

# 2026 HEALTH SECTOR BUDGET

PRESENTED TO THE PARLIAMENTARY COMMITTEE  
ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL  
SERVICES



1ST OF OCTOBER 2025

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## INTRODUCTION

This brief has been compiled by a consortium of thirteen (13) civil society organisations namely the Alliance for Accountability Advocates Zambia (AAAZ), Amref Health Africa in Zambia, Centre for Reproductive Health and Education (CRHE), Churches Health Association of Zambia (CHAZ), Family Development Initiatives (FDI), Generation Alive (GAL), Hivos, Ipas Zambia, Options Consultancy Services Limited, Planned Parenthood Association of Zambia (PPAZ), SAfAIDS Zambia, SRHR Africa Trust (SAT) and Women in Law and Development in Africa (WILDAF) with generous support from UNFPA for submission to the Parliamentary Committee on Health, Community Development, and Social Services for Head 46 2026 budget.

The brief provides a comprehensive analysis of budgetary trends with a specific focus on Reproductive, Maternal, and Adolescent Health and Nutrition. Grounded in the budget presented by the Minister of Finance and National Planning, Hon. Dr. Situmbeko Musokotwane, on September 26, 2025, this analysis explores the Government of the Republic of Zambia's (GRZ) prioritisation of health sector allocations, particularly in the areas of Reproductive, Maternal and Adolescent Health and Nutrition. Additionally, the brief examines the alignment of these budgetary allocations with Zambia's national health commitments, including the National Health Strategic Plan (2022 -2026), as well as regional and international frameworks such as the Strategy for Sexual and Reproductive Health and Rights in the SADC Region (SADC SRHR Strategy 2019-2030), The SADC Regional Indicative Strategic Development Plan 2020-2030 (RISDP), Agenda 2063, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), the Abuja Declaration, and the Sustainable Development Goals (SDGs).

The primary objective of this analysis is to review the budget allocation to the health sector, conduct a trends analysis of these allocations over the past four years (2022-2025), and assess the extent to which the government has addressed gaps in Reproductive, Maternal, and Adolescent Health and Nutrition. Furthermore, the brief aims to track changes in budget allocations with reference to Zambia's commitments at National, Regional, Continental and Global levels offering insights into how these commitments are reflected in the 2026 budget. Through this review, the analysis identifies critical gaps and opportunities in funding and provides recommendations for improving resource allocation to enhance service delivery and achieve positive Reproductive, Maternal, and Adolescent Health and Nutrition outcomes. Through the recommendations provided, the brief seeks to influence the GRZ to prioritise investments in reproductive, maternal, and adolescent health, ensuring better health outcomes for Zambia's population to contribute effectively to the nation's development. This brief will provide evidence to inform the committee in the approval process of the 2026 budget allocation for Head 46.



A human rights-based approach to health is centred on realising the right to health and other related human rights, ensuring that health policies and programs are guided by human rights standards and principles. This approach emphasises developing the capacity of duty bearers, such as governments, to meet their obligations through adequate financial resource allocation, while simultaneously empowering rights- holders, including citizens, to claim their health rights and hold their leaders accountable. As the United Nations Human Rights Office states, "*All human beings have equal dignity and an equal claim on the resources they require to meet their basic human needs and exercise their human rights and capabilities.*" The Government of Zambia demonstrates its commitment to the right to health through its adherence to regional, continental and global treaties and frameworks, as well as national policies that enshrine health as a fundamental right.

At the national level, Zambia's commitments are outlined in legislative frameworks, policies, and strategies. These include, but are not limited to the Zambian Constitution, which guarantees the right to health, the National Health Policy 2012, and the National Health Strategic Plan (2022-2026). Additionally, the National Adolescent Health Strategic Plan (2022-2026) is dedicated to addressing the unique SRH needs of young people. These policies reinforce the government's obligation to fulfil the health rights of all Zambians, aligning with its commitments at regional, continental, and global levels. Some of the commitments are illustrated in the table below.

### **2.1 Zambia's Health Commitments**

| <b>Level</b>                  | <b>Commitment</b>                                                                                               |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Global</b>                 | <i>Sustainable Development Goals (SDGs) 2030</i>                                                                |
|                               | <i>Family Planning 2030 (FP2030)</i>                                                                            |
| <b>Continental frameworks</b> | <i>Abuja Declaration (15% of national budget to health)</i>                                                     |
|                               | Agenda 2063                                                                                                     |
|                               | Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) |

|                 |                                                                                                                                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Regional</b> | Strategy for Sexual and Reproductive Health and Rights in the SADC Region (SADC SRHR Strategy 2019-2030)                                 |
|                 | Eastern and Southern Africa Ministerial Commitment on Education, Health and Well-being of Adolescents and Young People (ESA Commitments) |
|                 | The SADC Regional Indicative Strategic Development Plan 2020-2030 (RISDP)                                                                |
| <b>National</b> | <i>The Zambian Constitution and other legal frameworks</i>                                                                               |
|                 | <i>Vision 2030</i>                                                                                                                       |
|                 | <i>8th National Development Plan (8NDP)</i>                                                                                              |
|                 | <i>National Health Policy (2012)</i>                                                                                                     |
|                 | <i>National Health Strategic Plan (2022-2026)</i>                                                                                        |
|                 | <i>National Adolescent Health Strategic Plan (2022-2026)</i>                                                                             |
|                 | <i>National Food and Nutrition Policy (2020)</i>                                                                                         |

## **POLICY PRIORITIES FOR REPRODUCTIVE, MATERNAL AND ADOLESCENT HEALTH ANIRITION**

Zambia has made several commitments to advancing health, particularly in reproductive health and adolescent health, in line with national, regional, continental, and global frameworks. At the Global level, Zambia is a signatory to the FP2030 commitments, an international partnership that seeks to ensure access to family planning for millions of women and girls by 2030. Continentally, Zambia has committed to the Abuja Declaration, which calls for allocating at least 15% of the national budget to health, as well as the Eastern and Southern Africa (ESA) Commitments, which emphasise comprehensive sexuality education (CSE) now called Life Skills and Health Education (LSHE) in Zambia and access to sexual and reproductive health (SRH) services. Additionally, Zambia is a party to and has domesticated the Maputo Protocol, which underscores reproductive rights as key to gender equality and women's empowerment. These commitments have been translated into policies to facilitate

the country's health sector and further build a case for reproductive health as well as adolescent health.

This section explores the various commitments Zambia subscribes to from global to national level including issue/thematic policies of interest.

### 3.1.1 Towards Global Sustainable Development

In September 2015, the UN General Assembly adopted the 2030 Agenda for Sustainable Development, which includes 17 Sustainable Development Goals (SDGs) built on the principle of “*leaving no one behind*.” Several of these goals are directly relevant to Reproductive, Maternal, Adolescent Health and Nutrition in Zambia. *SDG 2 (Zero Hunger)* calls for ending hunger, achieving food security, improving nutrition, and promoting sustainable agriculture, which is central to addressing malnutrition among women, adolescents, and children. *SDG 3 (Good Health and Well-being)* aims to ensure healthy lives and promote well-being for all at all ages, with targets to achieve Universal Health Coverage (UHC), including financial risk protection, access to essential health-care services, and safe, effective, affordable medicines and vaccines. It also emphasizes increased health financing and strengthening of the health workforce in developing countries such as Zambia<sup>1</sup>. *SDG 4 (Quality Education)* underlines the importance of inclusive and equitable education, which empowers adolescents with knowledge and life skills for improved health and nutrition outcomes. *SDG 5 (Gender Equality)* focuses on eliminating gender disparities and harmful practices, ensuring women and girls have equal access to health services, education, and decision-making opportunities. *SDG 10 (Reduced Inequalities)* calls for reducing inequities within and among countries, highlighting the need to address disparities in access to health and nutrition services for marginalized and rural populations. Finally, *SDG 13 (Climate Action)* underscores the urgency of combating climate change and its impacts, including food insecurity, disease burden, and vulnerabilities that disproportionately affect women, children, and adolescents.

### 3.1.2 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)

The Maputo Protocol was adopted by the African Union in 2003 and came into effect in 2005. It envisions an Africa where women live in dignity, free from discrimination and harmful practices, and fully enjoy equality and human rights in all spheres of life. It was domesticated by Zambia through the Gender Equity and Equality Act (Act No. 22 of 2015). In relation to health and health financing, it obligates governments to treat women's health as a fundamental human right, allocate adequate resources to sexual reproductive health and rights (SRHR), maternal and adolescent health and align budgets with commitments such as the Abuja Declaration of

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<sup>1</sup> <https://www.un.org/sustainabledevelopment/health/>

2001. It is therefore a powerful legal and advocacy tool for advancing gender-responsive health financing and ensuring accountability.

### **3.1.3 Abuja Declaration (15% of National Budget to Health)**

The Abuja Declaration was adopted in 2001 by the African Union member states including Zambia where they committed to allocating at least 15% of their national budgets to the health sector annually. This commitment aims at strengthening the health systems, improving healthcare service delivery, and ensuring readiness for disease outbreaks. For Zambia, the Abuja Declaration remains a critical benchmark towards improving healthcare financing and achieving better health outcomes. Further, the 15% target is essential towards addressing persistent challenges such as insufficient healthcare personnel, shortage of essential medicines and supplies, inadequate health infrastructure and emerging public health needs.

### **3.1.4 Strategy for Sexual and Reproductive Health and Rights in the SADC Region (SADC SRHR Strategy 2019-2030)**

The SADC SRHR Strategy 2019-2030 places a strong emphasis on strengthening health systems as the foundation for realizing its vision. The strategy advocates for a health system that is not only robust but also equitable and people-centred. It calls for universal health coverage to ensure financial barriers do not prevent access to a comprehensive package of SRHR services. Furthermore, the approach is inclusive and integrated, aiming to deliver high-quality, confidential, and dignified care that reaches all individuals, including the most vulnerable and hard-to-reach populations, across the entire course of their lives.

