



NATIONAL HEALTH IN ALL POLICIES STRATEGIC FRAMEWORK 2017-2021

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Ministry of Health
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His Excellency Mr. Edgar Chagwa Lungu President of the Republic of Zambia.

FOREWORD



The attainment of Zambia's goal of being a prosperous and middle-income country by 2030 as stipulated in its Vision 2030 is dependent on among others, a healthy and productive population. This is premised on the fact that the quality of life of people is highly influenced by key health determinants such as access to clean water and sanitation, housing, nutrition and food security, education, gender equality and poverty eradication.

Therefore, the Government of the Republic of Zambia (GRZ) has prioritized health as a key socio-economic investment in the Seventh National Development Plan 2017-2021. Consequently, Government has embarked on a transformative agenda that focuses on Universal Health Coverage, "*Leaving No Behind.*" It is for this reason that the health sector needs to systematically engage, work and coordinate with other ministries and stakeholders outside its sectoral mandate to ensure that health considerations are integrated in all policies. In order to achieve this, it requires a well-articulated National Health in All Policies (HiAP) Strategic Framework.

This Framework has been developed to ensure that all sectors include health and well-being as key considerations in policy development. The shift from sector-based planning to a multi-sectoral development approach which is Government Policy lays a strong foundation for the implementation of the strategies outlined in this document.

The HiAP framework has been developed based on recommendations of various international, regional and national protocols for addressing social determinants of health, health promotion and Health in All Policies anchored on the "*WHO Health in All Policies (HiAP) Framework for Country Action.*"

I therefore, call upon line ministries to contribute to the promotion and maintenance of public health within their mandates. In addition, the participation of stakeholders who include Cooperating Partners, Private sector, Non-Governmental Organisations, Civil Society, religious organisations and communities is critical to achieving the results expected by the Zambian people.

I am confident that this framework will strengthen the implementation of programmes. I therefore implore all stakeholders to fully implement this strategic framework as part of the Whole of Government approach to development in order to improve the health and living standards of all citizens.

Mrs. Inonge Mutukwa Wina, MP
VICE PRESIDENT
REPUBLIC OF ZAMBIA

ACKNOWLEDGEMENTS



I would like to acknowledge the all-inclusive and widespread consultative processes that have facilitated the development of this National Health in All Policies (HiAP) Strategic Framework. The consultative process entailed engaging stakeholders in various sectors and at various levels in order to ensure that the outcome reflected the wishes and aspirations of all. The stakeholders committed material, financial, and technical expertise to the process.

I express my sincere gratitude to the World Health Organisation – Zambia Country Office, the WHO Regional Office for Africa and the European Union Luxembourg-WHO Universal Health Coverage Partnership Programme for providing technical, logistical and financial support towards the development of this National HiAP Strategic Framework.

My gratitude also goes to the officials from various Government Ministries whose expertise, support, commitment and dedication was instrumental in developing this National HiAP Strategic framework.

My special gratitude goes to Cabinet Office (Policy Analysis and Coordination Unit) for providing policy guidance, Ministry of Justice for legal expertise and guidance and the Ministry National Development Planning for ensuring that the document is aligned with the 7NDP and the University of Zambia-Health Policy Unit under the School of Public Health for providing technical expertise with regards to Health in All Policies Framework development.

Finally allow me to thank the Permanent Secretary- Technical Services and Permanent Secretary- Administration for supporting the development of this HiAP Strategic Framework.

Hon. Dr. Chitalu Chilufya, MP
MINISTER OF HEALTH

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ABBREVIATIONS/ ACRONYMS

CAG	Cluster Advisory Group
CBOs	Community Based Organisations
CSO	Central Statistical Office
CSOs	Civil Society Organisations
DHPESD	Department of Health Promotion Environment and Social Determinants
DMMU	Disaster Management and Mitigation Unit
DDCC	District Development Coordinating Committee
DPP	Director Policy and Planning
D-WASHE	District- Water Sanitation and Hygiene Education
GDI	Gender Development Index
GDP	Gross Domestic Product
GII	Gender Inequality Index
GRZ	Government of the Republic of Zambia
GYTS	Global Youth Tobacco Survey
HIA	Health Impact Assessment
HiAP	Health in All Policies
HMIS	Health Management Information System
HDI	Human Development Index
IHDI	Inequality-adjusted Human Development Index
IMR	Infant Mortality Rate
IMCOs	Inter- Ministerial Committee of Officials
LCMS	Living Conditions Monitoring Survey
CLOs	Cabinet Liaison Officers
MIS	Malaria Indicator Survey
MMR	Maternal Mortality Rate
MoGE	Ministry of General Education
MoH	Ministry of Health
NCDs	Non Communicable Diseases
NDDC	National Development Coordinating Committee
NGO	Non-Governmental Organisation
NHC	Neighbourhood Health Committee
OVP	Office of the Vice President
PAC	Policy Analysis and Coordination Unit

PDCC	Provincial Development Coordinating Committee
PHC	Primary Health Care
SAG	Sector Advisory Group
SDG	Sustainable Development Goals
SDH	Social Determinants of Health
SNDP	Seventh National Development Plan
SP	Strategic Priorities
TWG	Technical Working Group
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
V-WASHE	Village- Water Sanitation and Hygiene Education
WDC	Ward Development Committee
WHO	World Health Organisation
WHO/FCTC	WHO Framework Convention on Tobacco Control
ZDHS	Zambia Demographic and Health Survey

WORKING DEFINITIONS

Equity in Health

Inequity – as opposed to inequality has a moral and ethical dimension, resulting from avoidable and unjust differentials in health status. Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and more pragmatically, that no one should be disadvantaged from achieving this potential if it can be avoided (WHO, EURO, 1985)

Gender Inequality Index: A composite measure reflecting inequality in achievement between women and men in three dimensions: reproductive health, empowerment and the Labour market (UNDP).

Gini coefficient

Measure of the deviation of the distribution of income among individuals or households within a country from a perfectly equal distribution. A value of 0 represents absolute equality, a value of 100 absolute.

Health for All

It means that resources for health are evenly distributed and that essential health care is accessible to everyone. It means that health begins at home, in schools, and at the workplace, and that people use better approaches for preventing illness and alleviating unavoidable disease and disability inequality (UNDP).

Health Impact Assessment (HIA)

A combination of procedures, methods, and tools by which a policy, programme, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. Health Impact Assessment is usually underpinned by an explicit value system and a focus on social justice in which equity plays a major role so that not only both health inequalities and inequities in health are explored and addressed where ever possible (Barnes and Scott-Samuel, 1999).

Health in All Policies

HiAP as an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.

Health inequity

The presence of unfair, avoidable or remediable differences in health services and outcomes among groups of people.

Healthy public policy

Healthy public policy is a key component of the Ottawa Charter for Health Promotion (1986). The concept includes policies designed specifically to promote health and policies not dealing directly with health but acknowledged to have a health impact.

Human Development Index (HDI)

A composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living. The composite Human Development Index (HDI) integrates three basic dimensions of human development. Life expectancy at birth reflects the ability to lead a long and healthy life. Mean years of schooling and expected years of schooling reflect the ability to acquire knowledge. And gross national income per capita reflects the ability to achieve a decent standard of living (UNDP).

Inclusive development

This is a pro-poor approach that equally values and incorporates the contributions of all stakeholders - including marginalized groups - in addressing development issues. It promotes transparency and accountability, and enhances development cooperation outcomes through collaboration between civil society, governments and private sector actors.

Inequality adjusted Human Development Index

HDI value adjusted for inequalities in the three basic dimensions of human development.

Inter-sectoral action

Efforts by the health sector to work collaboratively with other sectors of society to achieve improved health outcomes. This can include working across different levels of government such as district, provincial and national jurisdictions.

Joined up Government

Method of government characterised by effective communication between different departments and coordination of policies.

