UHC HIGH - LEVEL FORUM 2025

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NATIONAL HEALTH COMPACT

Zambia

#InvestinHealth

FOREWORD

The health and wellbeing of our people remain the cornerstone of Zambia's human development and national prosperity. Over the last two decades, our country has made commendable progress in advancing health outcomes, reflecting our strong investments in strengthening primary health services, reducing maternal and child mortality and communicable diseases. These achievements reflect our collective commitment to safeguarding the lives of our citizens. Yet, further efforts are required to attain Universal Health Coverage, given the changes in population demands and development assistance landscape.

This National Health Compact is our collective response, a renewed commitment to accelerate progress towards Universal Health Coverage and place health at the heart of Zambia's development agenda. It embodies our resolve to ensure that all Zambians, especially the most vulnerable, have timely access to affordable, people-centered quality health services, and that no one is left behind. These goals are aligned with our Vision 2030, the Eighth National Development Plan and the Sustainable Development Goal 3 of ensuring healthy lives and promoting well-being for all people at all ages.

Our targets are bold and purposeful. Between 2026-2030, we seek to:

- Reduce maternal mortality ratio from 187 per 100,000 live births to less than 100
- Reduce stunting among children under five from 32% to 15%
- Recruit 74,000 health workers to reduce the human resources gap
- Increase public investment in health by allocating at least 15% of the government's budget to health and ensure sustainable financing of HIV/TB and Malaria services
- Transform the Zambia Medicines and Medical Supplies Agency into a transparent, efficient, autonomous, and sustainable institution and ensure that all primary health facilities have the required medicines and functional equipment
- Improve enabling environment for the private sector engagement

Success will require strong leadership, sustained financing, accountability, and deep collaboration across government, development partners, civil society, communities, and the private sector. This Compact establishes the framework for partnership, resource mobilization, and transparent monitoring of results. I call upon all Zambians and all partners to support the implementation of this Compact. Together, we can build a health system that protects every life, strengthens our economy, and secures a healthier and more prosperous future for the Republic of Zambia.

H.E. Hakainde Hichilema

President of the Republic of Zambia

EXECUTIVE SUMMARY

This document outlines Zambia's National Health Compact 2026–2030, which is aligned to the country's Vision 2030 and Sustainable Development Goal 3, which aims to ensure healthy lives and promote well-being at all ages. The Compact demonstrates Zambia's commitment to achieving universal health coverage through investing in selected priority areas identified in the National Health Sector Strategic Plan (2022-2026). The Compact responds to persistent challenges in health access, quality, and equity, and aims to ensure that all people in Zambia, especially the most vulnerable, have timely access to affordable, people-centered quality health services. It calls for strong leadership, sustained investment, and collective action from government, development partners, civil society, communities, and the private sector.

The Zambia Health Compact sets ambitious targets to address the country's major health challenges. Key targets in the next five years include:

- **Maternal and newborn health:** To reduce maternal mortality ratio from 187 per 100,000 live births to less than 100 and to reduce neonatal mortality rate from 17 per 1,000 live births to 12
- **Child health:** To reduce stunting among children under five from 32% to 15% and increase the number of children under two years who are fully vaccinated from 65% to 90%
- **Health workers:** Increase the number of health workers from 82,000 to 156,000
- **Infrastructure and service readiness:** Increase the proportion of health facilities that are fully service ready (i.e. have water and sanitation, reliable power, digital connectivity and measures for infection prevention control) from 40% to 100%
- **Essential medicines and medical supplies:** Increase the proportion of primary healthcare facilities that are fully stocked with essential medicines from 35% to 85%
- **Health financing:** Increase the government budget allocation to the health sector from 10.3% to 15%.

KEY POLICY FRAMEWORKS

- **The National Health Services Act,** which was repealed in 2005, will be replaced by 2026 to provide the legal basis for the organization, delivery, and regulation of health services. This Act will be crucial in informing the implementation of devolution in the health sector, ensuring accountability between both levels of government.
- **The National Health Policy** of 2012 will be updated by 2026 to define sector priorities, and support coordination of resources and actors to improve health outcomes efficiently.
- **The National Health Sector Strategic Plan (2022-2026)** will continue to be the key document guiding the translation of the strategic plan into concrete and measurable actions and will be promptly updated. Additionally, **the National One Health Strategic Plan (2022-2026)** will

provide a framework for a coordinated multisectoral approach towards human, animal health and other threats and will be promptly updated.

- **The National Health Care Package of 2012** will be updated by 2026 to reflect the evolving population health needs and disease burden, with a strong emphasis on promotion and prevention as the foundation of good health and pandemic preparedness.

IMPLEMENTATION APPROACHES

Zambia's health compact focuses on five thematic pillars:

- **Strengthening Service Delivery:** Expanding access to people-centered primary health care (PHC) services, upgrading health facilities, focusing on maternal, newborn and child health.
- **Improving Access to Medicines and Medical Products:** Reforming procurement and supply chains, enhancing the autonomy and efficiency of the Zambia Medicines and Medical Supplies Agency.
- **Investing in Health Workforce:** Accelerating recruitment, and equitable deployment of health workers, with special attention to underserved areas and community health volunteers.
- **Enhancing Digital Health:** Leveraging digital technologies to improve service delivery, data management, and innovation across the health sector.
- **Mobilizing Private Sector Engagement:** Partnering with the private sector to jointly contribute towards improving health outcomes of Zambians.

POST-COMPACT ACTIVITIES FOR EFFECTIVE COMPACT IMPLEMENTATION

Effective communication and stakeholder engagement is pivotal for the successful implementation of the Health Compact. The Government of Republic of Zambia (GRZ) will:

- Establish clear multisectoral governance structures, including all stakeholders at national and local government level to spearhead implementation of priority areas identified in this compact
- Develop a clear implementation, and rigorous monitoring and evaluation plan to track progress, and ensure transparency.
- Develop a communication plan to guide stakeholder engagement at the community level

CONCLUSION

The Zambia Health Compat is an ambitious, actionable blueprint for achieving universal health coverage and sustainable health system improvements. The government invites development partners, philanthropists, private sector civil society, and all stakeholders to join in partnership and support Zambia journey toward Universal Health Coverage.