### **3.1.6 The SADC Regional Indicative Strategic Development Plan (RISDP) 2020-2050**

Zambia forms part of the SADC region whose vision for 2050 is for the Community to have a high quality of life, in which its citizens are well educated and enjoy long, healthy, and productive lives that reinforce the link between economic growth and sustainable human development, in order to end poverty in all its forms. In the RISDP under Pillar 3: Social and Human Capital Development, the strategic objectives aim for (i) Strengthened and harmonised regional health systems for the provision of standardised and accessible health services to all citizens and addressing threats caused by health pandemics (ii) Regional programmes that enhance harmonisation and coordination of public health matters to improve service delivery in Member States established and (iii) Multi-sectoral approaches and partnerships strengthened to enhance health outcomes and linkages beyond the health sector for effective responses to diseases of regional concern, including pandemics and their impacts<sup>23</sup>.

#### **3.1.6 Vision 2030**

The Zambia Vision 2030 envisions transforming the country into a nation of healthy and productive people. The Vision seeks to ensure equitable access to cost effective quality health care for all by 2030 and is operationalized through five-year National Development

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<sup>2</sup> The SADC Regional Indicative Strategic Development Plan (RISDP) 2020-2050, pg 12 & 53 <sup>3</sup> Vision 2030; pg 2-4

<sup>3</sup> NDP 2022 – 2026, pg 46-56

Plans, National health policy and National Health Strategic Plans including issue policies i.e Adolescent health strategic plan <sup>3</sup>.

### **3.1.4 Eighth National Development Plan (8thNDP)**

The '*Human and Social Development*' pillar of the 8NDP seeks to provide quality essential health-care services for the entire population. This is to be achieved through strengthening of public health programmes by addressing the following;

- Population Dynamics
- Poverty and Inequality
- Education and Skills Development
- Health and Nutrition
- Water and Sanitation
- Governance Environment

While the 8NDP comes to an end this year, it is critical to understand its achievements for the health sector and its responsiveness to the needs in the face of emerging issues such as drought and withdrawal of donor funding for the health sector.

### **3.1.5 National Health Policy 2012 (currently under review)**

The National Health Policy seeks to reduce the burden of disease, maternal and infant mortality and increase life expectancy through the provision of a continuum of quality effective health care services as close to the family as possible by;

- Ensure that the health sector is financed through diverse, sustainable equitable and cost-effective financing mechanisms<sup>4</sup>
- Ensuring that the health services are equitably available and accessible to all the people in the country.
- Train and make available a competent and adequate number of human resources to manage health services.
- Ensure the availability of drugs, reagents and medical supplies and infrastructures.
- Promote and sustain public-private partnership in the delivery of health services and regulate practice.
- Promote traditional medicine and alternative healing systems and regulate the practice.

### **3.1.6 National Health Strategic Plan; 2022-2026**

The Zambia 2022-2026 Health Strategic Plan was developed within a context of the national and health sector development planning framework. The plan derives its premise on the Zambia vision 2030 and the 8NDP among other frameworks including the UPND manifesto.<sup>5</sup> The plan is aimed at demonstrating Zambia's comprehensive approach and strategies

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<sup>4</sup> National Health Policy 2012; Pg

<sup>5</sup> Zambia 2022-2023 Health Strategic Plan

towards the attainment of targets under the Sustainable Development Goals (SDG #3); “Good Health and Wellbeing for all” and quality Universal Health Coverage.

### **3.1.7 Health Financing Strategy 2017-2027**

The Health Financing Strategy (HFS) 2017-2027 provides a framework for improving and developing health financing in Zambia to contribute to overall health system goals and objectives. The strategy aligns with the country’s vision of having a healthy nation by 2030, as well as the National Development Plans and National Health Strategic Plans. The NHP emphasises the need to mobilise health resources through equitable and sustainable means for the provision of cost-effective quality health care as close to the family as possible. This HFS provides an integrated approach that complements various national policies in addressing present and future health financing challenges.

### **3.2 Thematic Areas of Interest**

The Ministry of Health provides population-oriented health services that include reproductive, maternal, neonatal, child and adolescent health and nutrition. Despite this, there has been insufficient progress on RMNCAH-N and traditional sources of financing do not close the gap to meet the Sustainable Development Goals (SDG) and achieve Universal Health Coverage (UHC)<sup>6</sup>. According to the 2018 ZDHS, approximately 12.7 percent of girls and 16.3 percent of boys began sexual intercourse before they turned 15 years old. Further, approximately 40 percent of girls and 45 percent of boys had first sexual intercourse between the ages of 15 and 19 years. The Violence Against Children survey (VAC 2015) reported that 28.3 percent females and 6.8 percent males declared that the first sexual intercourse before the age of 18 was unwanted. Teenage pregnancy has not significantly changed since 2007 when it was 27.9 percent compared to 29.2 percent in 2018<sup>7</sup> and the adolescent fertility rate, which reduced slightly from 141 in 2014 to 135 in 2018, remains among the highest globally<sup>8</sup>. The Education Statistics Bulletin (2021 - 2024) reviews that Zambia records an average of 15,943 school pregnancy with an average of 43% of these occurring in primary schools<sup>9</sup>.

Although the availability of adolescent friendly services, youth clubs and peer educators at health facilities and HIV clinics provide a safe space for AYP to openly discuss the issues they face, adolescent friendly services are not widespread and as such are not always used and accessed by the majority of AYP<sup>10</sup>. The Ministry of Health to this end has developed the Adolescent Health Strategic Plan and the RMNCAH-N investment case to address the

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<sup>6</sup> Zambia RMNCAH-N Investment Case 2022—2024, pg 8

<sup>7</sup> Zambia RMNCAH-N Investment Case 2022—2024, pg 9

<sup>8</sup> Zambia 2022-2023 Health Strategic Plan, pg 22

<sup>9</sup> Educational Statistical bulletin 2021, 2022, 2023 & 2024

<sup>10</sup> Zambia 2022-2023 Health Strategic Plan, pg 13

challenges and gaps to improve overall health outcomes for the AYPs as well as the population in general.

### **3.2.1 Adolescent Health Strategic Plan 2022-2026**

The focus of the ADH Strategic Plan (2022–2026) is premised on strengthening the delivery of adolescent and young people’s responsive health services aimed at improving their health outcomes. The focus areas are adolescent SRH, HIV, STIs, alcohol and substance use, non-communicable diseases, and sexual and gender-based violence services to increase access and use of quality health services. The ADH strategic plan adopts an integrated approach to ensure that AYP with special needs including Persons With Disabilities (PWD) are equally prioritized at all levels of intervention.

### **3.2.2 Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition RMNCAH-N Investment Case 2022-2024**

The RMNCAH-N Roadmap was developed in response to the need for accelerated actions for Zambia to help identify challenges of the National Health Strategic Plan 2017 – 2021 and the current NHSP 2022-2026, as well as the Sustainable Development Goals. It builds on the Zambia Roadmap for Accelerating Reduction of Maternal, Newborn, and Child Mortality in Zambia 2013-2016. The roadmap rides on a vision of healthy, well-nourished women, newborns, children, adolescents and other key populations contributing to the development of the Zambian nation. The Goal is to achieve universal coverage and equitable access to cost effective and high impact quality RMNCAH-N and early childhood development services as close to the family as possible, to create a healthy productive population by 2026<sup>11</sup>.

## **3.3 UPND Manifesto – The New Dawn Government’s Policy Direction for Health**

*“Basing our re-orientation approach on the conventional modes of health service delivery, the UPND will prioritize health financing improvement, the securing of medicines and non-medical supplies, rebuilding the human resources for health, securing modern health equipment or state-of-the-art service delivery at all levels, a rational approach health infrastructure maintenance and efficient use and strengthening of health information and data systems”.<sup>12</sup>*

The New Dawn Government through its manifesto further commits to the following:

- Introduction of policies to improve the mobilizing, utilizing and accounting for health financing resources, towards enhancing the quality of healthcare and services.
- Ensuring rural and urban communities are involved in the planning and delivery of health services through a return to a more balanced focus between preventive community public health and primary health care on the one hand and higher-level hospital health care on the other.

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<sup>11</sup> RMNCAH-N Investment Case 2022-2024

<sup>12</sup> UPND 2021-2026 Manifesto

- Improving the quality and availability of micro-community level care and health services and to enhance the general health status of the community.
- Reformation of the national health insurance system to ensure realization of benefits of the systems accrue to all citizens.

The UPND government shows political willingness for a progressive health system that ensures sustainability while achieving universal health coverage. The manifesto's commitment to improving domestic health financing aligns with the SDG 3 target of increased health financing and it emphasizes a balanced approach to health service delivery, including preventive community public health and primary healthcare, being essential for achieving universal health coverage.

## **PERFORMANCE OF THE HEALTH SECTOR**

In line with the national, regional, continental and global commitments, the Ministry of Health is actively implementing the National Health Strategic Plan (2022-2026), developed within the context of national and health sector development frameworks. Significant progress has been recorded across major health programs, reflecting the government's commitment to improving health outcomes. However, with Zambia's population projected to be 21.3 million<sup>13</sup> in 2024 and a high disease burden, there is an urgent need to scale up appropriate services. Despite notable achievements, rapid population growth and persistent health challenges demand continued efforts and resources. The following sections summarise recent trends and the current situation with progress made in service delivery.

