province of Zambia. In addition, WHO supported the launch of the communitybased malaria testing and treatment advocacy activities that were show-cased by Community Health Workers (CHWs).

1.3.1.3 Malaria strategies

WHO supported the development and dissemination of the National Malaria Elimination Strategic Plan (NMESP) 2022-2026, a three-year operational plan including an M&E framework. Additionally, WCO supported the development of Insecticide Management Monitoring Plan 2022 and development of the GFATM proposal.

WHO supported the development of the 2022 annual report for the Southern Africa Development Community (SADC) and the 2022 Southern African Climatic Outlook Forum (SARCOF). WHO provided key updates on the newly developed WHO Guidelines on malaria prevention, diagnosis, and treatment.



Mosquito nets in the maternity ward at Mapalo Health Centre in Kanini, Ndola, Copperbelt Province.

1.3.2 Neglected tropical diseases

In 2022, WHO continued to support priority actions for the control of NTDs in Zambia. These included financial support to assess the transmission of lymphatic filariasis (LF) in all the 116 districts of Zambia after being found in 96 districts and Mass Drug Administration (MDA).

In 2022, the WCO mobilized funding from the BMGF-funded ESPEN project to conduct MDA for schistosomiasis and LF in 2023 in collaboration with the MoH and the University of Zambia (UNZA) School of Veterinary Medicine.

WHO/HQ supported development of an action plan for Human African Trypanosomiasis (HAT) and conducted training for HAT at district level.



1.4 Noncommunicable Diseases

1.4.1 Childhood cancer control

Childhood cancer is common in Zambia with about 1486 new cases diagnosed yearly and less than 30% survival rate for childhood cancer patients. Childhood cancer control entails efforts to prevent, diagnose, treat, and support children with cancer and their families. Zambia has adapted the WHO Childhood Cancer Initiative that seeks to improve child survival from less than 30% to 60% by 2030.



Happy children

WHO supported MoH to operationalize the memorandum of understanding signed between Cancer Diseases Hospital (CDH) and St Jude's Children's Research Hospital in the USA. WCO and WHO/HQ held consultative meetings on the support from St Jude Children's Hospital to CDH, leveraging on this, a priority list plus quantification of medicines to be procured through UNICEF were finalized, to help strengthen access to childhood cancer medicines. WHO provided financial and technical support to develop the National Cancer Control Strategic Plan (NCCSP) 2022-2026 that included childhood cancer control; the development of the Childhood Cancer Control Protocol; development of compliance monitoring tools for childhood cancers; and information, education and communication (IEC) materials.

> Childhood Cancer Control Protocol developed.

Priority list and quantification of medicine for childhood cancer finalized.

1.4.2 Tobacco control

1.4.2 .1 National multisectoral tobacco control mechanisms

WHO in collaboration with the MoH facilitated the appointment of tobacco control focal point persons for partnership, harmonization, and coordination of tobacco control activities in line ministries and civil society organizations (CSOs).

1.4.2 .2 Tobacco control legislation

With support from Bill and Melinda Gates Foundation (BMGF), WHO Zambia facilitated implementation of tobacco control initiatives aligned to the WHO Framework Convention on Tobacco Control (WHO-FCTC) with a focus on enactment of tobacco control legislation and implementation of tax policies.

23 out of 25 Government Ministries supported the position of enacting a Tobacco Control law compliant to the WHO-FCTC.

1.4.2 .3 Introducing alternative livelihoods to tobacco growing

WCO in collaboration with WFP, Ministry of Health, Ministry of Agriculture and CSOs introduced the Alternative Livelihoods project to tobacco growing in Chipangali District, Eastern Province, targeting 500 households. This was after a successful evaluation of the needs assessment and bilateral engagement meeting involving key stakeholders, including tobacco farmers, line ministries, civic and traditional leaders, CSOs and private sector representatives.



Youth involvement in tobacco production

The MoH in collaboration with the Ministry of Justice drafted the tobacco control bill and submitted to Cabinet. The draft bill was reviewed to ensure compliance with the FCTC and country's best practices and experiences.





Focal group discussions with Community Leaders in Nkhalinkali Camp, Chipangali District

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2 Universal Health Coverage/Life Course

2.1 Health Sector Strategic Plan

The WCO provided technical and financial support to the Ministry of Health to develop, refine, validate, cost, and finalize the National Health Strategic Plan (NHSP) 2022-2026. Consultants were engaged to build the country's capacity in costing methods. The WCO, further supported the dissemination and official launch of the NHSP.

