Civil Society Contributions to the 5th National Development Plan

Health and Nutrition Position Paper

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1. Introduction

The current health and nutrition situation of the country is not impressive and this has been due to several factors. The government has been putting some resources on health but most Zambians do not have equal access to health services especially in the rural areas.

The wealth of a nation lies in their capabilities and assets. Health, which is closely interrelated with nutrition, is one of the most important. The well-being of both individuals and households largely depend on their participation in gainful economic activities. Health and nutrition are both fundamental human rights. They are also indispensable to the realization of other human rights[1].

Poverty may not be the only factor affecting the levels of health and nutrition status. The availability of socially provided basic needs is also a reflection of the overall income/poverty of a country (as opposed to individuals or households). In general, poverty could still be regarded as the dominant factor affecting the health and nutrition status of a nation[2].

Health and nutrition are relevant to economic growth and poverty reduction. With 80 percent of the Zambian population living below the poverty datum line, the challenges of poor health and nutrition to health care providers and policy makers cannot be overemphasized. The absence of good health and nutrition threaten the country's efforts to build capacity among its people. Poor health and nutrition reverses and impedes the country's capacity by shortening human productivity and life expectancy. The complex relationship between health and nutrition and poverty are increasingly being recognized[3].

Therefore, the civil society would like to recommend some ways of improving equal access to health services. Civil society also expects that through this paper, access to and availability of health and nutrition services will be provided to all citizens equitably. It is envisioned that the 5th National Development Plan will encourage community involvement in decisions affecting people's health in particular women, children, the poor, the elderly and the disabled.

1.1 Situation Analysis

Since 1992, Zambia has been implementing health reforms under the framework of the Sector Wide Approach (SWAP) whose vision has been taking health care services as close to the family as possible. In the SWAP, resources from government and other stakeholders are pooled so as to utilize resources effectively[4]. The health sector, however,

[1] UN System (2004) Nutrition for Improved Development Outcomes 5th Report

[2] UN system (1997) Nutrition and Poverty

[3] GRZ (2002) Poverty Reduction Strategy Paper: 2002-2004

[4] GRZ (2002) Poverty Reduction Strategy Paper: 2002-2004

has several threats that have to be taken into consideration especially when planning and programming. It is widely recognized that there is a two-way link between ill health and nutrition and poverty.

1.1.2 Health

The provision of health services has been adversely affected by cuts in the actual health budgetary allocation over the years resulting in limited access by the majority. As a result, few, if any of the general health indicators have improved in Zambia over the last two decades, while some indicators have deteriorated. Life expectancy has dropped to 37 years in 2001-2002 from 52 years in the 1990s; infant mortality rate is still relatively high at 168 deaths per 1000, although there are signs of decline from 197 in 1999[5]. Maternal mortality rate (MMR) has increased from 649 per 100000 in 1999 to 729 per 100000 live births in 2002-2002. The high MMR has been caused by prenatal complications (26 percent), complicated deliveries (25 percent) and postnatal causes such as post-partum haemorrhage sepsis (26 percent)[6]. Reproductive health services are not conducive for men.

Child health and nutrition are a major component of the basic Health package in Zambia. The other others include Malaria, reproductive health, tuberculosis, water and sanitation, HIV/AIDS and sexually transmitted infections. Child health emphasizes preventive aspects including universal childhood immunization initiative. Immunization services are integrated in other primary health care services such as growth monitoring and promotion, health education, micronutrient supplementation, insecticide retreatment of nets and family planning.