<sup>13</sup> <https://www.zamstats.gov.zm/>

| Health Sector Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Successes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Gaps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p>National Health Insurance Management Authority (NHIMA) continues to champion Universal health coverage in Zambia as they launched the mass registration as well as the NHIMA Strategic plan 2023-2026 to expand access to healthcare services for the population, which are benefiting SRH and family planning services. During the period under review a cumulative total of 5,567,419 individuals were registered under the scheme with 70.2% being principal members and 29.8% being beneficiaries. Notably, there was a significant rise in the number of self-employed individuals enrolled, further expanding the availability of SRH services, including family planning, to marginalized and underserved populations, particularly adolescents. The specific percentage of NHIMA earnings allocated to the procurement of medicines remains unclear; however, the funds are used to purchase both services and commodities, including essential medicines, thereby contributing to improved service delivery. NHIMA functions as a purchaser, covering the full cost of drugs for insured conditions and financing other services through mechanisms such as Fee-for-Service (FFS). Notably, in August, NHIMA procured diagnostic equipment for seven tertiary hospitals, further strengthening the health system.</p> <p>The Ministry of Health continues to successfully secure support from various development partners such as bilateral agencies, Global Fund, World Bank, UN agencies and other partners.</p> | <p>While the registration of 5.5 million individuals is an impressive administrative achievement, it reveals critical gaps between initial enrollment and the genuine attainment of UHC. Firstly, a significant coverage gap remains, as over 16 million Zambians are still outside the scheme. Secondly, there is a substantial utilization gap, where mere registration does not guarantee service use due to potential barriers like lack of awareness, geographic inaccessibility of providers, or services that are not adolescent-friendly. Furthermore, the financial sustainability of the scheme is precarious, as enrolling self-employed individuals is challenging without a robust mechanism to collect regular premiums, which risks provider reimbursement and supply chain integrity. Crucially, a data and targeting gap exists, as the lack of demographic breakdown makes it impossible to verify if marginalized groups like adolescents are truly being reached. Finally, the undefined scope of the benefit package creates a service depth gap, where the impact on health outcomes is limited if the full spectrum of essential SRH services is not covered. In essence, the primary challenge is the transition from counting registered members to ensuring active, quality service utilization by the entire population in a financially sustainable manner.</p> <p>The key gap is a lack of sustainable, long-term financing. The program's success is vulnerable to volatile donor funding, as shown by the 2025 reduction following the US government's withdrawal. This reliance risks disrupting services, reducing beneficiary reach, and undermining lasting health gains for adolescents.</p> <p>The key gaps in this innovative partnership lie in its long-term sustainability, limited scope, and potential systemic weaknesses. While the match-funding model</p> |

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| <p>To attain adequate, sustainable, and equitable financing for health, the Government of the Republic of Zambia (GRZ) allocated K23.2 billion to the health sector in the current fiscal year, with K18.3 billion financed directly by government resources. By the second quarter of 2025, K 9.5 billion had already been disbursed, reflecting notable progress compared to the previous year, as 85% of the allocation was domestically financed.</p> <p>The Government of Zambia through the Ministry of Health, Ministry of Finance, and the Zambia Medicines and Medical Supplies Agency (ZAMMSA) signed a Memorandum of Understanding (MoU) with UNFPA in 2023 to operationalise a Match Fund financing mechanism. Under this model, UNFPA matches government contributions for contraceptive procurement at a 1:2 ratio, an innovative strategy to reduce donor dependency and encourage domestic accountability.</p> | <p>strategically incentivizes domestic investment, its success remains vulnerable to fluctuations in government budget allocations, risking disruption if national priorities shift or economic constraints arise. Furthermore, the narrow focus on contraceptive procurement fails to address critical parallel needs within the health system, such as strengthening the entire supply chain for last-mile delivery, training healthcare workers, and generating public demand without which the procured commodities may not translate into effective service delivery. Finally, the model lacks a clear, time-bound roadmap for the government to progressively increase its contribution beyond the matched funds, potentially creating a new form of dependency on donors' catalytic role rather than fostering a fully self-sufficient financing pathway.</p> <p>Gap in Budget Utilization and Strategic Funding: A significant K65 million in critical health funds for primary care, hospitals, and training went unspent in 2022. Compounding this, over 4,200 approved positions in 218 health facilities remained unfunded, revealing a major disconnect between budget allocation, release, and urgent frontline needs.</p> |
| Physical Infrastructure, Medical Equipment and Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Successes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Gaps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Under Infrastructure, the health sector continued to make progress in the development and distribution of health facilities in the country. As of 2024, the Construction of 650 Health Posts Countrywide: 563 Health Posts have been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>A number of newly constructed facilities have been operationalized without the Treasury Authority.</p> <p>One key concern is the inadequate staffing and equipment in many of these</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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| <p>completed &amp; are functional and 87 Health Posts are still outstanding. Moreover, the construction of 115 Health Centres + 5 Level 1 hospitals broke down as 111 Health Centres have been completed &amp; are functional. 4 Health Centres are under construction and 1 Level 1 hospital (Chifubu) has been completed and commissioned and 4 level 1 hospitals are yet to be commissioned. To improve maternal healthcare, the Government has constructed 123 maternity annexes across the country of which 82 have been constructed under CDF. These are all milestones towards taking health services closer to the people.</p> | <p>new health facilities. The rapid expansion in infrastructure has not been matched by a corresponding increase in skilled healthcare personnel or the necessary medical supplies and equipment to fully operationalize these facilities. This often results in underutilization of the infrastructure, limiting the impact on healthcare delivery, particularly in underserved areas.</p> <p>The government's efforts to improve maternal healthcare through the construction of 123 maternity annexes is commendable. However, many rural areas still face difficulties in accessing these facilities due to poor road networks and transport services, exacerbating barriers to maternal health for women in remote communities. Thus hindering the realisation of equitable access to healthcare, particularly for vulnerable populations such as adolescents, women, and children. Zambia lacks climate-resilient health infrastructure, leaving health facilities vulnerable to extreme weather events and compromising service delivery.</p> |
| <p><b>Human Resources for Health</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>Successes</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>Gaps</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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| <p>Under the National Health Strategic Plan (NHSP) 2022–2026, the Government of the Republic of Zambia has notably expanded the health workforce. Established positions grew significantly from 63,057 in 2016 to 126,831 by 2021. Through sustained, mass recruitment drives including 11,200 health workers in 2022 and thousands more in subsequent years the government has filled approximately 79,500 (63%) positions by 2025. This remarkable progress has narrowed the gap to just 7%, putting Zambia on track to achieve its NHSP target of 70% filled workforce by 2026.</p> <p>The government has ensured that all health facilities have at least one qualified health professional, addressing minimum staffing needs across the country. Additionally, the NHSP Monitoring and Evaluation framework actively tracks the absorption of new graduates and improves timelines for recruitment into the civil service (Ministry of Health, 2023).</p> | <p>Although the government has ensured that all health facilities have at least one qualified health professional, the distribution remains uneven, with rural areas still facing shortages. The recruitment drive has not sufficiently addressed the high patient-to-health-worker ratio with doctor to patient ratio standing at 1:12,000 and 1:14,960 for Nurses in comparison to the recommended 1:5000 for Doctors and 1:700 for nurses respectfully ( UNICEF, Budget brief 2024), leading to overwhelmed staff and compromised quality of care, especially in high-demand facilities. Specialized professionals, such as surgeons and obstetricians, are in short supply, particularly in rural areas, limiting access to critical services. Despite improvements in maternal and child mortality, ongoing challenges in training, supervision, and retention of health workers, as well as limited professional development opportunities, continue to impede the delivery of consistent, high- quality healthcare across Zambia.</p> <p>Challenges continue to exist in ensuring equitable and quality health services. The uneven distribution of healthcare workers persists, with rural and remote areas facing acute shortages of skilled staff, limiting access to healthcare. Shortage of specialists also continues to affect essential and emergency care in many districts, with critical gaps in specialist cadres such as surgeons, obstetricians, and anesthetists. As a result of the aid cut, over 16,000 health workers and community health workers who were remunerated under health programs supported by USAID, have been affected further increasing the HRH gap. Zambia also faces gaps in the training and recruitment of adolescent-friendly healthcare providers, limiting access to quality services for young people</p> |
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| Service Delivery: Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition |      |
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| Successes                                                                                 | Gaps |

**Reproductive and Maternal Health:** Zambia achieved one of its strongest performances in maternal health during this period. According to the 2023/24 ZDHS, 98% of women with live births received antenatal care from skilled providers and approximately 95% of all deliveries were attended by skilled health personnel, surpassing national targets and reflecting sustained investment in safe motherhood. Facility deliveries increased across provinces, reducing the risks of maternal and neonatal mortality. The National Community Health Strategy (2022–2026) established a dedicated Community Health Unit within the Ministry of Health, which has expanded outreach for antenatal, delivery, and postnatal care services at community level especially benefiting women in rural Zambia. The national malaria programme's policy on malaria in pregnancy now includes the provision of free intermittent preventive treatment in pregnancy (IPTp) with at least four doses of Sulfadoxine-Pyrimethamine (SP) during pregnancy, free long-lasting insecticide-treated nets (LLINs) and free prompt diagnosis and treatment of clinical malaria. Further, ownership and use of insecticide-treated nets among pregnant women rose to above 60%, reducing malaria prevalence.

**Neonatal, Child Health and Development:** Immunisation coverage remained high (over 80% for key antigens such as DTP3, polio, and measles) and care-seeking for childhood illnesses such as diarrhoea, fever, and Acute Respiratory Infections (ARIs) steadily improved, with wider use of oral rehydration solutions (ORS) and Artemisinin-based Combination Therapy (ACTs). Under-five mortality continued to decline due to stronger health system responsiveness. According to the 2024 ZDHS, under 5 mortality dropped to 42 deaths per 1000 live births. The RMNCAH-N framework also integrated child development and nutrition interventions, enabling a more coordinated approach to growth monitoring, early childhood care, and nutrition services.