2.2 Patient Safety and Quality of Care

The WCO provided technical expertise in the development, launch and dissemination of the MoH client satisfaction tool for use at the sub-national level, the documentation and review of the malaria and HIV community workflows of the Copperbelt province and Kazungula district to inform the development of the Community Digital Health Tool in Zambia.

2.3 Strengthening Health Systems

The WCO led a team of 14 health professionals on a South-to-South cooperation visit to Ethiopia to understand and learn from the Ethiopian Ministry of Health, their primary health care system, document and adopt best practices in the Zambian context. Financial and technical support was provided MoH to conduct to the Harmonized Health Facility Assessment (HHFA) in 3179 health facilities across Zambia. Additionally, the third round Frontline Health Services Readiness and Assessment Capacity (FLHSCA) was conducted in all COVID-19 case management sites and 250 selected primary health care facilities for the identification of critical data gaps, health service availability and readiness of facilities to offer care during emergencies at the national and subnational levels.

HHFA conducted in 3179 health facilities across the country.

At a multi-country meeting involving six countries and hosted in Livingstone Zambia, WHO trained eight MoH and three WCO staff to translate existing national data into knowledge products for the National placement on Health Observatory (NAHO) platform to inform decision making. This resulted in the development of a measles policy brief, cholera fact sheet and a blog post on domestication of the Bamako Call to Action on the health research agenda.

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8 MoH staff trained to develop knowledge products for the NAHO

2.4 Antimicrobial Resistance (AMR)

2.4.1 Multi-sectoral AMR national action plan

In 2022, WHO supported the development, implementation, and review of the Multi-Sectoral Antimicrobial Resistance (AMR) National Action Plan.

2.4.2 Point Prevalence Survey (PPS) conducted

WHO funded a Point Prevalence Survey (PPS) baseline study in antimicrobial in 10 hospitals. The PPS showed that antimicrobial utilization was about 60%, which was higher than the 40% minimum threshold recommended by WHO. The most frequently prescribed antimicrobial for empirical treatment was Ceftriaxone (56%), a third-generation cephalosporin.

10 hospitals point prevelance surveyed in antimicrobial resistence

2.4.3 Submission of AMR data to the WHO Global antimicrobial surveillance system

WHO supported submission of data to the Global Antimicrobial Use and Resistance Surveillance System (GLASS) 2022 AMR data, thereby contributing to the global data base for surveillance actions on selected bacteria.

2.4.4 Setting up AMR farmer field schools

WHO supported national efforts to leverage funds from the UK Fleming Fund to implement Zambia's AMR programme activities including the setting up of the AMR Farmer Field Schools (FFS) project to offer a valuable interactive platform for the farming community in Chongwe District.

The FFS helped to disseminate information and raise awareness on rational use of antimicrobials and Infection Prevention and Control (IPC).

2.4.5 AMR awareness week

WHO in collaboration with MoH supported the launch of the World Antimicrobial Awareness Week (WAAW) from 18 to 24 November 2022 under the theme "Preventing Antimicrobial Resistance Together." The week-long WAAW activities aimed to increase awareness on antimicrobials, bring together one health stakeholders and educate the general public on responsible antimicrobial use and IPC.



2.5 Reproductive, Maternal, Newborn, Child and Adolescent Health

2.5.1 Antenatal care implementation research

The WCO and MoH Zambia conducted the implementation research on the WHO Antenatal Care (ANC) Guidelines (2016) in 14 primary healthcare facilities in Chipata, Chadiza and Katete districts of Eastern Province. The guidelines have been adapted to country context, enhanced quality service delivery through a digitalized module under the project "New Antenatal care Model for Africa and India" (NAMAI).

Further, master training was conducted for 9 practitioners comprising obstetricians, nurses, mid-wives, and radiographers in the ANC package that includes the adapted ANC recommendations, the generic ANC training materials, and the ANC digital module.

In addition, WCO supported the adptation of ANC training materials, pretesting of the ANC package comprised of the basic ANC ultrasound reference training manual and the ANC guidelines. A total of 38 healthcare providers (HCPs) in 14 research sites were trained to test feasibility of implementing the new ANC guidelines and the digital module so as to inform national scale up.