The national HIV/AIDS prevalence rate has declined from 20 percent in 1999 to 16 percent in 2001-2002. However, AIDS and AIDS-related diseases have become prominent, with the number of households experiencing chronic illness and death rising. The prevalence rate is higher in urban than in rural areas, at 23 percent and 11 percent respectively. Women have a higher prevalence than men at 18 percent and 13 percent respectively[7]. Because of the complexity of HIV and AIDS, it is inexorably consuming more resources than any other disease and has also increased the disease burden and pressure on the health care systems. This implies that fewer resources are available for targeting other life threatening diseases such as malaria and respiratory diseases. TB-related cases have risen, and other diseases continue to have a negative impact on the health status, including malaria, diarrhoea and respiratory tract infections. However, Government has made positive progress on some aspects of improving and provision of health to the Zambian people by using various strategies

Malaria is endemic in Zambia and continues to be a major public health concern. It is the

[5] GRZ (2002) Demographic and Health Survey (ZDHS): 2001-2002
[6] GRZ (2002) Poverty Reduction Strategy Paper: 2002-2004
[7] GRZ/CSO (2003) Zambia Demographic Health Survey

leading cause of morbidity and second highest cause of mortality, especially among pregnant women and children under the age of five. The Ministry of Health (MoH) estimates that there are more than 3.5 million cases and 50,000 deaths per year. Malaria accounts for 37 percent of all out-patient attendance in Zambia.

The infant and child mortality has remained high over the past decade, with diarrhoea, malaria, pneumonia and malnutrition being the major causes of morbidity and mortality in children. According to the ZDHS (2003) pneumonia and other respiratory tract infections are leading causes of death of young children in Zambia. There are fluctuations in immunization coverage for children under the age of five. However, the recent statistics indicated a reduction in the coverage with 70 percent of children being immunized for BCG, DPT, Polio and Measles[8].

Access to basic health services shows a wide spatial variation, with provinces around the line of rail having better access to services. Ninety-nine percent of households in urban areas are within 5 kilometers of a health facility compared to 50 percent in rural areas. Expenditure on health varies according to location, though most poor households spend the highest proportion of their income on health- up to 10 percent of total expenditure[9]. Sporadic shortages of drugs and introduction of user fees has led to the decline in the utilization of health services. Human resource has declined in the health sector over the years. The current national staff per population ratio is disquieting. For instance population per doctor, registered nurse and registered midwife 16,130, 6,860 and 36,530 respectively[10]. Infrastructure has not improved. However, data management and analysis systems are in place but weak.

1.1.3 Nutrition

The nutrition situation in Zambia has not shown any signs of improvement. Stunting or linear growth retardation is the most prevalent form of Protein Energy Malnutrition in Zambia. The prevalence of stunting currently stands at an average of 47%, underweight at 28 percent, and wasting at 5 percent among children less than five years of age[11]. Disturbingly, urban areas have been experiencing a faster rate of increase in severe forms of malnutrition since the 1990s. This situation reflects the economic deterioration experienced in the country over the same period. According to the WHO's severity index, Zambia is rated "critical" or "very high" for stunting, "medium" for wasting and "serious" or "high" for underweight.

Overall, an estimated 10% to 13% of children born in Zambia have a low birth-weight. This high incidence is related to poor maternal nutrition before and during pregnancy. According to the ZDHS 1996, 10% of all women of reproductive age surveyed had a low Body Mass Index [BMI: weight (Kg) height (m^2)]. About 9% of the Zambian mothers of children under 3 years of age are malnourished, with a Body Mass Index (BMI) of less

[8] GRZ/CSO (2003) Zambia Demographic Health Survey
[9] GRZ (2002) Poverty Reduction Strategy Paper :2002-2004
[10] CBoH (2004) Critical Analysis of the National Capacity for delivering Health Services

[11] CSO/UNICEF (2000)

than 18.5, representing one of the lowest rates among the sub-Saharan countries[12].

Growth monitoring and promotion (GMP), which peaked in the 1980s appears to be on the wane due to lack of support. Counseling, an important component of GMP has hardly been conducted while nutrition diagnosis and case management still requires a lot of improvement.