**Adolescent Health:** Adolescent sexual and reproductive health gained greater recognition in national plans. Contraceptive uptake among adolescent girls

**Reproductive and Maternal Health:** Despite high antenatal and skilled birth attendance, many women still initiate antenatal care late, reducing opportunities for early risk detection and interventions. This can be attributed partly to the need for increased health promotion interventions for improved antenatal visit within the first trimester. Maternal mortality remains unacceptably high, with sharp disparities between rural and urban areas due to shortages of emergency obstetric care, blood transfusion services, and qualified staff at lower-level facilities. Stock-outs of essential maternal health commodities and weak referral systems also undermine continuity of care, while adolescent mothers remain at elevated risk of poor outcomes due to stigma and limited access to comprehensive maternity care. Malaria prevention through intermittent preventive treatment in pregnancy (IPTp) in pregnancy is still below World Health Organisation targets. Weak community structures, limited use of data, and fragile referral and feedback systems also hinder effective service delivery.

**Neonatal, Child Health and Development:** Immunisation coverage remains strong, but dropout rates between doses, particularly for measles and diphtheria(DTP) persist, and some rural districts struggle to maintain cold chain reliability. Malnutrition continues to drive preventable child deaths, with stunting affecting one in three under-fives. Early childhood development services remain fragmented and underfunded, limiting holistic support for children's growth and learning. Health facilities still face shortages of child health commodities such as zinc, ORS, and antibiotics, undermining gains in case management.

**Adolescent Health:** The progress made in adolescent health is uneven, with teenage pregnancy still high with about 28% of girls aged 15–19 having ever been pregnant. Access to contraceptives and adolescent-friendly services remains constrained by stigma, provider bias, and weak integration into community and school health services. 2024 ZDHS estimates that only 30.1%

increased incrementally, while comprehensive sexuality education and outreach were scaled up in schools and communities. Adolescents are now explicitly included in the RMNCAH-N programme, signalling a policy shift towards more adolescent-friendly services.

**HIV/AIDS:** Awareness of HIV prevention methods among youth exceeded 80%, reflecting the impact of community and school-based health education. HIV testing and treatment services have been expanded to more districts and integrated into routine health service delivery. Further HIV prevalence at national level has reduced from 11.1% to 9%.

**Mental Health:** For the first time, mental health was explicitly included in Zambia's health planning and the 2024 Demographic and Health Survey, signalling growing policy recognition. The WHO Zambia Country Cooperation Strategy (2024–2027) emphasises integrating mental health into primary health care and strengthening service delivery to reduce stigma and improve access.

In Zambia, adolescent mental health is increasingly recognized as a critical component of overall adolescent health, and the National Adolescent Health Strategic Plan (2022–2026) emphasizes integrating mental health services into existing adolescent health programs at the primary healthcare level, addressing multifaceted challenges including HIV, substance abuse, gender-based violence, displacement, trauma, limited access to education, pregnancy, stigma, socio-economic hardship, and limited mental health services among adolescents, particularly girls and young women in refugee camps and refugee transit centres.

**Health Promotion and Education:** Health promotion and education have been elevated to a strategic pillar in the 2022–2026 National Health Strategic Plan. Community health workers, Safe Motherhood Action Groups, and peer educators

of sexually active teenagers use modern contraceptives. Life Skills and Health Education (LSHE) is inconsistently delivered across schools, and outreach in rural communities is still limited. Child marriage continues to expose girls to early pregnancy, school drop-out, poverty, health issues such as fistula and heightened vulnerability to HIV and GBV.

Additionally adolescents still face significant barriers in accessing sexual and reproductive health services in Zambia. A major issue is the lack of clarity regarding the age of consent for accessing contraceptives and other sexual and reproductive health services. This ambiguity often leads to healthcare providers denying services to adolescents without parental consent, even though such services may be legally available to them.

**HIV/AIDS:** Although knowledge of HIV prevention is widespread with PREP and PEP programmes being implemented as well, high-risk behaviours persist, including low condom use and multiple sexual partnerships among young people. HIV service delivery remains heavily donor-dependent, raising concerns about sustainability amid funding uncertainties. Stock-outs of test kits and antiretroviral medicines in some facilities disrupt continuity of care, and stigma continues to discourage uptake of testing and treatment, especially among key populations such as sex workers and adolescents. HIV programming in the country faces significant challenges due to the instability in drug supply, largely driven by the reduction in donor funding. This has not only affected the availability of essential medications but also led to a sharp decline in the human resources previously supported by donors, creating a critical gap in service delivery. Furthermore, data management and verification remain weak, with poor documentation practices persisting despite the introduction of the SmartCare system. The system's reliance on internet connectivity and electricity limits its functionality, especially in rural

are now being deployed systematically to provide health education, behaviour-change communication, and demand creation for services such as immunisation, nutrition, family planning, and HIV prevention thereby bringing preventive health messages directly to households.

**Nutrition:** The government invested in nutrition-sensitive sectors such as water and sanitation, food security, and strategic food reserves, reinforcing a multi-sectoral approach to tackling malnutrition. Incremental gains were also recorded in direct nutrition-specific allocations, which rose from K24.3 million in 2022 to K26 million in 2023, reflecting consistent though modest fiscal prioritization of child and maternal nutrition.

health centers that suffer from frequent load shedding and lack basic infrastructure.

**Mental Health:** Mental health remains chronically stigmatized and underfunded, with only a small number of specialists concentrated in tertiary facilities. This gap has serious implications for sexual and reproductive health (SRH), particularly for vulnerable groups such as adolescents living with HIV and girls reentering school after pregnancy. Adolescents with HIV often face double stigma from both their health status and mental health challenges leading to isolation, depression, and poor adherence to treatment. Similarly, young mothers navigating the return to school may encounter bullying, shame, and anxiety, undermining their educational progress and well-being. The lack of integrated mental health support within SRH services not only discourages care-seeking but also weakens resilience among these groups, perpetuating cycles of poor health and limited opportunities.

**Health Promotion and Education:** While health promotion and education are recognised as a strategic pillar, it continues to receive minimal financial allocation and is often deprioritised compared to curative care. Community-based messaging struggles with inconsistencies and limited reach in remote areas, while misinformation, especially on vaccines, family planning, and nutrition undermines uptake of services. Coordination among actors is weak, and monitoring systems to measure the effectiveness of behaviour change communication are underdeveloped.

**Nutrition:** While budget allocations have risen modestly, nutrition financing remains heavily donor-dependent and inadequate to meet national targets. Stunting and anemia remain high, with rural and low income households disproportionately affected. Climate shocks such as recurrent droughts exacerbate food insecurity, pushing families to adopt negative coping

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|  | strategies like reducing meal frequency and dietary diversity. Shortages of trained nutritionists, limited coverage of supplementation programmes, and uneven integration of nutrition into agriculture and social protection weaken the overall system response. |
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| Health Information Systems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Success                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Gaps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>Zambia has made notable progress in strengthening its Health Information Systems (HIS) under the National Health Strategic Plan 2022–2026. The plan emphasizes reliable data as a foundation for evidence-based decision-making, monitoring, and accountability in the health sector. One major achievement has been the nationwide rollout of the District Health Information System (DHIS2), which has improved the timeliness and completeness of routine health data reporting. By 2025, most public health facilities were submitting reports electronically, allowing near real-time tracking of service delivery indicators (Annual Health Information Systems Performance Report 2023, Ministry of Health, 2023). Progress has also been made in integration, with DHIS2 being linked to other systems such as SmartCare electronic health records and civil registration databases, reducing duplication and enhancing the continuity of patient and population data. In addition, capacity-building initiatives targeting health information officers and facility staff have strengthened data validation, analysis, and use, thereby improving accountability and planning at various levels of the health system (Annual Health Information Systems Performance Report 2023, Ministry of Health, 2023).</p> | <p>Despite this progress, important gaps remain. The National Health Strategic Plan 2022–2026 acknowledges that data quality and completeness are still affected by inaccuracies, underreporting, and inconsistencies, particularly in rural and remote facilities (Ministry of Health, 2022). Distribution of health systems also remains limited, as SmartCare, laboratory information systems, and logistics management platforms are still largely fragmented. According to the WHO Country Report on Strengthening National Health Information Systems in Africa (WHO, 2023), poor ICT infrastructure such as unreliable internet connectivity, frequent power outages, and inadequate computer equipment continues to hinder consistent reporting, especially outside urban centers. Shortages of skilled HIS personnel at district and facility levels further constrain effective data management, analysis, and use. While reporting has improved, the Annual Health Information Systems Performance Report 2023 highlights that the routine use of health data for planning, budgeting, and decision-making remains limited, with policy decisions often relying on incomplete or aggregated information (Ministry of Health, 2023). Addressing these gaps is critical if Zambia is to meet the NHSP target of building an integrated, reliable, and responsive health information system by 2026.</p> |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Zambia’s Health Information Systems (HIS) continue to face several critical gaps as outlined in the national planning documents for 2025 and 2026. These challenges include fragmentation across digital platforms, where multiple systems operate without coordination, leading to duplication and inefficiencies. Data quality and timeliness remain problematic due to inconsistent reporting and delays in data entry. Infrastructure limitations especially in rural areas hinder reliable access to internet, electricity, and digital tools. Human resource constraints are evident, with a shortage of trained personnel in health informatics and limited capacity-building initiatives. Governance and policy frameworks are weak, lacking comprehensive standards for data privacy, security, and ethical use. Funding for HIS is also insufficient, with heavy reliance on donor support and minimal budget allocations in the Yellow Book.</p> |
| <b>Leadership and Governance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Success</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Gaps</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>The Leadership and Governance building block in the NHSP (2022-2026) recognises the need to provide strategic direction and development of and appropriate policies and plans that involve effective oversight, regulation, essential partnerships and integrate all the building blocks of the health system to achieve the desired results. It also deals with the interrelationships, roles, and activities of the various agencies in the production, distribution, and consumption of health services. In 2025 the government ensured that the coordination was more effective and efficient through the NDCC, Technical Work groups, PDCC and DDCCs leveraging on technology and digitalization being able to hold online meetings.</p> <p>Consultative meetings and stakeholder engagement has allowed for revision and validation of different policy documents and bills ensuring inclusion of health emerging issues.</p> | <p>The delay in reviewing the Health Policy of 2012 highlights a significant legislative and policy lag. The National Health Policy of 2012, the sector's foundational framework, has remained in effect for over a decade without a critical review, despite a known legislative vacuum since the repeal of the National Health Services Act in 2006.</p> <p>A critical gap in accountability and transparent systems has led to severe consequences. Deficiencies in internal controls, inventory management, and regulatory enforcement at agencies like ZAMMSA have enabled the large-scale theft of donated medicines. This systemic failure directly triggered a \$50 million cut in U.S. Government medical aid after investigations found nearly half of sampled pharmacies illegally selling supplies intended for free public distribution.</p>                                                                                                      |

Construction of 7 functional ZAMMSA hubs to ensure effective distribution of commodities with plans underway to construct the Kasama and Kabwe provincial hubs for Northern and Central Provinces.