Mother performing the Kangaroo mother care

Safe Motherhood Action Groups (SMAGs) were trained in communities to facilitate demand creation. WHO provided a buffer stock of 10% of the ANC commodities, 14 portable ultrasound scan machines and printers, hemoglobinometers, blood pressure machines and stadiometers (for measuring weight and height). This resulted in the increase of first trimester ANC bookings and institutional deliveries.



38 healthcare workers trained

- 9 master trainers trained in ANC package
- 14 research sites tested for feasibility of implementation of new ANC guidelines

2.5.2 Improving child and adolescent Health

WCO supported МоН with the development of the Adolescent Health Strategic Plan (AHSP) 2022-2026 to help improve access and utilization of adolescent youth friendly health services, improve and protect the health of adolescents.

2.5.3 Digitalization of SRH services using WHO SMART **Guidelines Approach**

WCO conducted stakeholder consultations and engagements; a kick-off meeting to orient SRH and digital health stakeholders on the initiative; content review and validation to ensure alignment of the WHO FP DAK to national guidelines and protocols. DAKs are a suite of tools

that translate clinical guidance into digital systems and thus ensuring compliance during service delivery.

WCO, WHO/HQ and AFRO supported MoH to implement the WHO SMART guidelines by adapting the Family Planning (FP) Digital Adaptation Kit (DAK) to the Zambia context. The DAKs have been integrated into the national digital health system called SmartCare plus.





3

Emergency Preparedness and Response

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3.0 Emergency Preparedness and Response

The WCO in collaboration with AFRICA-CDC, ESCA, UKHSA and US-CDC, supported the country in building capacity to prevent, early detect and appropriately respond to public health emergencies. This capacity enhanced response to COVID-19, cholera, measles and polio.



3.1 Response to COVID-19

As at January 2022, Zambia had recorded, cumulatively, over 280,000 cases of COVID-19 with over 3700 deaths. Through the contingency funds for Emergency, WHO enhanced the capacity for the country's response to COVID-19 by providing technical high-level support to coordination, rapid response teams, surveillance, data management, laboratory equipment for timely sample collection and management.

3.2 Sustaining laboratory services through procurement of supplies

With funding from the African Development Bank (AfDB), WHO procured and donated to the MoH laboratory reagents and supplies worth over US\$1 million. At the same time, 37 SARS CoV-2 EQA testing panels were procured and distributed to 37 SARS CoV-2 testing laboratories around Zambia. 16 out of the 18 laboratories that submitted results for assessment scored 100% proficiency.

3.3 Capacity building for basic emergency response

WHO provided technical support supervision (TSS) to 11 COVID-19 PCR and RDT testing sites to strengthen COVID-19 laboratory testing. Furthermore, WCO conducted an assessment of Infection Prevention and Control (IPC) practices of HCWs in selected health care facilities around Zambia to ascertain compliance to national standards.

COVID-19 PCR and RDT testing sites strengthened. WHO provided technical and financial support to strengthen laboratory Quality Management Systems (QMS) for Zambia National Public Health Reference (ZNPHRL). This included Laboratory developing, adapting and updating SOPs, guidelines, process maps and training of ZNPHRL staff in QMS. The developed tools standardize and will improve the functioning and reliability of public health laboratories.

3.4 Integrated disease surveillance and response

3.4.1 Strengthening disease surveillance detection

WCO supported the MoH in cascading IDSR training to the health care facility and community level. A total of 551 health care workers were trained in IDSR and 2820 community volunteers in 49 districts were trained in event-based surveillance (EBS).

In addition, a total of 4000 3rd edition IDSR Technical Guidelines were printed and distributed to each health facility in the country.



3.4.2 Stregthening disease surveillance reporting

WCO provided technical and financial support to MoH to strengthen data collection and ensure public health events are reported according to the International Health Regulations (IHR) 2005.