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1. SECTOR CONTEXT

Zambia has made notable progress in the past two decades, largely due to investments in primary health care, immunization programmes, maternal and child health interventions, and large-scale disease-specific investments, including for HIV, TB and Malaria. As a result, life expectancy has increased from 42.5 in 2000 to 63.0 years in 2023. The under-five mortality rate fell from 119 in 2007 to 42 deaths per 1,000 live births in 2024, while the maternal mortality ratio decreased from 591 to 187 deaths per 100,000 live births[1]. Nearly all births are assisted by a skilled health professional, however neonatal mortality remains high at 17 deaths per 1,000 live births, reflecting quality gaps in maternal, newborn and child health services. Additionally, only 65% of children aged below two years were fully vaccinated in 2024, a decline from 75% in 2018, and only 19.7% were fully vaccinated according to the national schedule. About 32% of children under five are stunted and 12% are underweight.

The country is experiencing a double burden of disease. While the major causes of deaths in Zambia are communicable diseases, maternal and neonatal conditions, and malnutrition, noncommunicable diseases (NCDs) such as cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases are becoming increasingly prevalent; NCDs accounted for 35.0 percent of total deaths in 2021[2].

The overall health worker density is approximately 51.08 per 10,000 people, while the density for medical doctors, nurses, midwives, dentists and pharmacists is 31.17 per 10,000 people, which is less than the Sustainable Development Goal target of 44.5 per 10,000 people[3]. The country requires almost double the current number of health workers, for service delivery to be optimal.

Zambia spends about 2.5 percent of its Gross Domestic Product (GDP) on health. The budget allocations to the health sector have increased over the years from approximately US$875 million in 2023 to US$ 1.1 billion in 2026. However, the share of health sector allocation as a proportion of total government budget has decreased from 11.8% in 2023 to 10.3% in 2026. Additionally, the country has benefited from donor funding, accounting for close to half of the total health expenditure in 2022 (49.4%[4]). A significant share of external funds is off budget, which undermines the health sector's ability to plan strategically.

[1] Zambia Statistics Agency, Ministry of Health (MoH) [Zambia], and ICF. 2024. Zambia Demographic and Health Survey 2024: Key Indicators Report. Lusaka, Zambia, and Rockville, Maryland, USA: Zambia Statistics Agency, MoH, and ICF.
[2] World Health Organization, 2023. *Country Disease Outlook: Zambia.*
[3] World Health Organization, 2024. Zambia Health Labour Analysis Report 2023.
[4] Ministry of Health (2024). National Health Accounts Estimates for Zambia: 2027-2021

2. DECLARATION OF COMMITMENT

As Head of State, I reaffirm my unwavering commitment to advancing the health and wellbeing of all Zambians by ensuring that all people, especially the most vulnerable, have access to high-quality, affordable, and people-centered health services, when needed. This Goal aligns with our Vision 2030, the Eighth National Development Plan and the Sustainable Development Goal 3 of ensuring healthy lives and promoting well-being for all people at all ages.

I recognize that health is not only a fundamental human right, but also a cornerstone of sustainable development and national prosperity. Achieving the goals outlined in this Compact requires strong partnerships and collaboration across sectors, sustained investments and strong political leadership. This National Health Compact embodies a renewed commitment between the government, our cooperating partners, the private sector, and the people of Zambia to place health at the heart of our social and economic agenda.

By 2030, we aim to

- Reduce maternal mortality ratio from 187 per 100,000 live births to below 100
- Reduce stunting among children under five from 32 % to 15%
- Recruit 74,000 health workers and progressively increase the numbers to meet the population's health needs.
- Ensure all primary health facilities meet the service readiness requirements to provide high quality services, including having all the required essential medicines and equipment available and functional, clean water and sanitation, reliable power, and stable internet
- Increase and protect government allocation to health to at least 15% of the total government budget and strengthen public financial management systems for better accountability.
- Create an enabling environment for private sector engagement in health service delivery and expand local pharmaceutical manufacturing.

To achieve the targets outlined in the National Health Compact, I commit to addressing critical bottlenecks, implementing bold reforms and coordinated action across 5 strategic pillars.

I. STRENGTHEN SERVICE DELIVERY TO INCREASE ACCESS TO PEOPLE-CENTERED PHC SERVICES

To ensure all Zambians have access to a defined set of evidence based and cost-effective quality health services, GRZ is committed to guaranteeing its citizens a comprehensive set of services, which reflect the evolving population health needs and disease burden. Further to improve maternal and child health outcomes, the GRZ is implementing innovative evidence based high impact, cost-effective interventions. To close equity gaps in access, GRZ is transforming service delivery by reorienting the health system towards a comprehensive primary health services delivery model, through adopting a community-based health delivery approach. To this end, the Government commits to:

- Replace the National Health Services Act to accelerate devolution of district health services in line with the Constitution (Amendment) Act, No. 2 of 2016, Article 147 and 148 and to strengthen coordination through one-plan-one-budget-one-report
- Scale up implementation of high impact interventions to reduce maternal and newborn deaths
- Expand quality nutrition interventions to support early childhood development and prevent stunting
- Strengthen immunization services to ensure all children below two years are fully vaccinated with basic antigens as per the national schedule
- Sustain access and improve quality for communicable disease prevention, care, and treatment (HIV/STIs/TB/Malaria)
- Upgrade primary health care facilities to meet the service readiness requirements, paying due attention to maternal and newborn health services.

II. IMPROVE ACCESS TO ESSENTIAL MEDICINES, VACCINES, AND MEDICAL PRODUCTS

Access to essential medicines and medical products is central to Zambia's journey to UHC. The GRZ recognizes the need for comprehensive reforms in the supply chain system to improve availability, affordability and rational use of essential medicines, vaccines and medical products. Central to this is the role of the Zambia Medicines and Medical Supplies Agency (ZAMMSA) in procurement and distribution of essential medicines and medical supplies, and the need to transform ZAMMSA into an efficient, autonomous, and sustainable institution. To this end, the GRZ commits to:

- Amend the ZAMMSA Act to promote autonomy and independence in the functions of the institution
- Outsource relevant ZAMMSA functions to the private sector (e.g warehousing, distribution, stock handling).
- Enhance digital systems for procurement, financial management, and adapt and scale up the electronic Logistics Management Information System (eLMIS) at central and facility level
- Strengthen the regulatory capacity of the Zambia Medicines Regulatory Authority (ZAMRA) to move from Maturity Level (ML) 1 to ML 3[5] and to improve animal health/ veterinary medicines regulations.