**Gap in Payroll Integrity and Verification:** Audits reveal a critical failure to maintain a legitimate payroll, resulting in the payment of at least K28.3 million to ineligible recipients. This includes salaries paid to staff past retirement age, individuals who had formally resigned, and non-existent "ghost" employees identified through a headcount exercise.

**Unauthorised Salary / Payments to Ineligible Staff:** The Health Ministry paid K20.7 million to officers who were already past the retirement age, meaning they were not legally eligible for further employment but were still receiving pay. An additional K3.3 million was paid to staff who had formally resigned, so these payments were for persons no longer in service.

**Ghost or Unsupported Payroll Expenses:** The report identified payments of salaries to ghost employees who are on the payroll but either do not work or do not exist in the system. One headcount exercise in 2023 uncovered ghost staff with payments totaling K4,341,655.

**Unutilised Funds / Under-spent Health Budgets:** In the 2022 report, there was K65,051,506 in health funds that remained unutilised as of December 31, 2022, across major health programmes (Primary Health Services; Hospital Services; Human Resource Development). Also, many health facilities had positions approved in organisational structures but the funding for those positions was not granted. For example, of 10,700 positions in 601 health facilities, 4,207 positions (in 218 facilities) were unfunded.

**Procurement / Contract Irregularities:** The Ministry of Health over-committed expenditure via contracts that exceeded the approved budget in some instances. For example, in earlier audits, there were contracts totalling more than budgeted amounts (e.g., a total budget provision of K716 million being

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|  | <p>exceeded by about K63,783,528) because of unauthorized additional contracting. Procurement was done without compliance- e.g. cover bidding, or awarding contracts without proper competition or required prior approvals</p> <p>There has also been inadequate government led research work to feed into policy reviews and formulation, weak transparency, involvement and accountability mechanisms in cooperation with the public health related private sector and weak Corporate Governance Systems to promote transparency and accountability mechanisms in the private sector.</p> |
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| Decentralization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Successes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Gaps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>In line with the 2023 National Decentralization Policy, the Ministry of Health has continued to devolve functions to local authorities, with the aim of improving efficiency and responsiveness to local needs. The realignment of the Ministry in 2022 reduced duplication by streamlining headquarters from 555 filled posts to 372 proposed posts, and seven departments with four units, allowing resources to be channeled closer to service delivery points (Ministry of Health, 2023). The increase in Constituency Development Fund (CDF) allocations from K28.3 million in 2024 to 36.1 in 2025 (Ministry of Finance, 2025 National Budget Speech) has supported the construction of maternity annexes, health posts, and procurement of ambulances.</p> | <p>Many local authorities have limited technical expertise, financial management capacity, or adequate human resources to fully take on the expanded roles. This gap could lead to inefficiencies in managing healthcare systems, particularly in rural and underserved areas where local governments may already face significant resource constraints.</p> <p>Although the increase in Constituency Development Fund (CDF) allocations has improved, access to infrastructure development in health such as building maternity wards and procuring ambulances, there is a growing concern of approved/awarded contractors not adhering to set standards i.e maternity annex blueprint and therefore renders some of these developments non-functional. Despite its potential, the CDF has struggled with low utilization of funds, lack of transparency, accountability issues, limited community participation, and undue political influence. These challenges have resulted in slow implementation and absorption of funds, with only 10% of the K3 billion released in 2023/2024 being utilized coupled with the absence of clear ring fencing mechanisms for health financing within CDF creates uncertainty, as funds can be redirected to other priorities, threatening sustainability of health</p> |

sector investments. In order to address these issues, stakeholders have proposed recommendations such as increasing transparency and accountability, capacity building for project management, and enhanced community participation in decision making.



The 2022–2026 National Health Strategic Plan (NHSP) aims to safeguard national public health security by preventing and controlling infectious and non-infectious public health threats by 2026. Zambia’s health system has been strained by recurring emergencies that disrupt essential care, including sexual and reproductive health (SRH). Each crisis has required major resource reallocations, highlighting both strengths and gaps in emergency preparedness:

- 1. Climate Change** -Climate change is a health crisis for Zambia’s adolescents and women. It is no longer a distant threat but a lived reality with devastating consequences for communities. The spread of diarrheal diseases, already the fourth leading cause of death among children under five, is being fueled by climate-induced floods and unsafe water. In 2024, one of the worst droughts in decades destroyed nearly half of the country’s maize harvest, leaving families without food, threatening access to clean water and this led to the President of the Republic of Zambia declaring a state of emergency.

For women and girls, the impacts are especially severe. Extreme weather events disrupt already fragile health systems, making it harder to access life-saving reproductive, maternal, and child health services. According to the Zambia Vulnerability Assessment Committee (ZVAC 2023-2024), 6 million people have been affected by the drought, including over a quarter of women and girls of reproductive age. When the President declared a state of emergency in February 2024, funds were urgently redirected to address drought impacts. But this reallocation came at a cost diverting resources away from essential health and social services just when they were most needed.

These shocks are not one-off crises, they are the new normal. Without urgent investment in climate-resilient health and social protection systems, Zambia risks sliding back on hard-won gains in maternal, child, and adolescent health. Building resilience means ensuring that women and girls can still access comprehensive health care, even in times of droughts and floods. It means protecting lives today, while safeguarding the future. We cannot afford to trade off climate response against health services. Both must be funded and strengthened together.

- 2. USAID Funding Cuts** - The United States Government decision in early 2025 to cut US\$50 million in annual health funding to Zambia is a direct consequence of systemic theft of donated medicines, including lifesaving antiretroviral drugs meant for free public distribution. Despite repeated warnings, insufficient corrective action by government institutions has shaken donor confidence and triggered this unprecedented withdrawal of support. At the same time, a 90-day freeze on U.S. foreign aid through an executive order created further instability, with only limited waivers granted for essential humanitarian health programs such as PEPFAR.

The immediate impact has been severe: health workers employed through donor-funded projects have already faced layoffs, undermining frontline service delivery. Supply chains for HIV, TB, and malaria treatment are now under strain, with stockpiles providing only short-term relief. If swift action is not taken, medicine shortages could emerge, threatening treatment continuity for hundreds of thousands of patients and reversing decades of progress in Zambia's HIV and malaria response.

This moment must serve as a wake-up call for accountability and reform. Addressing corruption in the health sector is not only about restoring donor trust, it is about protecting lives. Failure to act decisively risks deepening public mistrust, widening service gaps, and leaving Zambia's most vulnerable populations at grave risk. The government has an urgent responsibility to close loopholes, prosecute those responsible for theft, rehire and protect critical health staff, and demonstrate transparency in how resources are managed. Without this accountability, Zambia risks losing further external support at a time when resilient health financing is most needed.

- 3. Pandemics, Epidemics and Other Outbreaks-** The COVID-19 pandemic devastated Zambia's population and economy, triggering major disruptions in essential health services. According to UNFPA's mid-term evaluation of the Maternal and Newborn Health Trust Fund (MHTF), maternal deaths increased during peak infection periods, while preliminary health facility data showed a rise in fertility rates, especially among adolescent girls. This was largely driven by reduced utilization of family planning and adolescent SRH services, as many feared contracting COVID-19 in healthcare settings. Zambia's experience with COVID-19, recurrent cholera outbreaks, and more recently Mpox demonstrates that health emergencies do not merely disrupt daily life as they erode years of progress in reproductive, maternal, newborn, child, adolescent health and nutrition (RMNCAH-N).

Cholera continues to overwhelm fragile water, sanitation, and hygiene systems, disproportionately affecting children under five and pregnant women through dehydration, malnutrition, and maternal complications. Inadequate investments in WASH have fueled recurrent diarrheal outbreaks, with 2023 marking Zambia's worst cholera crisis. By June 2, 2024, 23,303 cases and 740 deaths were confirmed, a case fatality rate of 3.2 percent. The outbreak exposed critical gaps in prevention, response, and system resilience, as well as weak collaboration between the health sector and other sectors responsible for determinants such as water, sanitation, and education.

At the same time, Mpox has stretched scarce resources and reinforced stigma around sexual and reproductive health. These overlapping crises reveal the vulnerability of Zambia's health system, where emergencies divert staff and funds away from essential care, leaving women, children, and adolescents hardest hit. To protect hard-won gains in RMNCAH-N, Zambia needs urgent investment in climate- and crisis-resilient health systems: safeguarding maternal and child health budgets even during emergencies, expanding frontline capacity, and strengthening WASH and disease

surveillance to contain outbreaks before they escalate. Every kwacha spent on preparedness is not a cost but a life-saving investment, ensuring no girl, no woman, and no child is left behind in the next crisis.