Multi-sectoral approach

Refers to deliberate collaboration among various stakeholder groups (e.g., government, civil society, and private sector) and sectors (e.g. health, environment, and economy) to jointly achieve a policy outcome.

Multi-dimensional Poverty Index

Percentage of the population that is multi-dimensionally poor adjusted by the intensity of the deprivations (UNDP).

Non-state actors

A non-State actor is an entity that is not part of any State or public institution. Non-State actors include Non-Governmental Organizations, private sector entities, philanthropic foundations and academic institutions. (WHO, 2015).

Policy

A policy can be defined as an agreement or consensus on a range of issues, goals and objectives which need to be addressed

Population health

The health outcomes of a group of individuals, including the distribution of such outcomes within the group. It is an approach to health that aims to improve the health of an entire human population.

Primary Health Care (PHC)

Refers to “essential health care” that is based on “scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in a community. It is through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

Social Determinants of Health

Determinants of Health are factors which influence health status and determine health differentials or health inequalities. They include for example natural biological factors, such as age, gender, and ethnicity, behavior and lifestyles, such as alcohol consumption, diet and physical exercise, the physical and social environment, including housing quality, the workplace and the wider urban and rural environment, and access to health care (Lalonde, 1974).

Social gradient

Reflects an individual’s or population group’s position in society and different access to and security of resources such as education, employment and housing, as well as different levels of participation in civic society and control over life.

Universal Health Coverage

This means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

Whole-of Government

This implies public service agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. Approaches can be formal or informal, and can focus on policy development, programme management and service delivery.

Whole-of-Society

Refers to coordinated efforts to improve health by multiple stakeholders within and outside government that may also be from several sectors.

1. INTRODUCTION

The successful attainment of Zambia's goal of being a prosperous, middle-income country by 2030 as stipulated in its Vision 2030¹ is dependent upon having a healthy and productive population. Therefore, the Government of the Republic of Zambia (GRZ) has prioritized health as a key economic investment in the Seventh National Development Plan 2017-2021². Consequently, the Ministry of Health (MOH) is implementing the National Health Strategic Plan in order to provide equitable access to cost effective, quality health services as close to the family as possible. However, government recognises that broader determinants of health lie outside the health sector and is therefore, committed to ensuring that healthy lives, promoting well-being for all is not confined to the health sector alone. Figure 1 shows that health is at the centre of the sustainable development agenda. It impacts on other sectors and is equally impacted by action from other sectors.

Although many sectors already contribute to improving the health of Zambians, significant gaps still exist. The country faces a high burden of communicable diseases and a growing burden of non-communicable diseases while structural and social deprivation including poverty, inequalities and marginalisation also remain major threats to health. In order to effectively address all the social determinants of health, all sectors should take into account health and well-being as a key element of policy development. Public policies outside the health sector dealing with agriculture, education, environmental protection, gender, nutrition and food security, housing and infrastructure, social services, climate change, trade, revenue collection and allocation of public resources, employment and working conditions, transport, water and sanitation have important ramifications for population health and health equity. The increasing number of people dying from road traffic accidents, recurring outbreaks of diarrhoeal diseases such as cholera and the negative impact of tobacco use and alcohol misuse on health and society are examples of public health challenges which require urgent multi-sectoral actions.

The health sector therefore needs to systematically engage, work and coordinate with other ministries outside its sectoral mandate to ensure that health considerations are integrated in all policies in order to promote and protect health. This requires a Health in All Policies approach (HiAP). Health in All Policies is defined as an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity³.

The Seventh National Development Plan 2017-2021 recognises the multifaceted and interlinked nature of sustainable development and represents a paradigm shift from sectoral planning to an integrated multi-sectoral development approach under the theme of accelerating development efforts without leaving 'no one' behind. This approach is in line with the SDGs agenda which considers all the goals to be "integrated and indivisible". It has therefore laid a foundation for HiAP and provides for the creation of a multi-sectoral committee on HiAP. The National Health Policy⁴ also emphasises the engagement of government, civil society, cooperating partners, private sector, and communities in efforts aimed at moving towards the realisation of health for all. Equally, the National Health Strategic Plan 2017-2021⁵ emphasises strong multi-sectoral collaboration to address all the social determinants of health.

In 2017, the Government of the Republic of Zambia under the Transformation Agenda, restructured the

1 GRZ (2006) Vision 2030

2 GRZ (2017) Seventh National Development Plan 2017-2021: "Accelerating development efforts towards vision 2030 without leaving anyone behind" GRZ, Ministry of National Development planning, Lusaka, Zambia

3 WHO and the Government of South Australia (2010) Adelaide Statement on Health in All Policies: Moving towards a shared governance for health and Well-being. Report of an international meeting on Health in all policies.

4 GRZ (2012) National Health Policy: 'A nation of healthy and productive people'. GRZ, Lusaka, Zambia

5 GRZ (2017) National Health Strategic Plan 2017-2021, Ministry of Health, Lusaka, Zambia.

Ministry of Health, and established the Health Promotion, Environmental and Social Determinants of Health (HESDH) Directorate. Following the restructuring, the Ministry of Health presented a proposal to Cabinet to develop a framework for HiAP implementation. This is the first National Health in All Policies (HiAP) implementation framework for Zambia.

It is intended to promote multi-sectoral actions to address Social Determinants of Health (SDH) and to accelerate achievement of the Sustainable Development Goal on health and its 13 targets and other health related targets in other SDGs. It covers key action areas for improving health and equity in line with global recommended actions for advancing Health in All Policies to improve health and equity⁶ recommendations of the report of the WHO Commission on Social Determinants of Health 2008⁷, the WHO African Region Strategy for addressing Social Determinants of health⁸ and embraces principles of health for all and equity in line with the Rio Political Declaration on the Social Determinants of Health (2011)⁹ and other international and regional resolutions, strategies and frameworks.

The framework has been developed based on the guidelines contained in the “**WHO Health in All Policies (HiAP) Framework for Country Action**”¹⁰ which sets out six key components (strategic lines) to put the HiAP approach into action: Establish the need and priorities for HiAP, frame planned action, identify supportive structures and processes, facilitate assessment and engagement, ensure and monitoring, evaluation, reporting and build capacities.

The framework also emphasizes the use of recommended HiAP tools such as collaborative mechanisms, information systems, health lens analysis, health impact assessments and partnership frameworks. It also takes cognizance of the importance of inter-sectoral action within the sectors of government and actors outside government such as non-government organisations, private sector, United Nations, professional associations, civil society, academia and research institutions.

The implementation of this framework will be anchored on existing platforms for inter-sectoral collaboration such as the cluster system, the inter-ministerial HiAP committee, already existing and new inter-sectoral collaborative mechanisms and new and existing policy and regulatory frameworks. Furthermore, the policy formulation process in the country is already geared to supporting HiAP because it is not only multi-sectoral, results oriented, participatory, transparent and accountable, but also provides for consultations across sectors and takes into account social, economic and environmental impacts of policies. The use of lessons from other countries and information sharing platforms will be critical to the success of HiAP in Zambia.

It is important to mention that this framework was developed through a participatory process involving the key stakeholders. A review of existing policies and legislative frameworks was conducted to identify strengths and gaps on how health has been addressed and it formed a basis for developing this strategy and identifying future HiAP actions across sectors. The identification of priority policy issues to be addressed was based on the epidemiological data and priorities in the National Health Strategic Plan and a review of the major determinants of health.

This framework is intended to provide guidance for HiAP implementation at national, provincial and district levels. The priority policy issues can be applied at all these levels. The framework also in-

6 WHO and Ministry of Social Affairs and Health, Finland (2013). The 8th Global Conference on Health Promotion, Helsinki, Finland, 10-14 June 2013. The Helsinki Statement on Health in All Policies.