III. INVEST IN A SKILLED, EQUITABLY DISTRIBUTED AND PRODUCTIVE HEALTH WORKFORCE

Zambia's health workforce transformation centers around scaling the numbers and quality of health workers through training and skills development and enhancing digital readiness to effectively utilize and adopt to new and emerging technologies. To achieve this the GRZ will:

- Accelerate recruitment of 74,000 health workers to narrow the gap in human resource for health (HRH), currently estimated as 94,000 and ensure equitable distribution especially in the underserved areas and enhance productivity
- Expand training, remuneration and retention of at least 45,000 polyvalent community health volunteers
- Implement a comprehensive national HRH Information System to inform responsive workforce planning, linking regulatory information system, training, employment and payroll data.

IV. ENHANCE USE OF DIGITAL TECHNOLOGIES FOR TRANSPARENCY, EFFICIENCY AND ACCOUNTABILITY

Digital technologies are recognized as key enablers of socio-economic development in Zambia. The GRZ is committed to leveraging these technologies to transform the economy and improve public services, including in the health sector. Digital health is considered essential and a transformative tool to accelerate progress toward UHC. Accordingly, the GRZ will:

- Strengthen the governance, policy and regulatory environment for digital health, supported by adequate enforcement capacity
- Prioritize digital systems for efficient and impactful service delivery and ensure sustainable financing for those systems for transparency, efficiency, and accountability
- Leverage digital technology to make informed decisions and to strengthen digital team-based care for seamless PHC service delivery at both community and facility levels
- Create a regulatory sandbox program to pilot and scale home-grown health innovations, including Artificial Intelligence (AI)-based digital systems, under controlled regulatory environments

[5] The World Health Organization assesses national regulatory authorities to evaluate their regulatory framework and functions. Four maturity levels are adopted: ML) indicating some level of the regulatory system exists, ML2 indicating an evolving NRA system that partially performs an essential regulatory function, ML3 indicating a stable, well–functioning and integrated regulatory system and ML4 exceeding the required standards.

V. MOBILIZE PRIVATE SECTOR INVESTMENT AND INNOVATION ACROSS THE HEALTH VALUE CHAIN

The GRZ seeks to harness the private sector's role in service delivery, scaling innovation, increasing access to diagnostics and medicines, and pharmaceutical manufacturing. To this end, the Government will:

- Formalize governance structures for private sector engagement and collaboration, drawing from the Public Private Dialogue Forum and establish a public-private liaison office at the Ministry of Health
- Incentivize private sector investments in service delivery and pharmaceutical manufacturing through providing fiscal incentives (e.g. tax exemption/ reduction), access to subsidized credit facilities and guaranteed advanced purchase agreements for selected products.

COMMITMENT TO RIGOROUS MONITORING AND EVALUATION (M&E)

The GRZ commits to ensuring rigorous and transparent monitoring of the National Health Compact through a structured monitoring and evaluation framework supported by the Ministry of Health and other stakeholders. Data collection and feedback mechanisms will guide policy adjustments and track progress. Monitoring efforts will be integrated into the program budget.

CALL FOR PARTNERSHIPS

The GRZ is fully committed to transforming the country's health system. Through this National Health Compact, the government invites development partners, philanthropists, private sector, civil society and all stakeholders to support Zambia's journey toward UHC and improve the health of all Zambians. These efforts will strengthen the health system, improve health outcomes, and contribute to the country's broader social and economic development goals.

FUNDING COMMITMENTS

To meet our targets, we will mobilize resources from the Government, bilateral and multilateral partners, including the International Development Association, philanthropists and the private sector. The funding requirements to achieve Zambia's health sector targets are as follows:

FUNDING NEEDS BY 2030 (US$ MILLION)

Investment area	Public	External	Private	TOTAL
Strengthen service delivery to increase access to people centered PHC services	234	188	47	469
Improve access to essential medicines, vaccines and medical products	1,054	301	151	1,506
Invest in skilled, equitably distributed and motivated health workforce	1,671	186	0	1,857
Mobilize private sector investment and innovation across health chain	0	0	-	-
Enhance use of digital technologies	0.14	0.11	0.03	0.28
TOTAL[6]	**2,960**	**674**	**197**	**3,832**

[6] Totals may not equal the sum of components due to rounding.

3. COMPACT TARGETS AND ACTION PLAN

This Health Compact presents high-level commitment actions with specific targets and timelines to drive progress toward the achievement of UHC. This Results and Accountability Framework establish a shared mechanism through which all parties can track progress, assess performance, and take corrective action. It ensures that commitments made under this Compact translate into measurable improvements in health outcomes, financial protection, and system performance. The framework is aligned with the National Health Strategic Plan (NHSP) 2022–2026 and other strategic and policy documents, and applies a balanced mix of outcome, output, and process indicators to reflect not only service delivery results but also systems strengthening efforts that sustain progress. A detailed M&E and implementation plan will be developed to guide the day-to-day activities during the implementation period.