Micronutrient deficiencies also contribute significantly to the general ill health and poor nutritional status of the population mainly due to poor dietary intake at household level. This results in lowered immunity, which leads to increased morbidity and mortality. According to the National Vitamin A impact study, Vitamin A deficiency rates among children below five years are at 54 percent (2003) as compared to 65.7 percent (1999). In the same period, anaemia rates were found to be 50 percent as compared to 65 percent in 1998 in the same age group. Fifty percent of women attending antenatal clinics were also found to be anaemic. However, a national baseline study on the prevalence and aetiology of anaemia conducted in 1998 showed that 65% of children, 39% of women and 23% of men were anaemic. Iodine deficiency disorders (IDD) are common health problems in Zambia. A 1993 national sample survey of primary school children found a goitre prevalence of between 9% and 82% with a national average of 32%. Iodated salt is the major source of iodine in Zambia.

1.2 Role of Health and Nutrition in Poverty Eradication and National Development

The wealth of people lies in their capabilities and their assets. Good health and nutrition allows people to work while an incapacitated body is a liability to both self and the caregivers who support it, and to the nation. If health is an asset and ill health a liability, protecting and promoting good health and nutrition is central to the entire process of poverty reduction and human development.

Poor health and nutrition have negative economic impacts on the Government as evidenced from the increased disease burden and mortality particularly in women and children. This is due to increased health costs to families and the Government thereby hindering economic development of the nation. Nutritional status is usually associated with food intake, which may be dependant on income. Poverty is attributed to low-level health status and nutrition. There are however other factors influencing health which may not necessarily be food intake. Therefore the effect of poverty on health and nutrition is more complex than it appears. [13].

The status of one's health and nutrition is not only an outcome of the production-employment income nexus; it can also influence this relationship through, for example, the relationship between workers' productivity and their general health and nutritional

[12] CSO (2003)
[13]UN/SCN (1997) Nutrition and Poverty

well-being. Indeed, individuals' energy intake (through food consumption) can influence their energy expenditure (through work). It may, therefore, be possible to influence production by improving the nutritional levels of workers.

1.3 Existing Policy framework, strengths and weaknesses

In the effort to improve the livelihoods of the Zambian people, a number of policy frameworks have been developed. These policies aim at enhancing programme design and implementation. In as much as these policies have some strengths, some weaknesses have been observed in some. This section highlights some of the strengths and weaknesses in some of the major policies dealing with health and nutrition. However, it should be noted here that many of the policies are still in draft form. Furthermore, most of the strategies have now reached their end year period. Therefore, in essence, there are no policies and strategies currently under the health and nutrition sector. There is need therefore, to ensure that all draft policies are quickly ratified and strategic plans are developed for the five years.

- **Poverty Reduction Strategy Paper**

The Poverty Reduction Strategy Paper (PRSP) as a policy document was developed through a consultative process, which involved the participation of the Government and stakeholders. The Zambian PRSP was launched in 2002 to support country-driven efforts to formulate effective growth and poverty reduction strategies that focus on pro-poor interventions and to mobilize external resources in support of these strategies. The PRSP has also incorporated the fight against HIV/AIDS, which is a critical intervention in alleviating poverty. The PRSP process has led to a sharper focus on poverty reduction, increased ownership by the National Government and increased support from a number of cooperating partners[14].

The original objective of the PRSP focuses on measures to achieve strong sustained economic growth as a tool for reducing poverty. However, the cost of the programmes so designed was rarely provided, which made it difficult to ensure the availability of the required financing. Although there was a consultative process in formulating the PRSP, the strategies were not broadly owned. Furthermore, the institutional changes required could not be achieved without high-level political endorsement, which the policy documents had no means to ensure. Even though sound programmes were designed, the PRSP does not systematically reflect the targets and indicators of the Millennium Development Goals that are critical to reducing poverty in the country[15]. In terms of health and nutrition the paper has not clearly stated the 'how to' and 'who to do it' to realize the provisions stated in the document.