7 WHO (2008) Report of the WHO Commission on Social Determinants of Health. World Health Organization, Geneva, Switzerland

8 WHO (2010). **A strategy for addressing the key determinants of health in the African Region, Report of the Regional Director. AFR/RC60/3. Regional Committee for Africa, Sixtieth Session, Malabo, Commit**

9 WHO (2011), Rio Political Declaration on Social Determinants of Health. WHO. Geneva, Switzerland.

10 WHO (2014), WHO **Health in All Policies (HiAP) Framework for Country Action. WHO**. Geneva, Switzerland.

cludes a monitoring and evaluation framework linking objectives to specific outcomes, outputs and indicators. It is expected that this framework will strengthen the involvement of all sectors, civil society and communities in health and contribute to action on improving health and health equity through actions on social determinants of health.

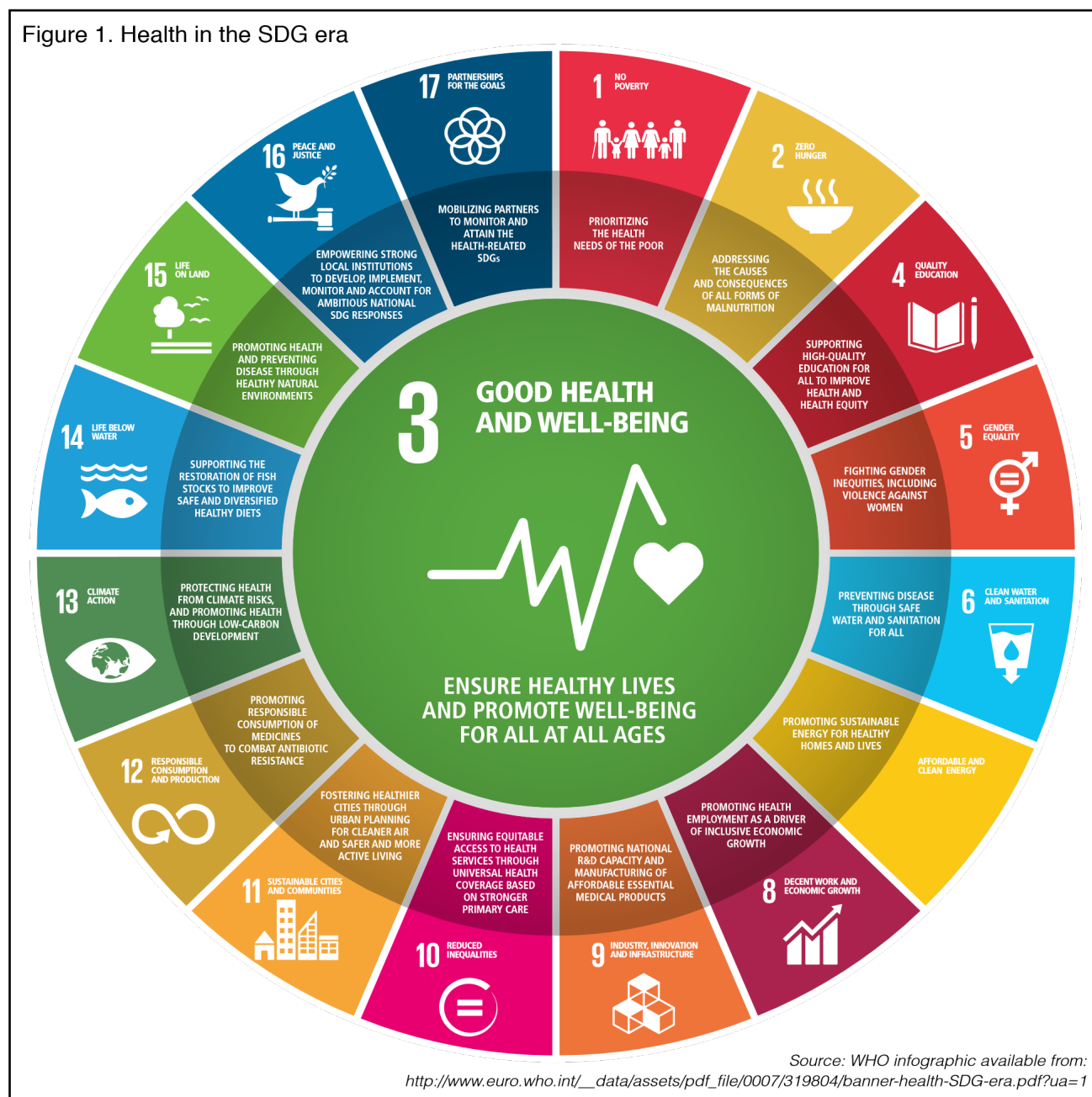


Figure 1: Health in SDGs

Source: <http://www.afro.who.int/media-centre/infographics/sustainable-development-goals>

2. SITUATION ANALYSIS

2.1 Political, economic and social context

Zambia is a landlocked country covering a total area of 752,612 square Kilometres. The population is estimated to be 16.2 million with a growth rate of about 3% per annum¹¹. Out of the total population, 51% are females and 49 percent males. The population is relatively young with approximately 70% being below the age of 25. Zambia is one of the most urbanised countries in Africa as 60.5 per cent of the population resides in urban areas. The country enjoys a stable multiparty democracy and a market-oriented economy.

The Seventh National Development Plan 2017-2021¹² (7NDP) spells out the development agenda which is anchored on the national vision of becoming a prosperous middle income country by 2030. The vision 2030 provides key drivers for growth comprising mining, agriculture, tourism, and enhanced support for small to medium scale enterprises. The Sustainable Development Goals also influence the development plans and strategies. Zambia is now a Lower Middle Income Country and in 2014 it progressed to the Medium Human Development category. The economy relies heavily on copper mining which accounts for over 70% of export earnings; however, there is intensified economic diversification from copper dependence to other sectors especially agriculture, tourism and manufacturing. The majority of people in Zambia (60%) live in rural areas where they depend on subsistence agriculture. The rural areas continue to lag behind, while urban areas have benefited from the concentration of capital-intensive industries such as construction, mining and transport.

The progress in generating economic growth and micro economic stability has continued. Zambia's Gross Domestic Product at current prices increased from an estimated K144, 722.4 million in 2013 to K165, 900.6 million in 2014. The GDP per capita increased from K7, 425.00 in 2010 to K9, 075.00 in 2012 and further increased to K11, 043.1 in 2014¹³. The Human Development Index (HDI) value increased from 0.565 in 2012 to 0.579 in 2015, positioning the country at 139 out of 188 countries and territories. However, when Zambia's HDI value 0.579 is discounted for inequality, it falls to 0.373. It should also be noted that the average annual HDI growth for the period 2010-2015 (1.30%) is lower compared to that for the period 2000-2010 (2.50%)¹⁴.

In spite of the stated achievements in the economy, the Living Condition Monitoring Survey 2015¹⁵ shows that 54.4% of the population is poor, with rural areas having higher levels at 76%. Females suffer more the effects of poverty (56.7%). The incidence of poverty also has regional differences, for example Western Province is 80 percent poor compared to 20 percent for Lusaka. Unemployment has also been on the increase in the country, estimated to be 15.8 percent in 2015, after a 2.6 percent rise from 2010. High levels of poverty and unemployment have important implications on the health status of the population. Zambia has high inequality levels; the Gini Coefficient as a measure of income inequality is 55.6 for the period 2010-2015.

2.2 Health Status

Zambia is facing a high burden of communicable diseases and a fast growing burden of non-communicable diseases which is reflected in high rates of mortality. Life expectancy stands at 51.1 for males and 55.6 for females in 2015. However, progress has been made in some selected indicators. According to the Zambia Demographic Health Survey (ZDHS) 2013-14, the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) declined from 591 per 100,000 live births in

11 CSO, 2010

12 GRZ (2017) Seventh National Development Plan 2017-2021: "Accelerating development efforts towards vision 2030 without leaving anyone behind" GRZ, Ministry of National Development planning, Lusaka, Zambi

13 CSO National Accounts Statistics, 2014

14 UNDP (2016) Human Development Report 2016

15 CSO (2010) LCMS

2001-02 to 398 per 100,000 live births and from 70 per 1,000 live births in 2001-02 to 45 per 1,000 live births respectively. Under-five mortality also declined from 119 per 1,000 live births to 75 per 1,000 live births¹⁶. Despite these gains, the figures remain unacceptably high and more effort is needed to reach the 2021 national targets and those of the SDGs. Malnutrition also poses a significant threat to child health and survival with the prevalence of stunting in Zambia currently standing at 40%. Uneducated and poor mothers are more likely to have malnourished children. In addition, Zambia's health services have not been spared from the increasing burden from ageing population and rapid unplanned urbanisation.