A) CORE INDICATORS

Strategic Area	Indicator	Baseline	Target (2030)	Accountability
Maternal health	Maternal mortality ratio (MMR) – maternal deaths per 100,000 live births	187 (2024)	≤100	MOH / Zambia Statistics Agency
Neonatal health	Neonatal mortality rate (NMR) – deaths per 1,000 live births	17 (2024)	≤12	MOH
Child nutrition	Stunting prevalence among children under five	32%	15%	MOH / National Food and Nutrition Commission (NFNC) / Local Govt
Health workforce transformation	Number of health workers	82,000	156,000	MOH / Cabinet Office / Ministry of Finance and National Planning (MOFNP)
Infrastructure & service readiness	% of health facilities fully service-ready (water and sanitation (WASH), power, digital systems, infectious prevention and control)	68%	100%	MOH / Local Govt / Rural Electrification Authority (REA)
Health financing & financial risk protection	% of national budget allocated to health	10%	15%	MOFNP / MOH
Access to essential medicines, vaccines and medical products	% of PHC facilities fully stocked with essential medicines	45%	85%	MOH / ZAMMSA / ZAMRA

B) RESULTS & ACCOUNTABILITY FRAMEWORK (2025–2030)

I: STRENGTHEN SERVICE DELIVERY TO INCREASE ACCESS TO PEOPLE-CENTRED PHC SERVICES					
Policy Commitment	**Actions to Operationalise**	**Indicators**	**Baseline**	**Timelines & Targets**	**Accountability**
Develop legislation and policy	**Replace the repealed National Health Services Act** **Fully devolve district services and other relevant functions as defined in Constitution and the Health Sector Devolution Plan**	National Health Services Act replaced and adopted % of districts with formally transferred authority in HR to local authorities % of districts with formally transferred authority in financial management to local authorities % of districts with formally transferred authority in PHC facility management to local authorities	No - - -	Act replaced and adopted by 2026 100% by 2027 100% by 2027 100% by 2027	MOH/ Parliament/ Ministry of Justice (MOJ) MOH / Local Govt / Cabinet Office MOH / Local Govt / Cabinet Office MOH / Local Govt / Cabinet Office
Improve maternal and newborn and child health outcomes	· Scale up EMOTIVE bundle for postpartum hemorrhage reduction · Establish and equip Neonatal Intensive Care Unit (NICU)s at Level 1 and above · Ensure vaccine availability at all service delivery points · Promote demand for vaccination · Strengthen referral, diagnostics, and blood product supply systems Support nutrition interventions	% of facilities implementing EMOTIVE Number of Level 1 hospitals with a functional NICU % of children under 2 fully immunized Minimum dietary diversity among children 6-23 months Proportion of children under 5 years with anaemia	TBD 10 65% 22% 58%	EMOTIVE scaled nationally by 2027 116 NICUs by 2030 90% by 2030 TBD TBD	MOH MOH / Infrastructure Unit MOH MOH / NFNC MOH / NFNC

Expand integration of private providers into national systems	· Develop mechanisms to integrate private facilities into referral pathways · Require reporting to HMIS and eLMIS	% of private facilities reporting into Health Information Management System (HMIS)	21.4% (860 facilities)	50% by 2027; 80% by 2030	MoH / NHIMA / ZAMRA / Local Govt

II. IMPROVE ACCESS TO ESSENTIAL MEDICINES, VACCINES, AND MEDICAL PRODUCTS

Policy Commitment	Actions to Operationalise	Indicators	Baseline	Timelines & Targets	Accountability
Strengthen ZAMMSA leadership & governance	**Outsource selected functions** · Identify functions to outsource · Recruit consultants to manage selected functions at ZAMMSA **Review and amend the ZAMMSA Act** · Conduct legal and institutional review of the current Act · Submit revised Act for approval and gazette · Appoint and induct new Board **Establish accountability, performance, and oversight mechanisms.** · Develop a governance and accountability framework · Set measurable performance targets and reporting mechanisms · Establish oversight mechanisms (audit, compliance, performance review) · Institutionalize monitoring and accountability processes · Ensure availability and adherence to standards.	Number of functions outsourced to private sector % of outsourced ZAMMSA functions meeting performance Revised ZAMMSA Act approved and gazetted New ZAMMSA Board appointed, oriented, and operational Governance and accountability framework institutionalized Annually audit conducted on time Functional health sector oversight mechanism in place and reporting Annually	0 0 No No No No No	3 100% by 2026 Act approved and gazetted by 2026 Board appointed and functional by 2026 Framework institutionalized by 2026 Annual Audits conducted by 2026	MOH / ZAMMSA MOH / ZAMMSA MOH / ZAMMSA MOH / ZAMMSA MOH / ZAMMSA MOH /ZAMMSA /AG MOH

Improve availability of EMMS	**Increase budget allocation to EMMS**	Annual budget allocation to ZAMMSA (absolute value)	TBD	By 2026	MOH / ZAMMSA
	Strengthen capacity for forecasting, and supply planning · Train staff in forecasting, quantification and pipeline analysis	% of total health budget allocation to ZAMSA	TBD	TBD	MOH / ZAMMSA
		% of GRZ contribution to the procurement of HIV/TB/Malaria commodities	TBD	TBD	MOH / ZAMSA
	· Develop Annually supply plans with partner coordination	% of health facilities with all selected tracer medicines in stock	TBD	95% by 2030	MOH / ZAMMSA
	Institutionalize continuous monitoring of stock levels and implement redistribution mechanisms to prevent stockouts	Forecast accuracy rate	TBD	Deviation of +/- 25% of volume forecast	MOH / ZAMMSA
	· Roll out stock visibility dashboards and reporting tools · Establish thresholds and triggers for redistribution	Supply plan accuracy	TBD	+/-10% deviation from the target	MOH / ZAMMSA
	· Monitor stock imbalances and coordinate inter-facility transfers	% cost of waste from expiry	TBD	<1.5 %	MOH / ZAMMSA
Improve supply chain end-to-end visibility	**Implement track and trace system** · Identify and procure appropriate track-and-trace technology · Install infrastructure and configure platforms · Deploy system and monitor functionality	Track-and-trace system functional	No	Track and trace system operational by 2026	MOH / ZAMMSA
	Scale up implementation of eLIMS · Assess facility readiness and infrastructure needs · Roll out eLIMS in phases across facility levels · Monitor adoption and system usage	% of health facilities connected to and reporting using the eLMIS Facility Edition	54%	90 % of facilities by 2030	MOH / ZAMMSA

Strengthen regulatory capacity of ZAMRA	**Build institutional, technical, and quality assurance systems to meet regulatory requirements** · Conduct WHO benchmark assessment and gap analysis · Implement recommendations from the benchmarking	ZAMRA at WHO ML3	ML1	By 2029	MOH / ZAMRA