> 3550 Notifiable Disease form 1 (ND1) and Notification Disease form 2 (ND2) to health facilities across Zambia

4000 3rd edition IDSR TGs printed and distributed in all health facilities

2280 community volunteers in 49 districts trained in EBS



551 healthcare workers trained in IDSR

3.5 Strengthening information health systems

3.5.1 IDSR electronic platform

WHO provided technical support to develop and implement an enhanced IDSR electronic platform. Anchored on the district health information system (DHIS2) platform and enhanced by HISP South Africa through a contract with the Centers for Disease Control and Prevention (CDC), the system facilitates the collection and management of casebased data notifiable diseases. on Additionally, the system will be integrated with the DISA lab information system and SMARTCARE Electronic Records Systems to ensure seamless information flow and improve overall data management.

3.5.2 Measles dashboard

With support from WHO, ZNPHI enhanced the management of measles data through the creation of measles line lists for districts, enabling real time reporting of cases nationwide and aggregation of line lists to generate situation reports availability (sitreps) to ensure of accurate and timely measles data, supported outbreak response efforts and aid planning for immunization campaigns.

3.6 Strengthening one health collaboration

Zambia hosted the International Health Regulations-Performance of Veterinary Services (IHR-PVS) National Bridging Workshop from 19 to 21 October 2022, to help improve the human, animal health services and other sector coordination and compliance with international regulations, standards and obligations to protect people and livestock against major public health threats.

Partners supporting the International Health Regulations – Performance of Veterinary Services (IHR-PVS) National Bridging Workshop Program

Capacitating One Health in Eastern and	United Nations Food and Agriculture
Southern Africa	Organization
Department for Environment, Food and	United States Centers for Disease Control
Rural Affairs	and Prevention
Foreign Commonwealth Development	United States Agency for International
Office	Development
UK Health Security Agency	World Bank
UK Veterinary Medicines Directorate	World Organization for Animal Health

3.7 Outbreak Response

3.7.1 Response to cholera outbreak

The WCO supported the MoH to respond to and contain a cholera outbreak which recorded a total of 34 cases in three districts through the procurement and distribution of cholera kits and commodities including water purification units worth over US\$39,000.

With the effective response, timely outbreak investigation, case search and contact tracing, MoH, WHO and collaborating partners ensured the outbreak was brought under control within two months.



3.7.2 Response to measles outbreak

Between January and February 2022, WHO Zambia, in collaboration with partners responded to a measles outbreak with over 2200 cases and 44 deaths among children in 21 districts across the three provinces of Southern, Northern and Lusaka. WHO Zambia, provided technical support for outbreak investigation, mapping, contact tracing and engagement of community leaders.

In collaboration with UNICEF and the MoH EPI unit, an immunization campaign was conducted in Pemba, Sinazongwe, Kafue and Lusaka districts.

3.7.3 Response to polio outbreak

Between November 2021–December 2022, nine cases of WPV1 had been detected in Mozambique and Malawi. Several of the cases in Mozambique occurred in children and adolescents living close to international borders with Malawi, Zambia, and Zimbabwe.

WHO in collaboration with UNICEF supported the strengthening of polio routine immunization throughout Zambia.



3.7.4 WHO response to global monkeypox outbreak

ZNPHRL and Tropical Diseases Research Centre enrolled into the Mpox EQA program which was provided by INSTAND a German EQA.

ZNPHRL equipped with 20 Liferiver Bio-tech Mpox Virus Real Time PCR Reagent kits worth \$2,000 with capacity of 500 samples

All suspected Mpox samples received at ZNPHRL from around the country were tested with negative results.





4 Healthier Population

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4.0 Healthier Population4.1 Health Promotion

4.1.1 Health promotion strategic documents

WHO provided financial and technical support to review and update the National Health Promotion Strategy (2022 -2026) that is aligned to the NHSP 2022-26.

Technical support was provided to MoH to develop the Healthy Cities Guidelines. The document is anchored on WHO's concept of healthy cities as described in the 2016 Mayor's consensus on healthy cities and SDG 11. It also domesticates the 2020 WHO guidelines on the steps for developing a healthy city.

4.1.2 Improving social mobilization actions through capacity building

Health Promotion Officers from all 10 Provincial Health Offices (PHOs) in all 116 districts of Zambia were trained to support the implementation of social mobilization actions, leading to improved planning, implementation, and reporting of health-related issues of health facilities. 10 community radio stations in all the 10 provinces of Zambia were supported to disseminate key messages on COVID-19, other epidemic prone diseases and other priority health programmes, reaching 80% of the population and contributing to behavioral change especially during health emergencies.