The country has experienced a gradual decline in HIV prevalence among adults aged between 15 and 49 years, from 14.3% in 2007 to 13.3% in 2013-14. Despite this decline, the current prevalence rate is high compared to the NHSP target of 5% by 2021. The health sector has also recorded remarkable progress on Antiretroviral Treatment (ART) coverage, which stands at 72% of the eligible people against the UNAIDS global target of 90%. Zambia is one of the thirty high TB burden countries with a TB national prevalence of 638 cases per 100,000 in the adult population. The prevalence is generally higher among women (15.1%) compared to men (11.3%)¹⁷. Malaria remains endemic throughout the country with 336 cases per 1,000 population in 2015. According to the Health Management Information System (HMIS), hospital malaria fatalities decreased from 24.6 per 1,000 admissions in 2014 to 19 per 1,000 admissions in 2016.

Non-Communicable Diseases account for 22.6% of the total deaths in the country. The major risk factors are tobacco use, physical inactivity, alcohol consumption and unhealthy diets. The 2017 Steps Survey Report¹⁸ for Zambia shows that 12.3% of adults aged 18-69 currently smoke tobacco, 21% drink alcohol, 24.2% are overweight and 7.5% are obese. The report also shows that more women (12.8%) are at risk of suffering from Non-Communicable diseases compared to 11% for men.

The country is also prone to outbreaks of anthrax, chickenpox, cholera, dysentery, measles, meningitis, mumps, plague, rabies and typhoid. Poor access to safe water and good sanitation, poor housing and unsafe food are some of the major drivers of these diseases particularly, cholera and other diarrhoeal diseases. The ZDHS 2013- 2014 indicates that only 41% of the households in Zambia have access to improved sources of water. Households in urban areas are more likely to have access to improved sources of water than those in rural areas (83% and 19% respectively). Overall, 25% of households in Zambia have no toilet facilities. This problem is more common in rural areas (37%) than in urban areas (2%)¹⁹. Health emergencies such as Cholera outbreak affect the poorest and most vulnerable population. The country is also vulnerable to natural disasters such as droughts and floods. The recent El Nino weather phenomenon which was associated with severe droughts in many parts of the sub-region and less so in the country resulted in food insecurity and a negative impact on rural livelihoods. Food insecurity is likely to have a major impact on the nutritional status of children in particular if the current mitigation measures are not sustained.

Domestic violence is also one of the reasons for poor health, insecurity and inadequate social mobilisation among women. The ZDHS 2013-2014 shows that physical, sexual and/or emotional violence stands at 47% among married women aged 15-49 at the hands of their most recent husband or partner. This has negative health consequences on the victims and especially on the reproductive health of women.

Zambia is further facing an increase in the number of road traffic accidents, putting the health care system under pressure to provide quality care for the victims. By December 2016 a total of 32,350 road traffic accidents were recorded in the country compared with 33,672 in 2015, representing a 4% reduction. The figures are too high because the government's vision is to reduce road accidents by

16 ZDHS 2013-2014

17 MOH (2014) National TB Prevalence survey

18 WHO (2018) Zambia STEPS Survey 2017. Factsheet

19 ZDHS 2013-2014

50% by 2020. The numbers of fatalities have increased by 4% during the same period from 2, 113 to 2, 206.²⁰

2.3 Social determinants of health

The health of individuals and communities is, to a large extent, determined by the environments and circumstances in which they live and operate. This includes the social, economic and physical environments and the person's individual characteristics and behaviour as illustrated in figure 2.

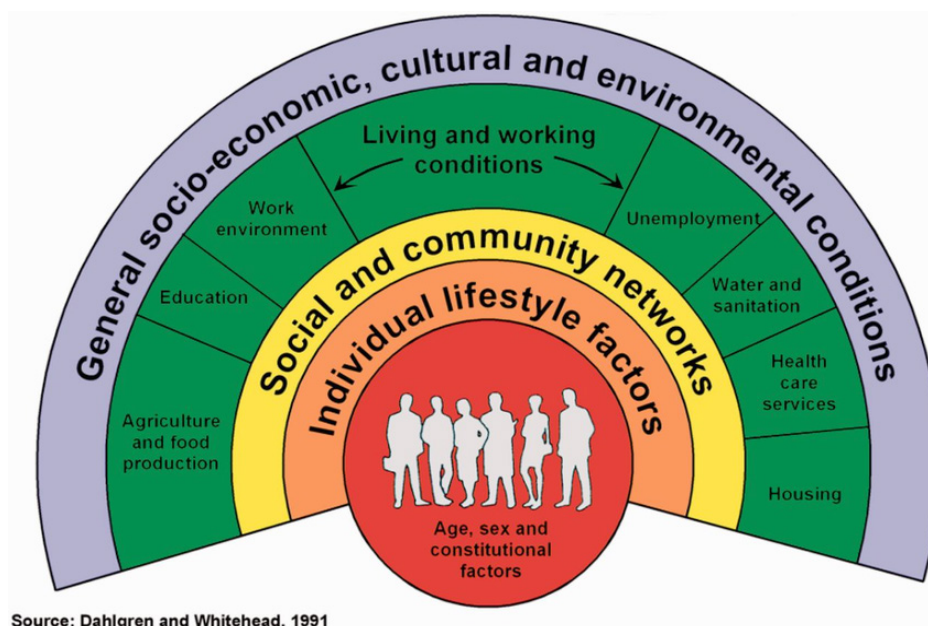


Figure 2: Dahlgren and Whitehead's model of the social determinants of health.

Poverty impacts negatively on health and is a major root cause of ill health. More than 50 percent of the population in Zambia is living below the poverty datum line. The situation is even worse in rural areas where an estimated 76.6 percent are classified as poor. Income inequity among the population has also remained high. This has clear health implications: for example, nutrition indicators suggest that the poorest are 1.5 times as hard hit compared with the better-off. Malnutrition is also consistently higher in rural areas compared with urban areas. Zambia has again joined the rest of the world in fighting poverty through the Sustainable Development Goals (SDGs) agenda which seeks, among other things, to end poverty and reduce vulnerabilities by 2030.

2.3.1 Education and literacy

Education equips people with knowledge and skills for problem solving, ability to access and understand information on health, and helps to provide a sense of control over life circumstances. It also increases opportunities for job and income security and ultimately household wealth status all of which have direct impact on health and well-being. Low education and literacy levels are linked with poor health, more stress, low income and lower self-confidence. Women in Zambia have a lower literacy rate (67.5%) compared with that of men (83.0%)²¹.

2.3.2 Social and cultural aspects

Zambia is a multi-cultural society with 72 tribes and different ethnic, racial, religious and traditional groupings. Even though the country has a rich social and cultural diversity, with significant potential to promote good health, there are cultural beliefs and practices which are harmful to health. Examples

20 Ministry of Transport and Communications (2017) Ministerial Statement to Parliament on measures to reduce road traffic accidents in Zambia.

21 CSO, ZDHS 2013-2014

include: sexual cleansing of surviving spouses, unsafe traditional male circumcision procedures and early marriages for the girl child and patriarchal traits that perpetuate the low status of women.

2.3.3 Nutritional Status

Under-nutrition is endemic in many parts of the country. For example, malnutrition contributes up to 42% of all under five deaths. According to the ZDHS, 45% of Zambian children are stunted, 15% are underweight while 5% are wasted. Micronutrient deficiency remains high as 54% of children under the age of five and 13% of women of child bearing age are vitamin A deficient. Further, only 40% of infants younger than six months were exclusively breast fed.