III: INVEST IN A SKILLED, EQUITABLY DISTRIBUTED AND PRODUCTIVE WORKFORCE

Policy Commitment	Actions to Operationalise	Indicators	Baseline	Timelines & Targets	Accountability
Scale up recruitment, equitable distribution and retention of health workers	**Recruit additional health workers to meet population needs** · Develop phased recruitment plans with Cabinet Office and MoF · Recruit additional health workers · Establish incentives for attraction and retention · Monitor deployment and absorption across levels	Number of health workers recruited by cadres	0	74,000 by 2030	MOH / MOFNP / Cabinet Office
Improve availability of routine health workforce data	**Develop and maintain a comprehensive HRHIS** · Deploy Human Resources Information System (HRIS) across districts and facilities · Link HRIS with payroll, and regulatory systems · Train HR officers, ICT staff, and facility managers	% of districts using HRIS	TBD	90% by 2030	MOH

IV: ENHANCE USE OF DIGITAL TECHNOLOGIES FOR TRANSPARENCY, EFFICIENCY, AND ACCOUNTABILITY					
Policy Commitment	**Actions to Operationalise**	**Indicators**	**Baseline**	**Timelines & Targets**	**Accountability**
Strengthen digital health governance and policy and regulatory environment	**Digital health governance** · Develop an action plan to improve enforcement and compliance in digital health · Develop and publish technology standards **Align the policy and regulatory environment with the current and future health needs** · Finalize Statutory Instrument (SI) for Health Data Management · Establish regulatory frameworks for emerging technologies · Develop the National Digital Health Strategy 2026-2030	Regulatory framework for emerging technologies adopted SI on Health Data Management gazette	No No	Regulatory framework for emerging technologies adopted by 2027 SI on Health Data Management approved by 2026	MOH / MOJ / Smart Zambia Institute (SZI) / Zambia National Public Health Institute (ZNPHI) MoH / MoJ / SZI / ZNPHI
Prioritize the digital systems and ensure sustainable operational financing	**Develop digital health financing and maintenance plan** · Prioritize digital systems to scale and invest with financing model · Regular monitoring on system use	% of digital health systems with secured funding	TBD	80% of digital systems GRZ financed by 2030	MOH / MOFNP / Cooperating Partners / SZI
Leverage digital technology for informed decision making and team-based PHC care	**Enhance use of digital tools for informed planning and budgeting** **Improve interoperability to connect facility and community application and others** · Operationalize Interoperability Architecture Framework · Enhance National Health Data Repository · Develop core registries	% of PHC facilities using digital platforms	TBD	80 % of PHC facilities by 2030	MOH / ZNPHI / Local Govt / District Health Offices

V: MOBILIZE PRIVATE SECTOR INVESTMENT AND INNOVATION ACROSS THE HEALTH VALUE CHAIN					
Policy Commitment	**Actions to Operationalise**	**Indicators**	**Baseline**	**Timelines & Targets**	**Accountability**
Strengthen coordination between public and private sector	· Establish a formal Public–Private Health Sector Coordination Platform · Include private sector in sector reviews and planning processes	Public–Private Health Sector Coordination Platform established	No	Yes	MOH /Ministry of Commerce, Trade, and Industry (MCTI) / Private Sector Federation / Cooperating Partners
Reduce production costs and attract local investors	· Introduce fiscal incentives (tax waivers, duty exemptions on raw materials) · Develop incentive packages for local pharmaceutical and medical supply manufacturers	Number of fiscal incentives approved for health manufacturing Number of companies benefit from the incentives	No -	At least 3 incentives introduced by 2027 TBD	MOFNP / MoH / MCTI / Zambia Revenue Authority MOH / ZAMMSA / MOFNP / Zambia Public Procurement Authority (ZPPA)
Promote local production and market sustainability	· Prioritize procurement from local manufac-turers for selected essential products · Establish government purchase guarantees · Review tariff structures for essential health commodities	% of GRZ procurement from local manufacturers for selected essential products	<10%	TBD	MOH / ZAMMSA / MOFNP /ZPPA

4. COUNTRY AND SECTOR OVERVIEW INCLUDING CURRENT STATUS AND OPPORTUNITIES

NATIONAL CONTEXT

Zambia has experienced a significant macro-economic downturn, and weak economic performance has reversed income gains. Between 2000 and 2010, the country's GDP experienced an average annual growth rate of 7.1 percent, which fell in the following decade to an average of 3.6 percent. The severe drought of 2023/2024 impacted negatively on both food security and growth prospects. Poverty levels decreased from 61 percent to 54 percent between 2010 and 2015 but following the COVID-19 pandemic and price shocks, the poverty rate increased to 64.3 in 2022 and slightly declined to 63.1 percent in 2024.

Zambia's population is growing rapidly with longer life expectancy; however human capital and human development outcomes remain low. Zambia's population is expected to grow from 20.4 million in 2024 to 27.0 million in 2033, and the urban population will exceed the rural population by 2029. However, the provision of public services is insufficient and not fully optimized for the changing demographics.

This section describes key challenges in the Zambia health system which hinder effective service delivery and optimal use of resources, opportunities and recommendations.

I. GOVERNANCE AND LEADERSHIP

The National Health Policy, 2012 is the overarching framework guiding the health sector. The MoH provides overall policy direction, strategic planning, and regulation. The National Health Services Act, 1995, was repealed in 2006 through the National Health Services (Repeal) Act (commencement) order, 2006 and the same has not been replaced.

The country embarked on decentralization in 2002, and the 2023 National Decentralization Policy aims to actualize devolution, which will strengthen citizen participation and enhance service delivery. Guided by the policy, the district health services are devolved to local authorities including district health offices, zonal health centers, rural/urban health centers, and health posts. Key challenges relate to:

- Lack of up-to-date policy documents at national and local authority level
- Inadequate institutional and regulatory framework for decentralized healthcare delivery system. Sectoral and local government authority laws and regulations are not aligned to devolution, which impends enforcement of standards for facility operations, digital health, and public–private partnerships etc.
- Weak financial and administrative capacity at district level.