4. **People on the Move** - Population movements continue to shape Zambia's health landscape, placing additional pressure on an already stretched system. UNHCR reports that as of August 2025, the country hosts more than 112,000 refugees and asylum seekers. These inflows have overwhelmed local health facilities that were already constrained by shortages of staff, drugs, and equipment, further worsening the health worker-to-patient ratio. Beyond refugees, internal migrants relocating from drought-hit and food-insecure areas add to the burden, as do cross-border patients from neighboring countries. Zimbabweans, in particular, increasingly travel to Zambia in search of affordable and accessible reproductive, maternal, newborn, child, adolescent health and nutrition (RMNCAH-N) services, stretching facility capacity in border districts and urban referral hospitals.

While Zambia has long upheld its reputation as a safe haven, the cumulative impact of refugee inflows, internal displacement, and regional migration threatens to dilute service quality and widen inequities, especially for women, children, and adolescents who require consistent care. Meeting the health needs of people on the move alongside host communities requires sustained investment in inclusive, migrant-sensitive health systems with stronger cross-border coordination, dedicated financing, and an expanded health workforce. Without this, Zambia risks deepening pressure on RMNCAH-N outcomes and eroding solidarity between communities and those seeking refuge or services within its borders.

5. **Loadshedding** - Zambia's ongoing energy crisis, driven by drought-induced hydropower shortages, has had severe repercussions for the health sector, with some areas experiencing daily power cuts lasting up to 20 hours. These extended outages disrupt essential services in health facilities, undermining the safe storage of vaccines and medicines that depend on constant refrigeration. They also affect the operation of water pumps, compromising sanitation and hygiene standards that are critical for patient care. The consequences are far-reaching: delays in treatments and surgeries, heightened risks of infections, and increased vulnerability to waterborne diseases.

In response, the government has launched the Health Facility Solar Electrification (HFSE) project to equip 250 rural health facilities with solar power. By ensuring reliable electricity for vaccine storage, lighting, and water supply, this initiative strengthens the resilience of frontline services and enhances equity in access to primary healthcare, particularly for rural communities most affected by both the energy crisis and climate change. To ensure that every facility, not just a select few, has reliable, climate-resilient energy, sustained investment is vital. Expanding solar electrification across the entire health system will not only protect the efficacy of vaccines and medicines but also guarantee safe deliveries, uninterrupted treatments, and stronger community trust.

6. **Environmental Disaster** - Sino-Metals Leach Zambia Dam Collapse- In February 2025, a tailings dam operated by Sino-Metals Leach Zambia collapsed near Kitwe, releasing an estimated 1.5 million tonnes of hazardous chemical waste into the Kafue River. This

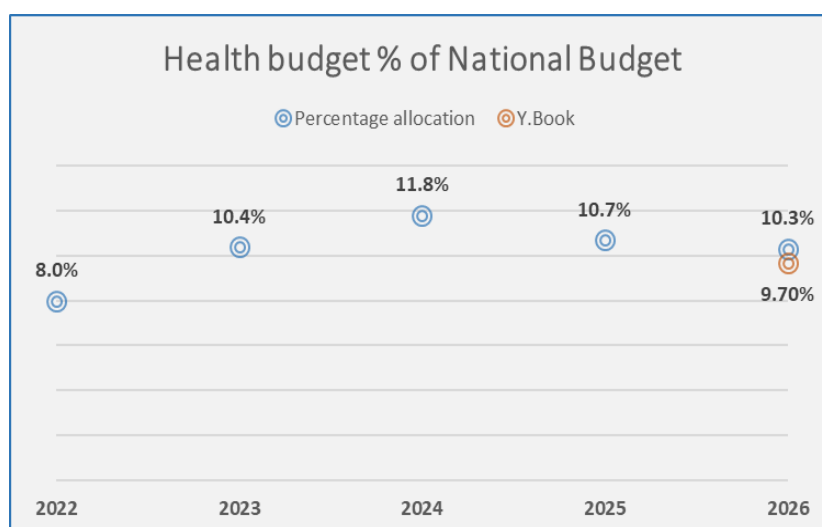
contamination devastated aquatic life, polluted water supplies, and disrupted agriculture along a river that provides drinking water to nearly 60% of Zambia's population. The disaster underscored the country's exposure to interconnected health and environmental risks, with immediate threats to food security, safe water access, and community livelihoods.

Although the government, international partners, and local communities mounted coordinated emergency responses, the absence of a comprehensive long-term plan to manage the health and environmental risks leaves millions vulnerable. Without urgent investment in prevention, monitoring, and remediation, the quality of life for affected populations will continue to decline, driving up health costs and widening inequities.

Zambia has developed the Zambia Health Emergency Preparedness, Response and Resilience Project (2024) under the Multiphase Programmatic Approach, with key components including strengthening disease surveillance through enhanced national weekly reporting for early detection and response, training health workers in emergency preparedness and case management, improving health infrastructure through the construction of a national public health institute, and fostering coordination with international partners such as the World Health Organization (WHO) and the United Nations (UN). While the plan is comprehensive and promising, its implementation may face challenges such as resource constraints, shortages of skilled human resources, infrastructure limitations, inadequate community engagement, and insufficient investments in diagnostic capacity, including the expansion of Bio-Safety Level III facilities. Addressing these gaps will be critical for Zambia to strengthen its ability to identify and respond effectively to health threats, safeguard its population, and build a more resilient health system.



## BUDGET ANALYSIS AND IMPLICATIONS



Since the UPND government assumed office in 2021, the health sector budget as a percentage of the national budget had shown a steady increase: 8% in 2022, 10.4% in 2023, 11.8% in 2024 and declined slightly in 2025 to 10.7%.

For 2026, the Minister of Finance in his budget speech proposes to allocate ZMW

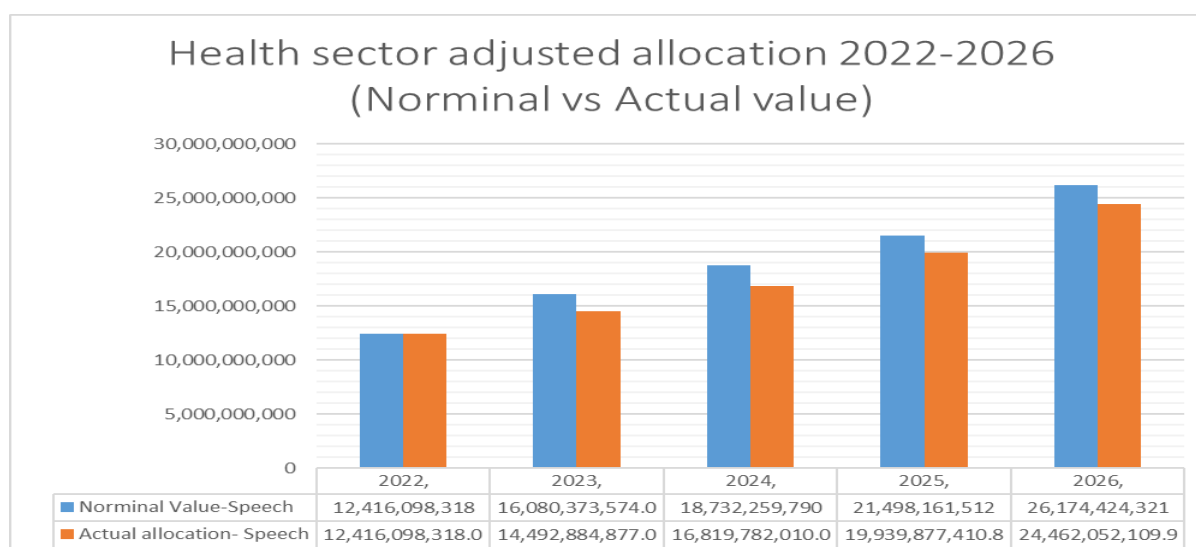
26.1 billion to the health sector, representing 10.3% of the total budget which marks a 0.4% decrease from the 10.7% allocated in 2025. An in-depth look into the Yellow Book reveals that the proposed head total for 2026 amounts to ZMW 24.7 billion which translates to 9.7% of the

total budget instead of 10.3% as indicated in the budget speech. This discrepancy means the total head budget has ZMW 1.4 billion less to spend for the sector.

An analysis of budget trends since the current government took office reveals that the 2024 health budget allocation of 11.8% was the closest Zambia has come to meeting the Abuja Declaration's target. The Abuja Declaration aims to ensure that African Union member states address the pressing health challenges facing African countries by committing at least 15% of their national budgets to the health sector.

The primary purpose of this target is to increase resource allocation and reduce dependence on foreign aid thereby promoting self-sufficiency and sustainability; strengthen health systems and improve health outcomes. Increasing healthcare spending ensures adequate funding for essential health services, infrastructure, equipment, and human resources as well as allows the government to invest in prevention, diagnosis, and treatment of diseases, leading to better health outcomes for their populations.

While the current government is commended for increasing the health sector allocation from ZMW 12.4 billion in 2022 to ZMW 26.1 billion and ZMW 24.7 billion in the proposed 2026 budget speech and yellow book respectively, the real value of this allocation has been significantly affected by inflation. This inflation has reduced the purchasing power of the budget. In the proposed 2026 budget speech, the government will need ZMW 24.5 billion to purchase the same service package that was procured for ZMW 19.9 billion in 2025, as illustrated in the figure below when adjusted for inflation using the 2026 Consumer Price Index (CPI). Similarly, the ZMW 24.7 billion allocation in the yellow book when adjusted for inflation represents the real value of ZMW 23.1 billion. Progressively, the Ministry of Health budget shows a decline in its allocation to purchase the same package as that planned for 2025.