2.3.4 Access to safe water and sanitation

Limited access to safe water and sanitation facilities accompanied by poor hygiene is associated with skin diseases, acute respiratory infections, and diarrheal disease, which is the leading preventable disease. Poor environmental sanitation is a major source of public health problems and epidemics in Zambia. The 2015 LCMS indicates that about 67.7% of households had access to safe water sources while 39.7% of the population had access to sanitation. More than 80% of the health conditions presented at health institutions in Zambia are communicable diseases related to poor environmental sanitation, with significant adverse impact on the poor, especially children. The poor access to safe water and sanitation is compounded by high levels of urbanisation with people in unplanned living settlements and peri-urban facing the worst consequences. In most of these areas poor waste management is a major public health threat. In these conditions, food safety is also a major threat to health. Government has enacted the Water and Sanitation Act (WSA) of 1997, Peri-Urban Water Supply and Sanitation Strategy and is implementing the National Urban Water Supply and Sanitation Programme (NUWSSP). However, the WSA does not adequately cover the critical issues of access, drainage, solid waste management, community facilities, and land and security of tenure.

2.3.5 Housing

Affordable and stable housing in well-designed communities helps families have better access to health and other supportive services. Zambia struggles with the provision of affordable housing. The national housing deficit stands at more than 2 million units and is compounded by rapid population growth and continued rural to urban migration. In Lusaka, nearly 70 percent of all housing stock is substandard and informal and accommodates over two thirds of the city's population. The vast majority of urban dwellers in Zambia's towns and cities live in unplanned settlements in housing infrastructure which is informal without layout plans and many do not have proper access to clean water and sanitation. The houses are constructed very close to each other in a poor environment while the population is growing very fast due to high birth rates, immigration of people from rural areas and the influx of foreigners. However, slightly more than half (52.9%) of households in rural areas live in traditional huts. Under Section 66 of the Public Health Act, councils must prevent or remedy danger to health arising from unsuitable dwellings. Despite the existence of sanctions, enforcement of regulations and standards is very weak. The high rate of population growth and urbanisation in Zambia requires that there are clear urban policy guidelines and strategies to guide housing and urban development.

2.3.6 Income and Economic Status

The country currently has a high level of unemployment leaving many people vulnerable to illness and thereby imposing a heavy burden on the health delivery system. Unemployment rate has remained static with a marginal decrease from 7.9 in 2012 to 7.4 percent in 2014²². Unemployment rate for females decreased from 9.2 percent in 2012 to 6.5 percent in 2014. The level of formal sector employment is low, resulting in a narrow tax base. This also has implications for effectiveness of the proposed SHI scheme.

22 CSO (2015) selected socio economic indicators 2015

2.3.7 Occupational Health

Occupational injuries and health hazards have profound effects on productivity and the economic and social well-being of workers, their families and dependents. The country lacks a comprehensive national policy on occupational safety and health. There is also inadequate coordination among occupational health and safety institutions and incompatibility of current laws with International Labour Standards (ILO) standards. This is compounded by inadequate personnel to carry out meaningful safety and health inspections. While policy and legislation to address occupational hazards in the mining industry can be traced as far back as the 1930s, when the first case of silicosis was diagnosed among the miners, a lot still remains to be done in terms of occupational hazards. Apart from the mining industry, other areas such as exposure to pesticides in agriculture and industrial waste from industries will also require attention.

2.3.8 Gender Attributes

Gender inequality impacts negatively on health and on human development in general. Although Zambia has made strides in promoting gender equity and equality in the development process, gender imbalances which are visible in education, income and employment, including land ownership predispose women to negative societal impacts which affect health. Gender mainstreaming in all sectors will contribute to preventing inequality and improve human development. The Gender Inequality Index 2016 estimates by UNDP²³ ranked Zambia at 124 among 188 countries, while the same report indicates that Gender Development Index for Zambia is 0.924 ranked in group 4 countries with medium to low deviation indicating Zambia's relatively low status in terms of the empowerment of women. Violence against women is prevalent in Zambia. According to the ZDHS 2013 – 2014, 43% of women aged 15 to 49 have experienced violence since the age of 15 years old and 17% have experienced sexual violence. Given the slow rate of attaining gender equity and equality in the socio-economic development process, reaching inclusive development remains a challenge.

2.3.9 Personal Health Practices

Personal character, awareness, knowledge, skills and commitment to health including health seeking behaviours, are important for maintaining and enhancing health status. In Zambia, there are attempts to promote these practices and skills through strengthening of health promotion and education. However, this area of health is not adequately developed and requires significant strengthening to meet the required levels of health awareness and education.

23 UNDP (2016) Human Development Report 2016

Table 1: Key health, social, economic and demographic indicators

Indicator	Value	Year	Source	2021 NHSP target	SDG Target
Population	13 092 666	2010	CSO	17,900,000	No data
Population Growth rate	2.8	2010	CSO	Not indicated	No data
Adult Literacy rate Men	83.3	2013-2014	ZDHS	Not indicated	Ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university
Women	65.7				
Total fertility rate (Females 15-49 Years)	6.3	2013-2014	ZDHS	Not indicated	No data
Maternal Mortality per 100,000 live births	398	2013-2014	ZDHS	100	<70
Infant Mortality per 1,000 live births	45	2013/14	ZDHS	15	12
Under Five Mortality per 1,000 Live births	75	2013/14	ZDHS	35	25
Malnutrition (Stunting)	40	2013/2014	ZDHS	14	End all forms of malnutrition including achieving by 2025, internationally agreed targets on stunting and wasting in children under 5 of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
(Underweight)	15			2	
Proportion of births attended by skilled personnel	54	2016	HMIS	85	
Adult mortality rate per 1000 population	24	2013-2014	ZDHS	12	
Life Expectancy Male	51.1	2013-2014	ZDHS	-	-
Female	55.6				
HIV Prevalence in adults aged 15-49 yrs. (%)	13.3	2013/14	ZDHS	5	End the epidemics of AIDS, Tuberculosis, Malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases
Malaria Incidence Rate per 1000 population	394	2018	HMIS	0	
TB prevalence rate	376	2018	NHSP 2017-2021/ WHO Global TB report	313	
Premature mortality as a result of Non-communicable diseases (%)	23	2016	STEPS survey, ZNCR, HMIS, DHIS2	15%	7.6 *Reduce by one third

Indicator	Value	Year	Source	2021 NHSP target	SDG Target
Prevalence of Teenage pregnancy %	29	2013-2014	ZDHS	18	Ensure Universal access to sexual and reproductive Health care services including for family planning, information and education, integration of reproductive health into national strategies and programmes
Proportion of households with access to improved source of drinking water (%)	67.7	2015	CSO	Not indicated in NHSP	Achieve universal and equitable access to safe and affordable drinking water for all
Proportion of households with to improved sanitation	39.7	2015	CSO	Not indicated in the NHSP	Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
Prevalence of Tobacco use (Youth)	25.6	2011	GYTS	Not Indicated	No data
Prevalence of Tobacco use (adults)	12.3	2017	STEPS Survey	Not Indicated	No data
Current Alcohol consumption	21.7	2017	STEPS Survey	Not indicated	Strengthen Prevention and treatment of substance abuse including harmful use of alcohol
Road Traffic Accidents (annual)	32,350	2016	MoTC	Not indicated	16175 (Reduce by half road traffic accidents by 2020)
Road accidents (fatalities)	2,206	2016	MoTC	Not indicated	Half the number of global deaths and injuries from road traffic accidents(2020)
Gross Domestic Product, ZMW (millions)	165,900.6	2014	CSO	Not Indicated	No data
Gross Domestic Product Per capita ZMW (millions)	11,043.1	2014	CSO	Not Indicated	No data
Human Development Index	0.579	2016	UNDP	Not Indicated	No data
Inequality adjusted Human Development Index	0.373	2016	UNDP	Not Indicated	No data

Indicator	Value	Year	Source	2021 NHSP target	SDG Target
Poverty level	54.4	2015	LCMS	Not indicated	Eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day Reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
Gender Development Index	0.924	2016	UNDP	Not indicated	No data
Unemployment rate	15.8	2015	CSO	Not indicated	Achieve full and productive employment and decent work for all men and women, including for young people and persons with disabilities and equal pay for work and of equal value (2030)
National Housing deficit (millions)	2.5-3	2015	CSO	Not indicated	Ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums (2030)

2.4 Multi-sectoral action on health

The government has introduced the cluster system in the 7NDP as opposed to sector planning. Health is integrated in other sector policies; i.e. Education, Gender, Water and Sanitation and Environmental Protection, Community Development and Social Services and Local Government. There are coordination mechanisms for implementation of policy issues on health across sectors. Education, emergencies, disaster management, gender, HIV and AIDs, road safety and tobacco control are some good examples where multi-sectoral action has been demonstrated in the country.