Recommendations

- Develop a National Health Services Act and update the National Health Policy that include the use of ICTs and AI in health service delivery systems as well as support for specialists training through communities of practice already established in the country
- Review relevant legislation and policies to align with the devolution of health services at both national and local authority level
- Accelerate implementation of the Health Sector Devolution Plan, ensure equitable resource allocation to districts and local governments and give districts authority to plan, allocate, and manage their own health funds and HRH
- Strengthening public financial management systems for transparency and accountability.
- Build local authority capacity for planning, budgeting, monitoring and reporting to ensure evidence-based decision-making
- Develop a collaborative framework to guide coordination in the sector and streamline implementation

II. HEALTH INFRASTRUCTURE AND SERVICE READINESS

Zambia has focused on improving health infrastructure and service readiness in line with health system strengthening. The country has a total of 3,460 public and private health facilities, most (72.5%) of which are in rural areas. The total number of health facilities per 10,000 population is 1.72, which is close to the WHO recommendation of 2.0. Rural areas have more health facilities per 10,000 population (2.16) compared to urban areas (1.0), suggesting that investments in rural areas should focus on making facilities operational and ensuring they have the right equipment and supplies to provide quality services.

Close to 90% of health facilities have access to improved sanitation, 83% have an improved water source, while 62% have power. Only 63% of health facilities have all the basic amenities in place. However, the functionality of these basic amenities is unclear. Availability of basic equipment is more constrained; only 2% of facilities have all the required equipment, and no health post (0%) has all the basic equipment. The NHSP 2022-2026 mid-term review revealed the national average of General Service Readiness Index is 52%, which underscores the need for improvements to achieve uniform healthcare quality across all regions. Key challenges include:

- Lack of key planning documents, including updated and climate sensitive infrastructure and service delivery standards, infrastructure development and maintenance plan, comprehensive asset mapping and life-cost analysis
- Inadequate budget allocation for maintenance of infrastructure and equipment
- Limited availability of electricity, WASH, and internet access in health facilities.
- Weak diagnostic capacity, insufficient laboratory and emergency transport network. Only 7% of health facilities have basic diagnostic tests available.

Recommendations

- Update the National Health Infrastructure Master Plan which includes standards for infrastructure development and maintenance to address increasing and diversifying healthcare needs and climate change
- Improve budget allocation and execution through a costed plan for infrastructure development and maintenance as well as for service readiness (e.g. National Health Capital Investment Plan)
- Engage private sector in maintenance for healthcare facilities and equipment including for electricity, WASH, and internet as well as improving procurement and contract management for health infrastructure
- Equip health facilities with the basic equipment required for each level, paying due attention to health posts and health centers
- Identify key equipment suppliers to ensure sustainable and efficient equipment provision to specific zones of the country
- Strengthen diagnostic capacity, laboratory network, and emergency transport network
- Ensure all health facilities have reliable electricity, WASH facilities, and internet connectivity by coordinating with other sectors for sustainable infrastructure development

III. ACCESS TO ESSENTIAL MEDICINES, VACCINES AND MEDICAL PRODUCTS

The GRZ has been working towards strengthening the supply chain system and ensuring essential medicines, vaccines and medical products are available and accessible countrywide. Despite the progress in physical infrastructure development, an increase in the budget allocation for procurement of essential medicines, and improving stock levels at the central warehouses, challenges remain in last mile distribution. 2022 data showed that only 38% of the health facilities had all essential medicines available and there are regional disparities (availabilities in urban and rural facilities are 44% and 37%, respectfully). Additionally, only about half of health facilities had all the three-tracer lifesaving maternal and newborn health commodities.

Key challenges relate to:

- Governance and leadership instability at ZAMMSA
- Limited supply chain management capacity at all levels
- Stock outs: In 2023, public health facilities had a national drug stock level of 53.1%, which is significantly below WHO's recommended minimum of 80%
- Suboptimal, fragmented, and low level of use in information systems which impede supply chain efficiency
- Low budget allocation and reliance on donor funding for medicines for HIV, Malaria and TB
- Weak regulatory capacity of ZAMRA due to limited human resources and laboratory capacity

Recommendations

- Amend the ZAMMSA Act to strengthen the governance arrangements
- Update the National medicines Policy to align with the current context and healthcare needs
- Implement an interoperable procurement and financial management solution that seamlessly integrates with existing digital platforms such as the eLMIS, Warehouse Management System, Enterprise Resources Planning, and budget tracking tools.
- Scale up eLMIS countrywide from the current level of 53%
- Design and implement a track and trace system to ensure end-to-end visibility of all health products throughout the supply chain
- Increase budget allocation for purchase of medicines, particularly for program commodities, which have historically been funded by donors
- Strengthen the regulatory capacity of ZAMRA to achieve Maturity Level 3
- Optimize the use of digital technology for supply chain management (SCM) including for forecasting and planning, commodity tracking, and procurement
- Invest in human resources for supply chain management at primary health care
- Continue to belong to regional regulatory frameworks like ZAZIBONA, the collaborative medicines registration initiative under Southern Africa Development Community (SADC), The African Medicines Agency (AMA) under the African Union (AU)

IV. REDESIGN AND EXPAND ESSENTIAL HEALTH SERVICES PACKAGE AND STRENGTHEN SERVICE DELIVERY TO INCREASE ACCESS TO PEOPLE-CENTERED PHC SERVICES

All Zambians have access to services provided at primary health care facilities, without making any payments at the point of service. However, the availability and reliability of these services is a challenge; therefore, the extent to which the population is benefiting from these services is unclear (see Pillar II).

Following the decentralization policy, the health sector has devolved part of the health service delivery to bring services close to the population, but there are still challenges and opportunities to improve health service delivery including:

- Inefficiency in service delivery which requires focused approach
- Geographical inequities in service delivery. Given its land size, Zambia is sparsely populated, making it expensive to deliver services.
- Limited coordination across the sectors in delivering health and nutrition services at the community level
- Limited use of other service delivery points such as pharmacies and private clinics
- Suboptimal use of community intervention and school health services

Recommendations

- Implement high impact interventions and ensure enablers are in place (e.g. blood products, health workers trained in specialized care, referral system) to improve key health outcomes (MMR, NMR, stunting)

- Enhance the activities for reducing teenage pregnancies (e.g. reduce child marriage, improve access to sexual and reproductive health services)
- Re-design primary healthcare service delivery model to ensure integrated service provision
- Increase immunization coverage by creating demand for immunization and ensuring the required vaccines are available at the primary care level
- Integrate private providers and pharmacies into primary healthcare delivery and information management
- Enhance multi-sectoral coordination for service delivery (e.g. provide nutrition services with social protection, agriculture, etc.)