With the decentralisation agenda underway, the health sector is expected to benefit from the Constituency Development Fund (CDF), which constitutes 2.5% of the national budget.

According to the CDF Act of 2024, the fund is intended to provide financial resources for approved constituency projects that promote development and community-based initiatives benefiting a broad cross-section of the population. However, since the CDF must also support other sectors, this 2.5% allocation is spread thin across competing priorities. Consequently, even with the addition of CDF resources, Zambia will remain far below the 15% minimum health sector budget target. Moreover, gaps in the effective utilization of the CDF for health financing constrain the ability of local governments and communities to invest in critical health infrastructure, procure essential medical supplies, and strengthen service delivery at district and community levels, thereby limiting access to quality healthcare for vulnerable populations.

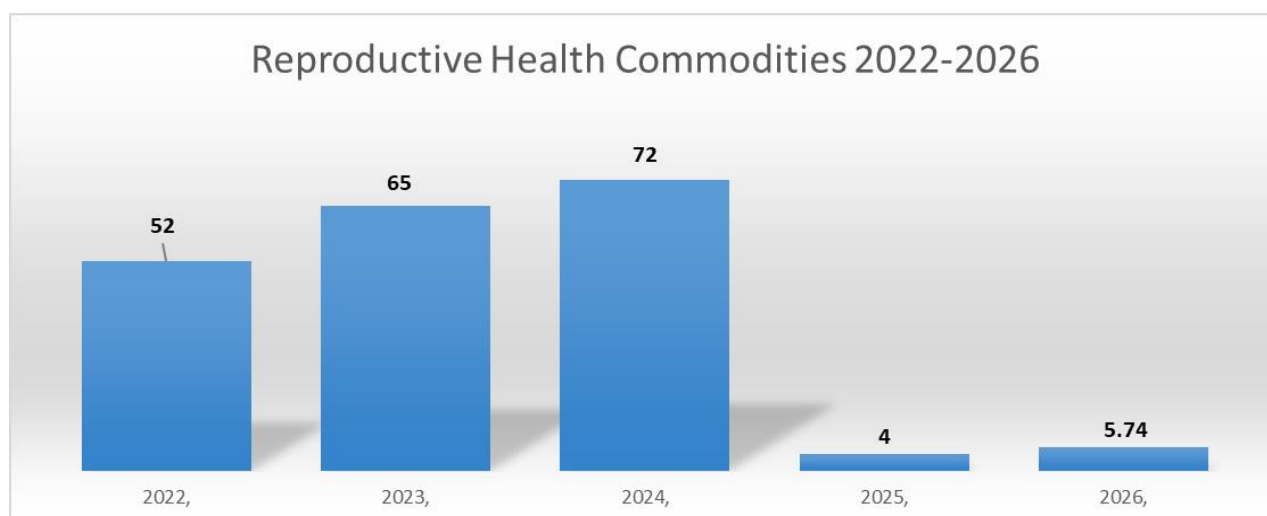
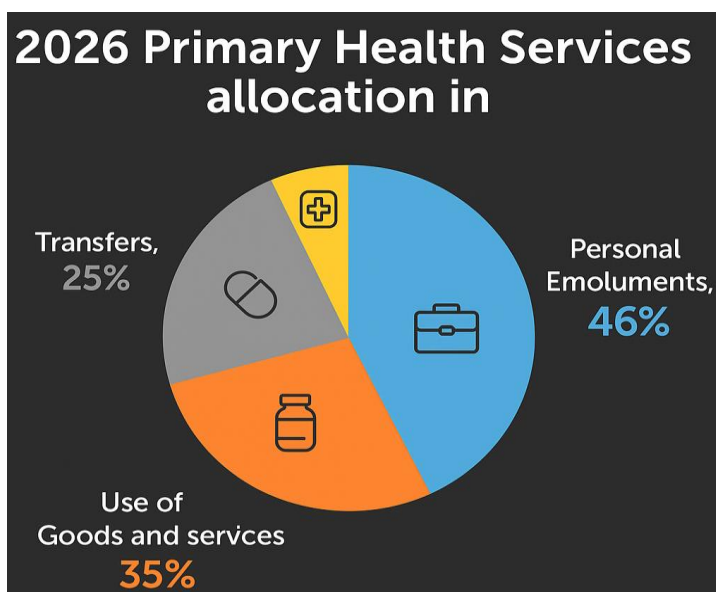
Over the last 3 years, the health sector allocation to primary health services was on a steady increasing trajectory with 2022 allocating 38.46%, 39.83% in 2023, 40.18% in 2024 and dropped to 39.23% in 2025. In the proposed budget for 2026, this allocation has dropped to 38.9% which does not reinforce the goal of the health policy and NHSP of providing quality effective health care services as close to the family as possible.

Within the proposed 2026 primary health services programme budget, personal emoluments take the largest share at 46.4% of the total ZMW 9.6 billion allocation, followed by goods and services at 35%, while assets and transfers account for 8.7% and 25% respectively. As the foundation of Universal Health Coverage (UHC), primary health services are essential to ensuring equitable access to medical care at the community level, reducing pressure on higher-level facilities, and improving overall health outcomes. Increasing investment in primary health care is therefore a strategic priority that aligns with Zambia's national health policy and its commitment to achieving

UHC. By strengthening primary health care, the government can enhance health outcomes, lower healthcare costs, and guarantee that all Zambians have access to quality, affordable care.

Since 2022, the Government of Zambia has demonstrated a strong commitment to prioritizing reproductive health (RH) commodities, with annual budgetary allocations under goods and services increasing by an average of 63% between 2022 and 2024. However, in the 2025 budget, this line was significantly reduced to just 4% of the goods and services allocation. The proposed 2026

budget seeks to allocate ZMW 171 million (5.74% of the goods and services budget) towards RH commodities. Despite fluctuations, the government deserves commendation for its strides and sustained commitment to financing reproductive health. Notably, in 2023, the government signed



a Compact Memorandum of Understanding (MoU) with UNFPA to operationalize a Match Fund financing mechanism, under which UNFPA contributes at a 1:2 ratio for family planning commodities. In line with this, the government has consistently honored its commitments, increasing annual expenditures on family planning commodities from USD 2.7 million in 2023 to USD 3.8 million in 2024, and USD 4.4 million in 2025. In the 2026 budget, the proposed allocation of ZMW 171 million, equivalent to USD 7.2 million, reflects continued progress. Nonetheless, the 2026 RH Commodities Quantification Report estimates total needs at USD 15.2 million. With combined commitments from the government and cooperating partners amounting to USD 14.9 million, a financing gap of approximately USD 274,284 (ZMW 6,487,752) remains, underscoring the need for sustained resource mobilization to fully meet RH commodity requirements.

Zambia's public health supply chain continues to face major challenges despite recent progress, largely due to heavy reliance on external donors for key functions such as procurement,

distribution, and the electronic Logistics Management Information System (eLMIS). Although the Government of the Republic of Zambia (GRZ) is the largest contributor to health commodity procurement, donor dependency poses a serious risk, as reduced funding could disrupt supply chains. For example, the United States previously provided about USD 128 million annually to support medicines and supply chain systems before cutting funding in May 2025, while other donors—including Sweden, Finland, the Netherlands, the Global Fund, and the UK—also withdrew around USD 40 million following revelations of corruption and theft. To address this gap, government investment is critical. The proposed ZMW 100 million allocation for Medicines and Medical Supplies Distribution in the 2026 budget is insufficient to replace donor contributions, underscoring the need for greater domestic funding through the Medicines and Medical Supplies Fund (MMSF). Strengthening government investment will ensure consistent access to quality health commodities, particularly in rural areas, and reduce long-term reliance on donors.

Cognisant of Zambia’s demographic transition characterized by high fertility that is on a slow decline i.e from 6.5 births per woman in 1992 to 4.7 in 2018<sup>15</sup>, not much change is expected to happen to the age structure until 2050<sup>14</sup>. Currently, Zambia is a young population with about 44% of its population below 35 years and 25% of the total population are adolescents (10-19 years)<sup>15</sup>. Health, more specifically reproductive health has been closely linked to human capital development and that a rapid decline in fertility will shift the age structure from one dominated by children to one with more working-age adults relative to dependents and this shift is essential for Zambia to harness the demographic dividend<sup>16</sup>. Therefore, reproductive health commodities is premised as a critical enabling factor for development and as such, the government should be making deliberate investments to achieve the development aspirations of the Vision 2030.

Some lived experiences have been extracted from the MobiSAfAIDS Application; a pilot advocacy tool that aids the timely documentation of challenges encountered by adolescents and young people when accessing services in selected health facilities across Zambia. These experiences already highlight the challenges with unavailability of RH commodities thereby reducing this budget line will only exacerbate the problem.

**Issue #9011**

**HIV Testing Services**

 **Challenge:** Test kits out of stock at the youth-friendly space

 **Health Facility:** Chongwe Rural Health Center

 **Assigned To:** Precious Kakungu

11 Sep 2024, 10:44

Open

**Open Issue** OPEN

29 Aug 2022, 11:52

 **Challenge:** Lack of enough injections when giving contraceptives

 **Health Facility:** Mwendere Clinic

 **Assigned To:** Sister Namuza

<sup>14</sup> <https://demographicdividend.org/zambia/>

<sup>15</sup> ZAMSTATS, <https://zambia.opendataforafrica.org/>

<sup>16</sup> HARNESSING THE DEMOGRAPHIC DIVIDEND The Future We Want for Zambia, 2015.