4.1.3 Development of social and behavioural change communication materials

WHO provided financial and technical support to develop and print Information Education and Communication (IEC) materials on COVID-19 and other epidemic prone diseases such as cholera, measles, polio, scabies, and typhoid to improve public awareness, understanding and behavior change. Further, radio and television discussion guides for cholera, COVID-19, measles, polio, scabies. monkeypox and typhoid were developed.



In collaboration with WHO/AFRO, MoH and ZNPHI, WCO facilitated the planning and training of researchers and implementation of a joint study on determinants of public compliance to public health and social measures on COVID-19 and COVID-19 vaccines in Choma, Kafue, Livingstone, Solwezi, Kalumbila and Chipata districts. The research report was disseminated, and results used to improve COVID-19 RCCE strategies. The WCO continued supporting the payment of allowances for the COVID-19 Call Centre staff domiciled at the ZNPHI from April 2020 to December 2022. The periodic reports from the call centre were used to improve RCCE messaging and strategies.







Community engagement in different districts



5 WCO ENABLING FUNCTIONS

5.0 WCO Enabling Functions

5.1 Strategic Communications

The country office's social media handles including Facebook, twitter and the WCO/Zambia website were active and regularly updated. Cumulatively, a total of 574 posts were made reaching 300,000 people on Facebook and twitter enhancing of WCO the visibilitv activities. interventions and partners. The country office also put out two press releases, supported coverage of commemoration days resulting into news features for print, broadcast and online media enhancing WCO's media relations.

5.2 Resource Mobilization and Partnerships

2022 was a special year for the WCO in terms of partnerships as WHO had the pleasure to serve as Lead of the Health Cooperating Partners (HCP) Group in Zambia and hence played a key role in facilitating exchanges between MoH and the HCPs on the highest level.

The WCO has been able to position itself better as a key player in health among partners and new partnerships have been established. In September 2022, the WCO entered a one-year grant agreement with Irish Aid with a promising outlook for extension into a multi-annual partnership. Several proposals and concept notes, including joint concept notes with sister UN agencies were prepared and submitted.



5.3 Programme and Financial Management

The country office biennial workplan 2022/23 allocated budget was US\$35,214,384 with a planned cost of US\$36,595,904. A total utilization of US\$15,888,066 was achieved at the rate of 43% utilization of available funds for all workplans by December 2022.



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5.4 Human Resource



Part of WCO/Zambia staff

At the end of 2022, WHO Zambia had a workforce of 57 staff (six of them being international). Segmented by gender into 29 males and 28 females, and segmented by contract duration of 32 on long-term and 25 on short-term contracts.



5.5 Compliance and Risk Management

A WCO risk and compliance committee comprising of eight members was appointed by the WR and met once every quarter to review the risk register and internal control mechanisms to ensure that operations were not at risk and provide recommendations for improvement and smooth operations of WCO programmes.

5.6 Procurement

The Zambia country office Local Procurement Committee supported programme implementation by ensuring that the relevant procurement SOPs are strictly adhered to. The committee met every week to review requests for the procurement of goods and services. During the year under review, a lot was procured including:

- 4000 Oxygen cylinders worth US\$ 744,000 for COVID-19 Response
- 700 tablets worth US\$ 122,290 for the COVID-19 vaccination response
- HIV test kits for the University Teaching Hospital procured

A record time compliance of less than 1% rejection rate of purchase requisitions as per the 2022 AFRO/Quality Assurance annual review report was achieved.

Acknowledgements

With grateful hearts, we would like to sincerely thank the Government of the Republic of Zambia and its people for their continued support towards the efforts of WHO at all levels. Further, we would like to appreciate the Ministry of Health, all Health Cooperating Partners, and stakeholders for the close collaboration in 2022.

We thank the following development partners that have been instrumental in supporting WHO to keep Zambia safe from public health threats, working towards universal health coverage (UHC) and promoting healthier lives.



- Bill and Melinda Gates Foundation
- European Commission
- Foreign, Commonwealth and Development Office
- GAVI, the Vaccine Alliance
- Government of Denmark
- Government of France
- Government of Germany
- Government of Ireland
- Norwegian Agency for Development Cooperation (Norad)
- Rotary International
- St Jude Global
- Swedish Government
- The Global Fund
- United States Agency for International Development (USAID)
- United States Center for Disease Control and Prevention (CDC)

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