V. HEALTH WORKFORCE TRANSFORMATION

The health sector employs 93,902 people at different levels. The overall worker health density is approximately 51.08 per 10,000 people, while the density for medical doctors, nurses, midwives, dentists and pharmacists is 31.17 per 10,000 people, which is less than the Sustainable Development Goal target of 44.5 per 10,000 people.[9] The country requires almost double the current number of health workers for optimal service delivery. In 2022/2023, the GRZ recruited about 11,000 health workers, and plans are under way to recruit additional health workers in 2026, but gaps remain high. For example, 20,000 health workers need to be recruited in 2026 for all the newly constructed and equipped health facilities across the country to be staffed.

To bridge the health workers gap and take primary health care services close to the population, the country has embraced the role of community-based volunteers (CBVs) in delivering essential health services, especially in underserved remote rural areas. As of January 2025, Zambia had around 96,000 CBVs; however, nearly all CBHVs were supported by development partners, raising sustainability concerns.

Key challenges relate to:

- Workforce shortages, inappropriate skills mix, inequitable distribution, particularly in rural and underserved regions. Staff shortages in the rural areas are up to three times higher than in the urban areas.
- Insufficient training environment: inadequate policy frameworks, underfunded and understaffed institutions, outdated curricula, inadequate infrastructure
- Weak, inadequate and fragmented HRH information systems undermine HRH planning, recruitment, deployment and accountability

Recommendations

- Revise and update the HRH strategy and the National Training Operations Plan (NTOP)
- Scale up recruitment to reduce the HRH gap, estimated as 94,000 health workers in 2024 and ensure equitable distribution particularly in underserved areas by improving staff retention.
- Align training curricula for all categories of health workforce with the global practice, evolving health care needs and service delivery context, and policy shifts, and expand specialist training for all cadres
- Establish an interoperable national HRIS linking regulatory information system, training, and employment data as well as payroll system, thus creating a single source of real time data for HRH planning, management and accountability
- Expand training, remuneration, and retention of the Polyvalent Community Health Volunteers to optimize the available human resources at the community level
- Strategically train and deploy wider range of health workforce for SCM, laboratory network, health informatics, etc.

[9] Ministry of Health (2024). Zambia Health Labor Market Analysis Report 2023.

VI: FINANCIAL PROTECTION AND HEALTH FINANCING

The Zambia health sector spent approximately US$ 1.46 billion in 2021. A significant share of these resources was from donors (49.4 percent[10]). While out-of-pocket payments are relatively low and within the WHO's recommendations (7 percent and 10 percent in 2021 and 2022 respectively), suggesting better financial risk protection than most countries in the region, the changing donor health financing landscape is likely to push these costs higher, posing financial access barriers, for the poorest population. The total government spending as a share of GDP was 2.5 percent in 2021, which represents half the recommended levels of spending for a country to make progress towards UHC.

The GRZ budget allocations to the health sector have increased over the years (approximately US$875 million in 2023 compared to US$ 1.1 billion in 2026), but the share to the health sector as a proportion of total government budget has decreased from 11.8 percent in 2023 to 10.3 percent in 2026.

Key health financing challenges relate to:

- Low government spending on health, approximately US$ 31.5 per capita, which is about a quarter of the recommended spending
- High external funding, particularly for HIV (98%), malaria (85%) and reproductive health (78.5%). A significant share of these funds is off budget, making it difficult for the GRZ to predict and plan
- Weak and fragmented public financial management systems.
- Fragmentated health financing systems. There are multiple pools, including tax funds MOFNP, National Health Insurance Management Authority (NHIMA), vertical programmes, and private health insurance companies.
- Inefficiencies in resource allocation and spending: The health sector in Zambia operated at 53% efficiency level in 2023[11]. Additionally, about 42% of total health expenditure is spent on curative care at the hospital level at the expense of the preventive and primary care services, which are more cost-effective.

Recommendations

- Increase and protect budget allocation to health
- Strengthen domestic resource mobilization by introducing and expanding mechanisms such as earmarked taxes, including sin taxes (introduction of a health tax via airtime) and efficiency gains
- Prioritize funding for primary care services which are provided for free at the point of use
- Strengthen output-based budget to give health workers flexibility to make decisions
- Align donor funding to government priorities and minimize off-budget support, where possible
- Strengthen Public Financial Management system

VII: PRIVATE SECTOR ENGAGEMENT AND INNOVATION

The private sector plays a pivotal role in Zambia's health system. As of June 2024, 21.4% (860 out of 4,019) of health facilities are privately operated. The domestic manufacturing industry for medicines and medical supplies is very small, with only four manufactures in 2025, half the number what existed two decades ago. Further private sector engagement will provide opportunities in accelerating progress towards UHC. However, current involvement is limited, and challenges persist in the following areas:

- Weak coordination between the public and private sector makes it difficult for the private sector to actively contribute to improvements in the health sector

[10] Ministry of Health (2024). National Health Accounts Estimates for Zambia: 2027-2021
[11] WHO (2023). Technical efficiency of health systems in the WHO African Region Brazzaville: WHO Regional Office for Africa.

- High cost of production, particularly high taxes on raw materials are key barriers to market entry and sustained production. These lead to high prices of final products, which is borne by the consumer
- Uneven competition from imported products, which attract no taxes, and are therefore significantly cheaper compared to local products
- Limited and unpredictable orders from the GRZ, hinders planning and sustainability of manufacturers.
- Weak capacity of ZAMRA prolongs products registration process, often leading to expiry of products and losses
- Insufficient legislative environment for public private partnerships
- Limited mechanisms to integrate private facilities into national referral and service delivery networks and information management ecosystems.