- **Transitional National Development Plan**

The Transitional National Development Plan (TNDP) adopts some of the sectors and strategies developed in the PRSP. The 2002-2005 Development Plan includes the

[14] GRZ (2004) PRSP

[15] World Bank/ UNICEF (2004) Poverty Reduction Strategy Papers: Do they matter for children and young people made vulnerable by HIV/AIDS? Results of a joint UNICEF and World Bank Review

provision basic health as one of the goals in the effort to promote economic growth and hence eradicate poverty. However, these strategies emphasize on rural health care provision especially in tackling HIV/AIDS. The TNDP has identified a government institution, the National Food and Nutrition Commission that deals with health and nutrition. The TNDP recognizes that the provision of health and nutrition has been met with some success and failure. However, the strategies presented do not address some of the failures. Furthermore, there is very little cooperation between government institutions implementing health and nutrition and the civil society[16].

- **Sectoral Policies**

1. Health Policy

A number of health policy documents have been produced to address several health issues such as the National HIV/AIDS policy, National Child Health Policy and the Reproductive Health Policy. These policies provide the framework for addressing the many health issues encountered by the Zambian population. In addition, the policies outline the responses and impact mitigation interventions that are already in place as well as indicating the vision, measures, institutional and legal frameworks necessary for implementing health programmes. The "health policies" greatest strength lies in the involvement of civil society in the provision of health care especially primary health care. The implementation of health and nutrition has been balanced; although there are often limited resources to effectively execute the programmes[17]. The policies however failed to mitigate inadequate human, financial, material and equipment resources to provide equitable and quality health services.

2. Nutrition Policy

The National Nutrition Policy (2005) was developed with consultation with various government departments. The policy addresses the major nutrition issues affecting the country. The major weakness of the policy is that it does not provide a mechanism in which to involve the many NGOs working on food and nutrition interventions in the country.

2. Civil Society's Recommendations for the NDP

The Civil Society plays an important role in the implementation of health and nutrition interventions throughout the country. However, for the most part, their role has not been recognized in the development of the National Development Plan. It is generally accepted that every Zambian has a right to health services. To make this a reality it requires certain factors to be looked into. The following are some of the factors that can enable every Zambian to have the right to health services:

Availability

In the recent years Zambia has made notable progress in expanding health care facilities throughout the country. Over the past two decades, the number of hospitals has become

[16] GRZ (2002) TNDP

[17] GRZ (2004) National HIV/AIDS Policy, GRZ (2002) National HIV/AIDS/STI/TB intervention Strategic Plan, GRZ (2004) National Health Strategic Plan: 2001-2005

more than double and the number of hospital beds has almost doubled[18]. However, the increase in the number of hospitals and hospital beds has not matched the number of qualified health personnel. The country continues to train health care providers, but the brain drain continues to rob Zambia of qualified personnel that could provide the citizen quality health care. Furthermore, drug stock outs have always been a significant problem in Zambian hospitals. Therefore, although the infrastructure is there for the provision of quality health care service in the country, the fact that there are no health personnel and there is a constant lack of supply of drugs means that people are denied proper health care service. Additionally, there is the 40 percent of rural dwellers living not less than 5Kms from a health centre that need to be provided with health services. This population is in essence denied access to health services by the mere fact that there are no health facilities close to their communities.

Recommendations:
Traditional birth attendants and volunteers should be recognised and paid for their services. This should be included in the NDP so that budget allocations match this recommendation.

There should be adequate provision of transport for all health institutions to get to all health centres, including communication services such as radio and telephone.

Government should increase budget allocation to health services especially now that the debt burden has been forgiven by major donors. This should in turn reflect in improved provision of health services, which should available to all regardless of status and location in society.