## Issue #9432

Open

 **Challenge:** I found no condoms at clinic

 **Health Facility:** Chongwe Rural Health Center

 **Assigned To:** Precious Kakungu

30 Oct 2024, 11:20

## OPEN Issue #3199

29 Aug 2022, 11:52

 **Challenge:** Lack of enough injections when giving contraceptives

 **Health Facility:** Mwendere Clinic

 **Assigned To:** Sister Namujza

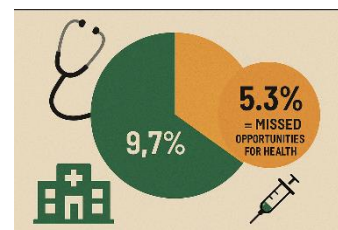
## RECOMMENDATIONS

The 2026 proposed national budget presents an opportunity for the health sector to record improved health outcomes with prudent Public Resources Management. To a greater extent, the budget moves to reaffirm political commitment for the Government through the party manifesto and the 8NDP that is ending in 2026.

There are however, areas requiring improvement if Zambia and its health sector is to attain UHC through improved health outcomes.

The consortium therefore recommends the following:

1. The Government enhances its already demonstrated political commitment in covering the 5.3% gap in attaining the 2001 Abuja declaration to the health sector. According to the declaration, AU member states that signed the declaration are required to allocate 15% of their annual national budget to improve the national healthcare system. We therefore recommend the minimum 15% budgetary allocation for the health sector to meet some of the needs of the country's health sector.



2. For the 2026 National Budget, we recommend a multi-pronged strategy to secure sustainable domestic health financing, with particular emphasis on Reproductive Health (RH). This includes increasing National Health Insurance Scheme (NHIS) contributions from 2% of basic income to 5% of gross income to ensure actuarial sustainability, while accelerating enrolment of the informal sector. To generate additional dedicated revenue, we further propose earmarking a portion of “sin taxes” such as introducing a 25% levy on sugary beverages and betting services, reviewing mobile money transaction fees, and progressively increasing alcohol and tobacco excise taxes to 70% of the retail price with proceeds directed to RH services through the NHIS. This integrated approach is vital for advancing health financing self-reliance and safeguarding access to essential RH services for all Zambians.

3. While the Constituency Development Fund (CDF) has contributed to health in recent years, its contribution is still significantly low and inconsistent across the constituencies. It is recommended that at least 15% of the CDF budget be allocated specifically to health development programmes to the minimum allocation to the sector at local level as that of the Abuja declaration.

4. The government is commended for exceeding its commitment for reproductive Health

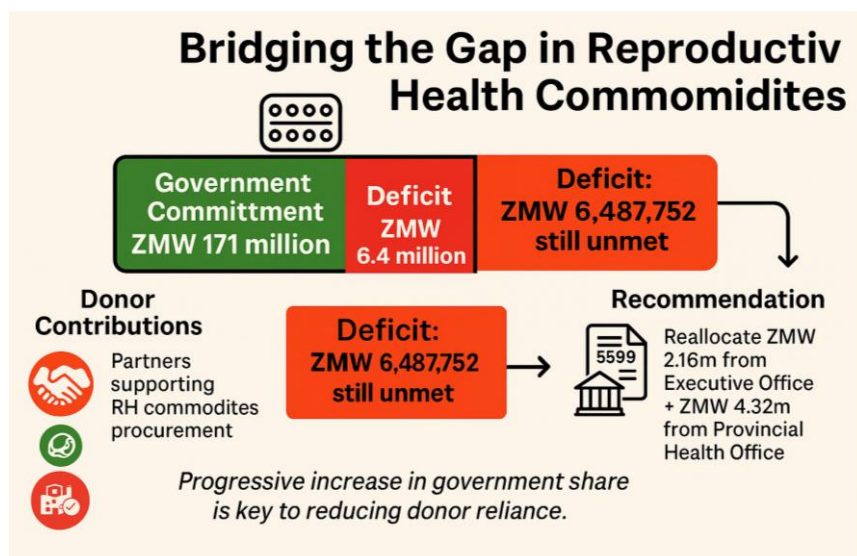


commodities through its proposed allocation of ZMW 171 million. With other donors committing to support the procurement of RH commodities, the country still faces a deficit of ZMW 6,487,752. It is therefore recommended that the Ministry of Health increases its allocation by the deficit equivalent to meet the projected FP needs of the people. It is also desired that the government progressively increases its commitment share for RH commodities procurement as well as the supply chain for the commodities to reduce donor reliance.

**Head Proposal variation:** Our recommendation is that the deficit of the ZMW 6,487,752 is covered by reallocating the deficit from the budget line **5599 Management and support services** under the following lines: Executive office Management contributing ZMW 2,162,584 and ZMW 4,325,168 from the Provincial Health Office.

5. With the government's commitment to ensure availability of essential medicines at all levels of service delivery, it is critical that the challenges of the last mile distribution are strengthened to ensure stable supply of medicines in facilities and to avert losses as observed in the past years of drugs expiring at central level while stock outs persist in facilities. This should include adequate transport services for transporting medicines and investment in government owned ICT infrastructure such as the SmartCare Pro Electronic Health Record (EHR) System. This investment is beyond the health sector and as such would require strengthened collaboration with concerned line ministries and relevant sectors. We therefore recommend that the budget addresses the procurement of utility vehicles using CDF per district to assist ZAMMSA with the last mile distribution.

**Proposal:** Learning from experience as the procurement of 156 vehicles for each constituency to support work for the Police's victim support unit in 2023, we recommend that 116 utility vehicles be procured centrally from the CDF to supplement the last mile distribution



of medicines and supplies across the country to reach the intended beneficiaries especially the hard to reach areas.

6. Considering the proportion of adolescents in the overall national population is 25%, subsequent budgets must be developed in

line with set-out priorities of the NHSP and ADH Strategic plans 2022-2026 on improving Adolescent Health. Adolescent health must not be left as a “by-the-way” element of the health budget. Their health needs have only increased (mental health issues on the rise, substance use and abuse by adolescents and young people in street situations, etc) and without proper prioritization, we will likely usher an unhealthy population to the productive age group that will fail to propel this country’s development further and possibly experience significant development stagnation that will come with an overburdened health system and economy. Because of the significance of this population and the country’s future, we recommend that the primary health services budget introduces a line for the budget allocation responding to the health needs of AYPs as well as reproductive and maternal health interventions.

**Proposal:** The Ministry of Health should indicate through an introduction of a separate budget line how much resources have been allocated to the ADH programme. This will show our investments in ensuring a healthy future productive population.

7. In line with the commitment to improving emergency preparedness and response in the health sector, we recommend that the health sector budget prepares an emergency preparedness fund and proactively begin to create an enabling environment for a strengthened health system i.e HCP training as well as provision of the Minimum Initial Service Package (MISP) for SRH, GBV, and HIV during a crisis etc.
8. The government is commended for reaching 63% of filled positions in the current establishment. For 2026, the government proposes to hire 2,500 HRH. While this is commendable, we urge that priority of deployment is prioritized for workers under HIV programming as the withdraw of USG left a critical gap.

There is also continued need for skilled HRH across the country and more so in the rural areas. It is important to note that there has been a concentration of HRH in urban areas partly due to lack of basic infrastructure in rural stations which has discouraged their stay. It is recommended that:

- a) Parliament recommends that the housing budget in the 2026 budget gives priority to rural areas and also explores the use of CDF to construct houses in rural areas for HCPs
  - b) Similarly, other infrastructure development projects such as ICT and road networks are being recommended to prioritize linking rural areas to urbanization. These will be key in providing an attractive post for HRH deployed within these areas.
9. We live in a world where resources are already scarce as is evident by the national budgeting process. It is therefore recommended that the parliamentary committee in their efforts to provide oversight on the quality of services provided to citizens as a means of demonstrating accountability and value for money, follow up with relevant departments tasked to bring to book cases of public resource mismanagement during the fiscal year to deter misuse and misapplication of the sector's resources.

## CONCLUSION

The primary reason for investing in Universal Health Coverage (UHC) is a moral one: it is not acceptable that some members of society should face death, disability, ill health or impoverishment for reasons that could be addressed at limited cost. There has been notable progress in most of the key areas of health service delivery, as well as in health systems strengthening. Although there is progress, significant gaps and challenges still exist and the health status of most, especially women, children, adolescents and the most vulnerable groups remains a challenge and of major concern.

Zambia in its National Health policy states a vision of “equity of access to, cost-effective and affordable health services, as close to the family as possible”. All key strategies in the policies focus on ensuring equitable access to primary health care services and addressing the social determinants of health. To achieve these set aspirations, health care financing should not be neglected and especially when it comes to addressing the persistent major challenges faced by the health system. These challenges largely affect health service delivery, especially in rural communities and for disadvantaged vulnerable population groups, such as women, children, and those that are differently abled. In addition, the national development agenda requires a healthy and productive population which would be far-fetched if the health sector is not prioritized in the 2026 national budget and beyond.

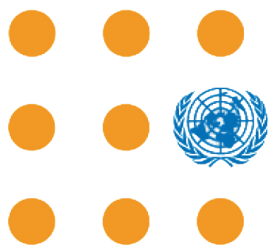
Effectively meeting reproductive health needs of the people coupled with investments in the health of adolescents and young people's health will accelerate the fertility transition, with a healthy productive population which in turn will result in higher rates of economic growth and more rapid poverty reduction. Emergency preparedness through strong health and disease surveillance systems halt epidemics that take lives and disrupt economies. Investments in the sector and especially in the thematic areas of reproductive, maternal and adolescent health,

in a lot of ways would demonstrate the Government's political commitment to health as a key pillar of the Country's development agenda. This further provides for the country's acceleration towards attaining the Universal Health Coverage (UHC) and SDG 3 on health as well as ushering the country's national development.



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