However, there are also challenges that can influence HiAP implementation such as lack of joint planning and synergies in implementation of health related programmes, inadequate funds for inter-sectoral coordination mechanisms, poor attendance at technical working groups, competing needs, limited capacity of key ministries to achieve intended results, lack of capacity to enforce by-laws as seen by the gap between policy intention and implementation. In addition, coordination has not yet cascaded to the lower levels and some sectors are working in silos resulting in duplication of efforts and having private sector driven steering committees that focus on their core business. This has been compounded by inadequate resources to implement policies. In order to address the identified challenges, it is imperative that an inter-sectoral committee on HiAP is formed which will drive the implementation of the HiAP framework. The inter-sectoral committee will use a Whole-of-Government and Whole-of-Society approach within the Health in All Policies Framework.

2.5 Coordination mechanisms

Prior to the adoption of the 7NDP, collaboration in the health sector was through various initiatives such as the National Development Coordination Committee (NDCC), Sector Advisory Groups Inter-ministerial Committees, HIV/AIDS- Country Coordinating Mechanisms (CCM) and Gender- (provide platform for gender), Provincial Development Coordination Committee (PDCC) and District Development Coordination Committee (DDCC). The 7NDP and the HiAP will enhance this collaboration through the formation of Cluster Advisory Groups and other coordination structures.

Zambia has therefore, developed the 7NDP which departs from sectoral-based planning to an integrated multi-sectoral development approach under the theme “Accelerating Development Efforts towards the Vision 2030 Without Leaving Anyone Behind”. The integrated approach recognises the multi-faceted and interlinked nature of Sustainable Development Goals which calls for interventions to be tackled simultaneously through a coordinated approach to implementing development programmes. Through the use of the integrated multi-sectoral development approach, the 7NDP has the advantage of considering the comparative and competitive advantage of the regions in allocation of resources towards implementation of the multi- sectoral strategic plan (7NDP, 2017- 2021).

2.6 Review of policies and legal frameworks

The details of the review of existing sector policies, coordination mechanisms and legal frameworks are provided in Annex 1 and 2.

2.7 SWOT ANALYSIS: (Strengths, Weaknesses, Opportunities and Threats)

Table 2 captures the strengths, weaknesses, opportunities and threats which have been identified from various meetings and workshops conducted during the process of development of this document. The processes are mainly from the HiAP sector orientation meeting in Lilayi (2016), the Chaminuka meeting in 2017 and the Kabwe meeting in 2018.

Table 2: SWOT Analysis

Strengths	Weaknesses/Challenges
<ul style="list-style-type: none"> • Very high political will and enthusiasm to implement the HiAP • Elaborate policy process which supports HiAP • Existence of National Health Policy Framework, Public Health Act and other sector policies and laws • Commitment to achieving SDGs (Now) • The Primary Health Care approach and drive towards Universal Health coverage prioritised by the Ministry of Health • Existing information sharing and inter-sectoral coordination and collaboration platforms and mechanisms on health e.g. education, gender, HIV/AIDS, transport • Existence of reporting and accountability mechanisms sector reports, (ZDHS), (LCMS), MIS, TB Prevalence surveys, GYTS, SOE, STEPS Survey, 	<ul style="list-style-type: none"> • Gap between policy intentions and implementation • Challenges of coordination across sectors (accountability), committees, taskforces are ineffective with poor attendance • Uncoordinated policies (e.g. alcohol, employment). • Capacity for implementation (implementation budgets and coordination). • Limited capacity to implement HiAP across sectors (knowledge and skills) • Monitoring and evaluation (streamlining). • Weak enforcement of public health laws and gaps in existing policies and laws • Limited opportunities and platforms for civil society involvement and insufficient resources for participation. • The capacity to use Health Impact Assessment (HIA), Health lens analysis is limited and not adequately used in the policy process.
Opportunities	Threats
<ul style="list-style-type: none"> • National Development Plan: Four Pillars • National Development Plan: Provides for establishing Committee for HiAP • Sustainable Development Goals • National equity monitoring for SDH report • Ministry for National Development Planning Cross sectoral health lens • MOH supporting cross sectoral engagement • Appointment of HiAP focal points in different government sectors 	<ul style="list-style-type: none"> • Globalisation • Conflict of interest of different sectors

2.8 Rationale

Zambia has a high disease burden and has committed to achieving national health targets contained in the NHSP 2017-2021. It is also committed to achieving the Sustainable Development Goal no. 3 with its 13 targets including other health related targets in other goals in order to reduce morbidity and mortality and increase the life expectancy. The Adelaide Statement on Health in All Policies²⁴ emphasises that government objectives are best achieved when all sectors include health and well-being as a key component of policy development. Achieving health in the SDGs so that ‘no one is left behind’ requires Whole-of-Government and Whole-of-Society approaches which are central to HiAP. This framework therefore emphasises partnerships and shared responsibility for health across government sectors and with civil society, academia, development partners and communities. It is important to note that action on health will also impact positively on other SDGs because SDGs are intrinsically linked and indivisible.

The value of HiAP is that it also places equity at the centre of health development. The approach has the advantage of considering the comparative and competitive advantage of the regions in allocation of resources. The inequities in the country affect mainly marginalised population groups which are typically excluded from social benefits such as a good education, health care and economic participation while facing higher burdens of disease and disability. For example, poverty is more rampant in rural areas and higher among female headed households. Action on health by all sectors can reduce inequalities by geographical region, gender or specific population groups.

Multi-sectoral action on health has proven that sectors other than health can contribute to lowering child mortality and increasing overall life expectancy²⁵. Through experiences of HiAP in some countries, there are proven success factors which, WHO recommends to countries planning to implement HiAP. These include: good governance; development of strong and sound partnerships based on co-design, co-delivery and co-benefits; dedicated capacity and resources; and the use of evidence and evaluation. These factors have been embraced in this framework.

The departure from sectoral-based planning to an integrated (multi-sectoral) in the 7NDP already lays a strong foundation for HiAP in Zambia. The 7NDP also provides for the creation of a multi-sectoral HiAP committee in addition to already existing mechanisms for collaboration on health. Institutionalisation of HiAP will provide a forum for the Ministry of Health to engage more effectively with other sectors through constant dialogue while focusing on monitoring the impact of HiAP on health and equity and use of analytical tools such as health impact assessments to strengthen decision making.

Zambia is obliged to implement the recommendations of various global²⁶ and regional²⁷ commitments for addressing the Social Determinants of Health and Health in All policies. The Ottawa Charter²⁸ called for an “explicit concern for health and equity in all areas of policy and by an accountability-for-health impact”. The Rio Declaration on social determinants of health²⁹, the Adelaide³⁰ and Helsinki³¹ statements on Health in All policies including the Shanghai Declaration on Promoting Health in the 2030 Agenda³² recognise health as a shared responsibility and emphasises the importance of promoting health through public policies.