Equity of Access
Ensuring adequate availability of health care services is necessary but not sufficient for realizing people's right to health. The services must be accessible to them who need the services the most, i.e., the services must be affordable to the poor and provided to everyone without discrimination. The government's overall health expenditure should be pro-poor and should be accessible to all. The urban extreme poor are deprived in terms of curative health care service. The government should allocate more resources towards health care provision in Zambia[19]. The concept of cost sharing should be reviewed to benefit the poor. For the most part, the poor falling outside the vulnerable group (children under 5 years, pregnant women and the elderly) entitled to free basic health care are often denied access to health because they are not able to pay for health care services. Therefore, the government should put in place deliberate measures to benefit the poor. The intention of providing health care to the vulnerable is good; however, the targeting is not well defined.

[18] GRZ (2004) National Health Strategic Plan: 2001-2005

[19] GRZ (2002) Transitional National Development Plan:2002-2005

Recommendations:
There should be equity of access to health services regardless of one's location, status in society and whether that person can afford to pay or not. Therefore, should be a deliberate policy that ensures that those that may be denied access due to various reasons such as inability to pay are provided with adequate health services.

It is recommended that the volunteers who are providing health services throughout the country should have manageable operational areas to avail this service to every Zambian.
The social security services should be strengthened and eliminate all the red tape affecting it currently. It is recommended that this unit be within ministry of health as opposed to ministry of community development in the current system. This will enable the people utilize it effectively.
The cost sharing system in the ministry of health needs revisiting taking into consideration the poverty levels in the majority of the people.

Community health workers and social workers at the community level (DHMT) and community welfare assistance committees (CWAC) should be strengthened/ empowered by having more funding, monitoring and training to ensure that there is improved access to health services within the community.

Introduction of Community social welfare in DHMTs would also go a long way in improving the social security mandates.

Social safety nets for the implementation of exemptions for vulnerable groups should be included in the NDP.

Quality and acceptability
The right to health care emphasizes not only that the quality of services be adequate, but also that the quality of service be good and that it is provided in a socially and culturally acceptable manner. The health services in Zambia fare very poorly on this score. There are a number of reports about the non-availability of physicians and other health care providers and medicine in government health facilities and of government health care providers engaging in private practice and migrating for better conditions of service.

Poor quality of services does not just imply the lack of physical facilities such as unavailability of medicines but also the behaviour of service providers. The right to health entails that the citizens receive adequate health care but also that in the process of being served they must be treated with respect and dignity. Therefore, the poor should not be made to feel disrespected when seeking health care. Providing health care services without respect and dignity for those seeking health care is as much a violation of rights as is the absence of affordable health care.

Recommendations:

The Ministry of Health inspectors should provide quarterly inspections and provide reports on service delivery so that all are assured of available, affordable and quality health services.

The government should invest in transport to enable monitoring of programs, performance and services in the health system
Supervision should include health worker performance to maintain standards of health practice

Participation
The health policy envisages a participatory approach to caring for people's health, at least at the local level. It calls for decentralization of services and participation of local population and local government institutions in policy development, financing and monitoring of health services. But evidence shows that there has been inadequacy of such participation at the local level. Consequently, decisions at the national level have been made in a non-participatory manner. Of course, the ordinary people have no scope of participating in the national decision-making processes regarding how health services should be delivered to them. Regardless of the quality of service they receive, the absence of participation itself constitutes a violation of the people's right to health. It must be noted, however, that community participation is strong in the provision of health care to members of society. However, more needs to be done in making the community participate in issues of decision-making in the provision of health services.

Recommendations:
In order to improve participation of both government institutions and the public, line ministries need to collaborate more often and deal with related issues.

DDCCs should be strengthened and given a specific mandate and more funding to do their work (the current decentralisation policy should be fully implemented.

Civil society participation should be considered and included at all levels of health service delivery. There should also be a motivational strategy policy provisions for volunteers in the health sector.

