

Strengthening Zambia's Healthcare System Through Legislative Reforms

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Abstract

Zambia's healthcare is facing challenges due to the lack of a legislative framework and a National Health Policy. This has led to the unregulated expansion of health facilities, driven by political decisions rather than systematic planning. A key example is the widespread renaming of health centers to general hospitals and first-level hospitals without proper gazettement, altering the scope of services without adequate funding, staffing, or improvement in resource allocation. As a result, many such facilities receive insufficient grants that do not align with their operational needs. Furthermore, such expansion of services has not been matched by adequate human resource allocation, causing critical shortages of skilled healthcare workers and imbalanced skill mixes. The same can be said for the supply chain, and since such facilities were renamed without legal processes, they are funded and supplied with drugs and equipment below their operational costs.

These gaps have had an impact on the quality of healthcare, overburdening healthcare workers and limiting access to services. This situation threatens Zambia's ability to achieve universal health coverage. To address these challenges, Zambia must urgently establish a legislative framework for the regulation, development, and management of the healthcare system. This framework should set clear standards for healthcare service delivery, ensure that facilities are appropriately recognized and resourced, and strengthen governance in the decentralized healthcare system.

Background

Zambia's healthcare system has undergone several challenges and reforms over the years. One of the key historical events that significantly impacted the delivery of healthcare services was the repeal of the National Health Services Act in 2005. This act, which had previously provided for governance and coordination of healthcare delivery, was repealed without a replacement. Since then, Zambia has faced considerable challenges in planning and organizing health services, including the critical process of gazetting health facilities. The absence of a legislative framework for health services has led to a fragmented system, where service delivery lacks consistency, standards, and health facilities are often expanded or altered without regulations. To this effect, the Clinical Officers Association of Zambia decided to assess the state of the national healthcare system with a focus on health systems building blocks, specifically exploring available legislative frameworks governing the health sector as a means to understand health service delivery, financing, and health workforce in various provinces, districts, and facilities.

What Do We Know?

In the absence of a national health service legislation, Zambia has attempted to establish various statutory bodies/institutions to manage and regulate the health sector. However, these efforts have proven to be ineffective and, in some cases, have worsened the situation. The creation of these institutions has led to delayed processes, confusion, and a failure to streamline healthcare service delivery. As a result, the general population has become increasingly dissatisfied with the government's ability to handle matters related to health services, further eroding trust in the system.

In response to these issues, Zambia tried to address the gap through the 2012 National Health Policy, which was meant to guide the health sector until 2021. While this policy made efforts to provide some framework and guidance for healthcare delivery, the absence of a formal legislative replacement for the National Health Services Act prevented meaningful long-term improvements. Without the legislative foundation to support it, the policy could not address the underlying issues, such as resource allocation, human resource deployment, and facility gazetting. As a consequence, challenges in healthcare service delivery persisted, and public dissatisfaction remained high.

What is the Problem?

From 2021 onwards, Zambia has been operating without a national health policy, and healthcare service delivery guidelines have lacked a solid foundation. This gap has left the healthcare system without clear direction or proper governance, making it difficult to align services with population needs, disease burdens, and resources. In an attempt to fill these gaps, the government has tried to put in solutions such as yearly recruitment of health workers, expansion of maternity wings to reduce maternal mortality, realignment of procurement of medicines, and implementation of the decentralization agenda, but these measures have largely fallen short of addressing the root causes of the problems. Healthcare facilities continue to face financial strain, human resource shortages, and difficulties in accessing adequate essential drugs and medical equipment to meet population growth and service demand.

An Analysis

Service Delivery and Financing

Several health facilities in Zambia operate beyond their official status due to political pronouncements rather than proper planning. An example of this is Choma General Hospital, which is officially a district hospital, but functions as a general hospital without the necessary resources. Others include Kanyama, Chipata, and Matero Level One Hospitals, which were declared general hospitals and are run by medical superintendents, yet on paper, they remain first-level hospitals. Chelston Clinic and others around the country were pronounced as level-one hospitals, but are still classified as health centers. Additionally, these facilities serve huge populations, which necessitates an in-depth consideration for quality delivery of services to be achieved.

Implication

While these facilities are expected to handle larger populations and more complex cases, they still receive funding, staff allocation, and medical supplies based on their lower classifications. For example, grants allocated to these politically upgraded facilities remain at the level of health centers or district hospitals, making it difficult to meet operational costs. Medical supplies have also been affected. These facilities, in practice, still receive drug allocations meant for lower levels. This has led to frequent shortages, forcing patients to seek care elsewhere and increasing the cost of accessing health services.

Governance and Legal Environment

The absence of health sector legislation (Health Services Act) renders the gazetting of facilities impossible, thereby creating inefficiencies, making it harder for the government to allocate resources effectively. The continued expansion of services without legal recognition puts pressure on the healthcare system, leading to staff shortages, financial strain, and compromised healthcare service delivery.

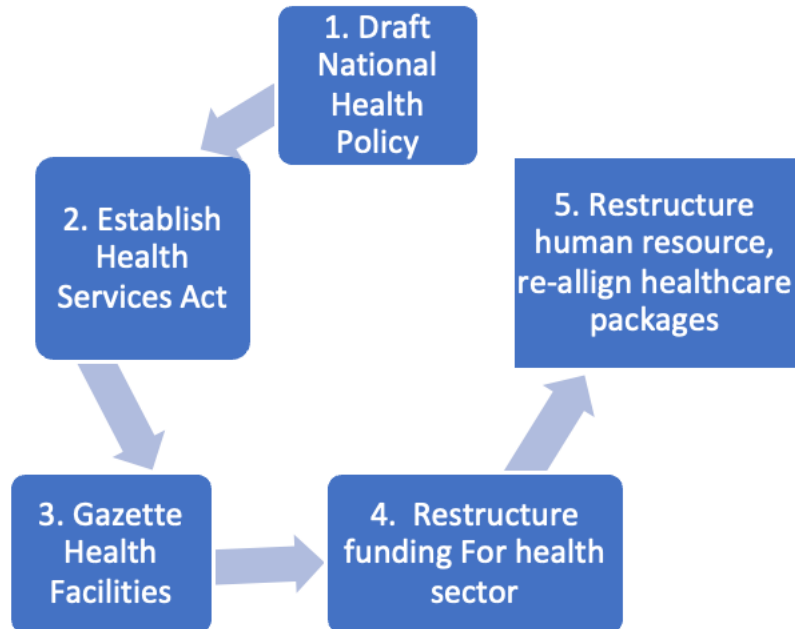
Policy Recommendations

Due to the identified gaps, we recommend the following:

1. ***Drafting of the National Health Policy***
Zambia has operated without a National Health Policy since 2021. A new policy should be developed to provide long-term direction, strengthen governance, provide clear guidelines on service delivery, facility planning, workforce distribution, and health financing to mitigate the inefficiencies currently faced in the sector.
2. ***Establish a National Health Services Act***
This legislation shall provide a legal framework for the coordination, development, and management of a national health system and set standards for rendering health services in a decentralized healthcare sector. This legislation should guide facility classification, funding allocation, workforce planning, and service provision in line with national health needs.
3. ***Upon Establishing the Services Act, Re-Gazette All the Health Facilities and Standardize***
The government should conduct a nationwide assessment of all health facilities and officially gazette them according to their actual capacity, service scope, and resource allocation.
4. ***Workforce Recruitment***
Recruitment of health workers should be based on population growth, service demand, skill mix, and disease burden rather than blanket hiring.

Conclusion

This thematic presentation shows what needs to be done step by step.



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