24 WHO (2010) Adelaide statement on Health in All policies

25 McKeown T. The role of medicine: dream, mirage or nemesis. London: Nuffield Provincial Hospital Trust; 1979

26 WHO (2008) WHO Commission on Social determinants of Health Report

27 WHO (2010) A Strategy for Addressing Social Determinants of Health in the African region

28 WHO (1986) The Ottawa Charter

29 WHO (2011) The Rio Political declaration on Social determinants of Health

30 WHO (2010) Adelaide statement on Health in All policies

31 WHO (2013) Helsinki statement on Health in All policies

32 WHO (2017) The Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development (WHO 2030)

3.0 VISION, MISSION AND GUIDING PRINCIPLES AND APPROACH

3.1 Vision

A nation of healthy and productive people

3.2 Mission

To facilitate the development, implementation and monitoring of healthy public policies to address social determinants of health using a multi-sectoral approach.

3.3 Guiding Principles

The success and sustainability of implementation of the framework will depend on the following principles:-

1. **Transparency and Accountability:** To ensure the highest standards of transparency in the management of the services, policy-making and access to information, accountability of government towards the people for the actions taken and resources utilised.
2. **Leadership:** To ensure appropriate, visionary, efficient and effective leadership in the management and control of healthy public policies across sectors.
3. **Gender sensitivity:** All sectors to mainstream gender in their policies and programmes.
4. **Equity and inclusiveness:** To ensure equitable access to services for all the people of Zambia, regardless of their geographical location, gender, age, race, social, economic, cultural or political status.
5. **Partnerships and inter-sectoral collaboration:** A continuous review and strengthening of partnerships and collaborative mechanisms among sectors and with all the main stakeholders including the community.
6. **Community participation:** Engagement of the wider society in the development and implementation of government policies and programmes.
7. **Sustainability:** Develop policies aimed at meeting the needs of present generations and not compromise the needs of future generations.
8. **Decentralisation:** Implementation of HiAP be realised from national, provincial, district and up to lowest administrative units.
9. **Strong monitoring and evaluation mechanism:** To ensure that the set objectives are met, measuring improvements, efficacy and efficiency including qualitative aspects such as equity, fairness, gender sensitivity and community involvement.

3.4 Approach

In general, this framework is intended to strengthen the integration and systematic consideration of health concerns into all other sectors' policy processes. This approach is already supported by the existing policy formulation process which provides for inter sectoral consultation on policy proposals submitted to Cabinet. Moving forward with HiAP will therefore, require building the capacity of the MOH to conduct health impact assessments on policy proposals that are likely to have impact on health.

In addition, the issue-centered approach will also be promoted at all levels. This approach has been successfully used for HIV and AIDS and Gender in Zambia. Equally, to address the high numbers of road traffic accidents, relevant government sectors have agreed to promote road safety through inter-sectoral collaboration. Other public health challenges particularly, tobacco use, alcohol misuse and Non-Communicable Diseases are examples where the issue centered approach can be used at all levels. The implementation of the WHO Framework Convention on Tobacco Control in Zambia is one area where this approach is being promoted.

4.0 STRATEGIC OBJECTIVES AND STRATEGIC ACTIONS

The strategic objectives and strategic actions outlined in the section below take into consideration the health challenges in the country and the major determinants of health which call for inter-sectoral approaches if the country is going to achieve the targets of the SDG Goal on health and other health related targets in other goals. Consideration has also been taken of the identified strengths, weaknesses, opportunities and threats relating to multi-sectoral action on health, the existing collaboration mechanisms for policy development, and integrating health in non-health sectors including the review of existing policies and legal frameworks.

4.1 Strategic Objectives

- i. To promote a shared vision and responsibility for population health across sectors.
- ii. To facilitate development, implementation and monitoring of healthy public policies that are inclusive and take into account the needs of the entire population in order to address preventable causes of ill-health, disability and premature deaths.
- iii. To reorient all sectors and improve capacity for reducing health inequities through action on health risk factors, social and environmental determinants of health.
- iv. To strengthen national governance structures and funding mechanisms for implementing Health in All Policies and build institutional capacity and skills.
- v. To promote a Whole-of-Society and Public Health Approach implementation to address all Determinants of Health as contained in the 7NDP.
- vi. To strengthen monitoring, evaluation, reporting and accountability processes, systems, tools and mechanisms for Health in All policies implementation,
- vii. To improve the health of the population through action on Social Determinants of Health.

4.2 Strategic Actions

Table 3: Strategic objectives and strategic actions

STRATEGIC OBJECTIVES	STRATEGIC ACTIONS
To promote a shared vision and responsibility for population health across sectors.	Strengthen the stewardship role of MOH in implementation of HiAP
	Create understanding of the health impact of policies in sectors and their roles in promoting health and equity
	Use of a consultative, inclusive and transparent policy making process for shared leadership on health
	Creating public awareness and effective communication on HiAP
	Establish and institute platforms for dialogue and information sharing and accountability mechanisms
	Advocacy and development of legislation and regulation to promote and protect health
	Building capacity of ministries of health to drive an agenda toward Health in All Policies at all levels.
To facilitate development, implementation and monitoring of healthy public policies that are inclusive and take into account the needs of the entire population in order to address preventable causes of ill-health, disability and premature deaths.	Strengthen mechanisms for systematic and evidence based identification of policy issues for HiAP
	Strengthen legislative measures for promoting and protecting health including enforcement
	Strengthen mechanisms and systems for ensuring a transparent, participatory and inclusive policy process
	Assessment of trends in social determinants of health and tailor interventions to reduce the social gradient
	Systematic review of the impact of policies addressing SDH particularly their impact on disadvantaged populations to inform policy dialogue
	Use of analytical tools for strengthening HiAP e.g. Health Impact Assessments, Health lens analysis, Equity monitoring /assessment in the policy process
To further reorient all sectors and improve capacity for reducing health inequities through action on health risk factors, social and environmental determinants of health.	Build capacity for HiAP implementation across all sectors and train policy makers, stakeholders and practitioners on HiAP and include it in training curricula
	Further reorient the health sector to SDH
	Strengthen gender and disability mainstreaming in SDGs
	Share evidence and use of lessons learnt from other countries
	Ensuring Universal Health Coverage of interventions and services
To strengthen national governance structures and funding mechanisms for implementing Health in All Policies and build institutional capacity and skills.	Strengthen governance structures for HiAP at national, provincial, district and community levels
	Identify funding mechanisms for HiAP
	Institutionalise training for HiAP in academic institutions
	Identification of capacity building needs for HiAP implementation and strengthening capacity at all levels

STRATEGIC OBJECTIVES	STRATEGIC ACTIONS
To promote a Whole-of-Society and public health approach implementation to address all Determinants of Health as contained in the 7 National Development Plan (NDP-7): 2017-2021.	Use of all government approach and strengthening existing cross sector relationships
	Use of all determinants approach for development of sector policies and plans with linkages to Vision 2030, NHSP and SDGs and orienting policies to address key Social Determinants of Health
	Use of whole of society approach- engaging and ensuring participation of Civil Society, Private sector and communities
	Promote engagement of stakeholders outside government and encourage dialogue
To strengthen monitoring, evaluation, reporting and accountability processes, systems, tools and mechanisms for Health in All Policies implementation.	Assessment of health impacts of policies across sectors
	Establish/Strengthen reporting and accountability mechanisms for health impact of policies across sectors
	Strengthen systems for monitoring of all determinants of health and health equity
	Collaborate with WHO and UN in monitoring health and equity monitoring for SDH
	Use of health equity lens analysis, health impact assessment and equity assessment tools
	Establish/use monitoring frameworks for HiAP and SDH
	Research to generate evidence for programming and policy development
	Use stakeholder engagement fora for information dissemination and dialogue on HiAP