Monitoring and accountability
There is currently neither (monitoring) mechanism for seeking redress against the violation of right to health, nor for holding the violators to account. Rights are being violated not just by the service providers at the local level, but also by national policymakers who do not care to take people's views into account. The adoption of rights-based approach to health demands that appropriate accountability mechanisms must be put in place so that such violations cannot occur without impunity.

The PRSP, however, emphasizes on the need for spending on the very poor, vulnerable and the disadvantaged, and at the same time emphasizes on the efficient use of resources through providing quality services. But the other two major features of the right-based

health policy have been ignored by the PRSP and these are participation, monitoring and accountability. The PRSP neither mentioned a participatory approach in policy formulation and financing health, nor did it recommend establishing a participatory monitoring mechanism in the micro, meso and macro levels. In this context, the PRSP did not follow the basic principle of the right to health approach, although it recommended for establishing an "ability to pay principle" for the consumers in order to avert the distortive measure for them who do not consume government care.

Recommendations:
The bureau of standards, medical council and drug and poison council (regulating bodies) should be strengthened to ensure that they monitor the various aspects that affect health of Zambians. There should be adequate funding allocated to enable the regulatory bodies be functional. There should be a mechanism to ensure that the regulatory bodies are carrying out their mandates.

HIV/AIDS, Gender and Infrastructure
HIV/AIDS
Zambia like any other Sub-Saharan country has been greatly affected by the HIV/AIDS pandemic. Food is often identified as the most immediate and critical need by people living with HIV/AIDS and others affected by the pandemic. To this effect, the Government should adopt programmes and policy related to food, nutrition and HIV/AIDS, with the view of reversing the negative impacts of the pandemic on the economy.

Furthermore, programmes and policies adopted should ensure that the needs of those affected by HIV/AIDS, in particular, orphans and other vulnerable children are addressed and emphasized in the NDP. In addition, it is only imperative that nutrition is integrated into the basic health care package, treatment and support for people living with HIV/AIDS. This should complement the already existing programmes and policies implemented by the Government in light of the many challenges brought about by HIV/AIDS.

There is need to have a consolidate package of interventions i.e. ART, Counselling, Home Based Care Support and Nutrition. Information should also be made available on the package. This package should include the full participation of the community at all levels of intervention.

Recommendations:
Ensure that nutrition is included in the management of HIV/AIDS. The food security and psychosocial needs should be part of the HIV and AIDS intervention.

Gender
In recent years, there has been increasing concern about violence against women in general and domestic violence in particular. Not only has domestic violence against women been acknowledged as violation of the basic human rights of women, but also an increasing amount of research highlights the health burdens and intergenerational effects.

Tolerance and experience of domestic violence are significant barriers to the empowerment of women, with consequences for women's health, their health seeking behaviour and the health of their children[20].

Although gender mainstreaming is explicitly included in the National Health Strategic Plan (NHSP) very few, if any, major steps have been taken in terms of translating the strategies into action. Consequently, the situation in 2003 is still pretty much faced with the problems that were already identified at the start of the NHSP, which included:

- Lack of approaches to integrating gender in planning and implementation
- Unequal assess to health services due to long distances to health facilities
- Sexual gender based violence, which still exists in Zambia
- Low male involvement in family health matters and reproductive health in particular
- Lack of relevant gender indicators to show what progress has been made in making the health system gender sensitive[21]

Recommendations:
A "male health corner" should be developed in all health facilities and communities so that men can be more involved in reproductive health. The development of the health corner should also ensure that men are encouraged to participate in issues of reproductive health.
There is need to reinforce law of succession and legal rights to empower the Zambians

Infrastructure

The institutional infrastructure is well established at all levels within the health and nutrition sector. For example, Neighborhood Health Committees (NHCs), Community Health Workers, Child Health Promoters (CHP). However, in 2000 the deterioration of health infrastructure and equipment had reached alarming levels where urgent repairs and replacements were required if the health facilities were still to function effectively. Various reasons had contributed to this state of affairs, including:

- Lack of financial resources
- Little use of existing capital funding programmes
- Emphasis on an expansion of the network rather on the rehabilitation of the existing facilities
- Inadequate mobilization of community resources
- Lack of a preventive maintenance policy
- Lack of skilled staff for preventive and corrective maintenance

*Recommend*ation:
There should be programs that will continuously re-orient the NHCs and other community based agents in health and their functions.
There should be mechanisms to monitor their impact on health service delivery.