Recommendations:

- Provide financial incentives, including removing or reducing taxes to attract local investors
- Give priorities to local manufactured products, and provide purchase guarantee to selected essential products.
- Integrate private sector engagement into the key sector documents, specifically around supply chain management, service delivery, medical education, and local manufacturing.
- Improve policy and regulatory environment for local manufacturing and implement the local manufacturing strategy

VIII: DIGITIAL HEALTH

Zambia has improved digital health ecosystem to improve its population's health outcomes. The country has worked on improving policy and regulatory environment as well as enhancing digital services and applications for health system management and service delivery including Electronic Health Record (EHR) at scale. However, the challenges remain in:

- Sustainability of the existing digital services and applications
- Fragmented digital health investments missing the clear linkage to health outcomes and costing
- Interoperability across digital health services and applications
- Workforce for digital health
- inadequate data governance mechanisms
- Limited digital infrastructure for further use of digital technology in the sector
- Limited use of digital tools and data for planning and budgeting (e.g., geospatial data, and disease prediction)

Recommendations

- Strengthening data governance
- Optimize and regularly monitor the use of digital health services and applications to improve health outcomes and sustainability
- Operationalize Interoperability Architecture Framework (standards, compliance, etc.)
- Scale up the health information exchange and develop core registries
- Invest in training for digital health and promote change management
- Enhance use of digital tools and data for informed decision making

5. POST-COMPACT ACTIVITIES FOR EFFECTIVE HEALTH COMPACT IMPLEMENTATION

Effective communication and active collaboration with stakeholders, including government agencies and local councils, development partners, private sector participants, and civil society organizations, are critical to sustaining Compact's momentum. By leveraging the existing communication channels, the Ministry will ensure transparency and create a framework where feedback loops are effectively utilized to refine implementation strategies. Fostering mutual accountability and building trust among stakeholders will strengthen ownership and enhance the impact of interventions. Clear and consistent information sharing with stakeholders will ensure alignment and coordination at all levels.

To facilitate oversight and streamline implementation monitoring, the MOH will establish a multisectoral steering committee which will provide regular updates to the presidency. The monitoring and evaluation unit under the Directorate of Policy and Planning will be responsible for day-to-day monitoring including generating comprehensive Compact implementation reports. In collaboration with the relevant government entities and directorates within the MOH, the monitoring and evaluation unit will develop a detailed post-Compact monitoring plan, defining clear timelines and establishing whether progress will be reviewed annually or biannually. These periodic reviews are essential for assessing milestones, tracking performance indicators, and ensuring activities align with Compact's goals. Transparent progress reviews will further enhance the credibility of the Ministry's efforts and demonstrate accountability to stakeholders.

A. Communication and Stakeholder Engagement

An effective communication and stakeholder engagement strategy is pivotal for the successful implementation of the Health Compact. This strategy will ensure clear and consistent information sharing with stakeholders to foster alignment and transparency. Key components include:

- Timely updates and feedback shared through the Ministry of Health's website to ensure accessibility and information dissemination;
- Regular stakeholder forums to facilitate active collaboration, build trust, and foster mutual accountability among government agencies, development partners, private sector participants, and civil society organizations;
- Media outreach leveraging both traditional and digital platforms to broaden awareness and engagement across diverse audiences; and
- Biannual progress updates and joint performance reviews to enhance transparency, track milestones, and align activities with Compact's goals.

B. Governance and Coordination

The effective delivery of the Health Compact will be achieved through streamlined governance approach and robust stakeholder coordination mechanisms. Key measures include improving partner coordination by using the existing Cooperating Partners platform, including Health Cooperating Partners, and utilizing data analytics to enhance accountability and ensure timely achievement of Compact's objectives.

6. INDICATIVE SUPPORT FROM DEVELOPMENT PARTNERS

Development Partner	Main Areas of Support[12]	Total of expected funding for 2025-2027 (USD, Millions)[13]
European Union (EU)	Adolescent Health; Nutrition; Human Resources; Reproductive Health & Maternal Health; Neonatal Health	15.10
International Organization for Migration (IOM)	-	1.00
United Nations Population Fund (UNFPA)	Adolescent Health; Essential medicines supplies; HIV/AIDS; Reproductive Health & Maternal Health; Public Health Emergencies	24.65
United Nations International Children's Fund (UNICEF)	Child Health & Development; Adolescent Health; Nutrition; Neonatal Health; Non-Communicable Diseases	7.43
World Health Organization (WHO)	Epidemic Control & Surveillance; Public Health Emergencies; Health workforce development; Health Governance and Financing; Health Information System; Essential Drugs and Medicines; Health System Resilience; HIV/AIDS; Reproductive Health & Maternal Health; Child Health & Development; Non-communicable Diseases,	28.31
World Bank Group/ Global Financing Facility (GFF)	Diagnostic Services-Lab & Imaging; Human Resources; Public Health Emergencies; Medical Infrastructure & Equipment; Health Information & Health Research & Innovation	114.70
Gavi, the Vaccine Alliance	(Child Health & Development)	58.80

[12] This is based on self-reports from partners that align with the NHSP focus areas.
[13] The figures are based on self-reported amounts as of December 2024, collected during the Annual Consultative Meeting, except for the Japan International Cooperation Agency (JICA)/Embassy of Japan, which provided an updated estimate.

The Global Fund to Fight AIDS, Tuberculosis and Malaria	Communicable Diseases; Public Health Emergencies; Integrated health support systems	278.88
Federal Ministry for Economic Cooperation and Development/ German Cooperation (incl. KfW/GIZ)	Reproductive and Maternal Health; Child Health and Development; Adolescent Health; Nutrition	13.70
The Japan International Cooperation Agency (JICA)/ Embassy of Japan	TB/Leprosy; Community Health; Epidemic Control & Surveillance; Clinical Care Services	18.30
Sweden	Reproductive Health & Maternal Health; Health Promotion & Education, and Social determinants	11.42
United Kingdom (Foreign, Commonwealth & Development Office (FCDO))	Reproductive Health & Maternal Health; Child Health & Development; Nutrition	5.42
Embassy of Switzerland	Health Promotion & Education, and Social determinants; Integrated Health Support Systems	6.54
The Government of the United States	HIV/AIDS; Malaria; Reproductive Health & Maternal Health; Public Health Priorities; TB/ Leprosy	TBC
TOTAL		**584.25**[14]

[14] Total doesn't include support from the USG, which is pending confirmation.