[20] GRZ/CSO (2003) Zambia Demographic Health Survey
[21] GRZ (2004) National Health Strategic Plan: 2001-2005

Health and Nutrition Programmes

The following interventions should be incorporated in the National Development Plan.

- Training, retraining and retention of health service providers.
- Provision of HIV/AIDS services to all service delivery levels.
- Increase availability accessibility of malaria rapid test kits, Insecticide Treated Nets and anti-malaria drugs.
- Integrated approach to malaria prevention.
- Strengthen community response through regular supply of community kits, community mobilisation and community agent retention mechanisms.
- Improvement of infrastructure.
- Provision of transport at all levels of service delivery.
- Provision of computers and setting up a health network system.
- Integrate community based growth monitoring and promotion with other health services.
- Introduce diversified income generating activities for volunteers and vulnerable groups.
- Reinforcement of fortification policies on all foods.
- Bureau of standards to reinforce food safety policies.
- Implementation of the decentralisation policy.
- Strengthen monitoring systems.

3. Prioritization of Emerging Issues

Within the framework of an integrated approach to health care, the following should be given priority:

3.1 Absolute Minimum Priorities

- Human resource development and retention- to address the issue of labour shortage in the health sector.
- Health financing and financial management – to address the issue of incentives for community health workers and improvement of health and nutrition services.
- Drugs and medical supplies- to address the issue of drug stock outs in health facilities.
- Investment into monitoring and evaluation of health services- to address weaknesses in the monitoring and evaluation systems.
- HIV/AIDS package- to address the inadequacies in the HIV/AIDS programmes. To include nutrition in HIV/AIDS, psychosocial counselling and ART management.

3.2 Other important priorities

- Epidemics-improved public health surveillance and control of epidemics and improve hygiene, sanitation and safe water –which in turn will help reduce and contain epidemics such as cholera

- Improvement of ICTs services in the health sector
- Deliberate targeting to benefit the very poor seek health services – a clear policy that includes those that cannot afford to pay for basic health care services should be provided and made public to would be beneficiaries.

4. Conclusion

Affordable basic health care is a basic right that all Zambians should benefit from regardless of their social and cultural status in the country. Good health contributes to human development that is a key factor in any given national development. Health is also one of the determinants of economic growth. Although there is no automatic link between human development and economic growth, neither of them can progress in a sustainable way without the other growing at the same time. Sustained poverty alleviation requires both human development and economic growth. Therefore health of all Zambians should not be compromised but given a priority if we are to create wealth in our nation.

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Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BCG	TB vaccine
BMI	Body Mass Index
CSPR	Civil Society for Poverty Reduction
DDCC	District Development Coordinating Committees
DPT	Diphtheria Pertusis and Tetanus vaccine
GMP	Growth Monitoring and Promotion
HIV	Human Immuno Virus
ICTs	Information Communication Technologies
IDD	Iodine Deficiency Disorders
IEC	Information Education and Communication
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MTP	Mid-Term (Ministry of Health) Priorities
NDP	National Development Plan
NHSP	National Health Strategic Plan
PEM	Protein Energy Malnutrition
PMTCT	Prevention of Mother-to- Child Transmission of HIV/AIDS
Polio	Poliomyelitis
PRSP	Poverty Reduction Strategy Paper
STD	Sexually Transmitted Diseases
SWAP	Sector Wide Approach
TB	Tuberculosis
TNDP	Transitional National Development Plan
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
ZDHS	Zambia Demographic Health Survey