5.0 PRIORITY HEALTH POLICY ISSUES REQUIRING MULTI-SECTORAL ACTIONS

Priority health policy issues requiring multi-sectoral actions in Zambia are outlined in table 4 below. The policy areas are in line with the national development outcomes which fall under the following strategic areas of the 7th National Development Plan 2017-2021:

- i. Economic diversification and job creation
- ii. Poverty and vulnerability reduction
- iii. Reducing developmental inequalities
- iv. Enhancing human development
- v. Creating a conducive governance environment for a diversified and inclusive economy

Table 4: Priority health policy issues requiring multi-sectoral actions in Zambia

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
Poverty	1.Poverty and Vulnerability Reduction	1.Enhanced welfare and livelihoods of the poor and vulnerable	Ministry of Health	- Implementation of the National Health Insurance scheme
	2.Reducing Developmental Inequalities	2.Reduced Inequalities		- Moving towards Universal Health Coverage and taking health services as close as possible to the communities in an equitable manner
	3. Creating a conducive governance environment for a diversified and inclusive economy	3.Improved Policy environment	Ministry of Community Development and Social Services	- Collaborate with MoH to ensure provision of appropriate health services for the aged, disabled and chronically ill
				- Strengthen the social cash transfer programme
				- Strengthen the food security pack programme

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
			Ministry of Finance	<ul style="list-style-type: none"> - Mobilise resources and financing sector policies and programmes - Increase the fiscal space for health - Support innovation and resource mobilisation by MoH
			Ministry of Labour and Social Security	<ul style="list-style-type: none"> - Enact and enforce laws that enable creation of decent jobs and appropriate wages
			Ministry of Gender	<ul style="list-style-type: none"> - Improve the social economic status of women through training and provision of agricultural equipment to cooperatives in rural areas - Collaborate with all sectors to mainstream gender in policies - Monitor the implementation of the Gender Policy

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
Access to safe Water, Sanitation and Environmental Protection	1.Enhancing Human Development 2. Creating a conducive governance environment for a diversified and inclusive economy	1.Improved access to water supply and sanitation 2. Improved Policy environment	Ministry of Water Development, Sanitation and Environmental Protection	<ul style="list-style-type: none"> - Implementing policies for provision of safe water and sanitation - Improve access to safe water and sanitation in peri- urban areas - Water quality monitoring - Protection of ground water sources - Improving drinking water sources - Improving hygiene practices - Environmental monitoring
			Ministry of Local Government	<ul style="list-style-type: none"> - Strengthen the mechanism for solid waste management - Strengthen the supervision of local authorities - Implementation and monitoring of the keep Zambia clean, green and healthy
			Ministry of Finance	<ul style="list-style-type: none"> - Introduce pollution taxes to ensure that industries account for the full social costs of their activities.
			Ministry of Health	<ul style="list-style-type: none"> - Strengthen Water quality monitoring - Hygiene promotion and education
			Ministry of Chiefs	<ul style="list-style-type: none"> - Hygiene promotion within the chiefdoms

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
Substance abuse (Tobacco Use, Alcohol Misuse and others)	1.Enhancing Human Development 2. Creating a conducive governance environment for a diversified and inclusive economy	1.Improved health and health-related services 2.Improved Policy environment 3. Improved rule of law, human rights and institutionalism	Ministry of Health	<ul style="list-style-type: none"> - Developing and implementing comprehensive tobacco control legislation in line with the WHO Framework on Tobacco Control - Implement Alcohol Policy - Collaborate with UN, research, academia and NGOs to monitor tobacco use prevalence in the population - Link tobacco use to the burden of disease. - Provide services for prevention, treatment and cessation. - Monitor prevalence of alcohol use and health impact - Collaborate with UN, civil society and NGOs to educate public on dangers of tobacco, alcohol and other substances misuse through mass media - Implement measures to curb industry interference.
			Ministry of Finance	<ul style="list-style-type: none"> - Implement tobacco and alcohol tax systems in line with WHO recommendations
			Ministry of Agriculture	<ul style="list-style-type: none"> - Promote alternative crops to tobacco growing
			Ministry of Information and Broadcasting Services	<ul style="list-style-type: none"> - Educating the public on dangers of tobacco and alcohol and other substances through mass media.
			Ministry of Commerce	<ul style="list-style-type: none"> - Regulate imports of alcohol and tobacco - Monitor/prohibit alcohol packaging and marketing intended to make it cheaper and easily accessible - Restrict/Ban promotion and advertising of alcohol and tobacco - Curb illicit trade on tobacco and alcohol

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
			Ministry of Local Government	<ul style="list-style-type: none"> - Regulate sale of alcohol - Enforce alcohol and tobacco laws - Enforce legislation on smoking in public places
Communicable Diseases	1.Enhancing Human Development 2. Creating a conducive governance environment for a diversified and inclusive economy	1.Improved health and health-related services 2. Improved Policy environment 3. Improved access to water supply and sanitation services	Ministry of Education	<ul style="list-style-type: none"> - Inclusion of substance abuse prevention in school curriculum - Strengthen primary prevention of substance abuse in school curriculum
			Ministry of Home Affairs	<ul style="list-style-type: none"> - Enforcement of laws
			Ministry of Health	<ul style="list-style-type: none"> - Implement strategies on common diseases e.g. TB/ HIV/AIDs/Malaria and vaccine preventable diseases. - Strict compliance to IHR - Collaborate on implementation of One health Concept - Cross border health initiatives - Preparedness and surveillance for diseases - Strengthen systems for essential medicines - Train and deploy health workers - Engage communities in prevention and control - Collaborate and convene stakeholder meetings to rollout the implementation of OHS to other sectors - Conduct public awareness and education campaigns

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
			Ministry of Education	<ul style="list-style-type: none"> - Promote and maintain standards on water supply and sanitation in schools - Strengthen education on prevention of diseases - Support and monitor implementation of school health
			Ministry of Livestock and Fisheries	<ul style="list-style-type: none"> - Vaccination of animals - Training of farmers
			Ministry of Local Government	<ul style="list-style-type: none"> - Strengthen Enforcement of Public Health Act
			Office of the Vice President	<ul style="list-style-type: none"> - Resource mobilisation to respond to disease outbreaks - Coordination of stakeholders
			Ministry of Labour and Social Security	<ul style="list-style-type: none"> - Providing guidelines and standards on occupational safety and health at places of work, including certification and inspection of facilities such as elevators
			Ministry of Housing and Infrastructure Development	<ul style="list-style-type: none"> - Ensure the provision of standard, affordable and safe housing for All - Ensure public infrastructure are constructed in accordance with international health standards - Improvement of conditions in compounds and peri-urban areas - Reduce deficit of housing with decent amenities

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
Nutrition	1.Enhancing Human Development 2. Creating a conducive governance environment for a diversified and inclusive economy	1.Improved health and health-related services 2. Improved Policy environment	Ministry of Health	<ul style="list-style-type: none"> - Strengthen strategies for prevention and treatment of malnutrition. - Produce and disseminate dietary, micronutrient and growth assessment guidelines - Collaborate with Ministry of Commerce to develop a Code of Marketing on unhealthy foods including sugary drinks and snacks - Regulations on sale of energy drinks - Develop guidelines on physical activity in collaboration with MOE and Ministry of Youth Sport and Child Development - Promotion of breastfeeding campaigns - Strengthen growth monitoring services at health facilities
			Ministry of Agriculture	<ul style="list-style-type: none"> - Implement Food Security Policies - Promoting diversification of food crops
			Ministry of Community Development	<ul style="list-style-type: none"> - Strengthen the distribution of farming inputs under the food security package
			Ministry of Education	<ul style="list-style-type: none"> - Nutrition services in schools - Curriculum development and Health education in schools - Educational broadcasts

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
Non Communicable Diseases	1.Enhancing Human Development 2. Creating a conducive governance environment for a diversified and inclusive economy	1.Improved health and health-related services 2. Improved Policy Environment	Ministry of Health	<ul style="list-style-type: none"> - Policies on Alcohol, Tobacco, - Promotion of Physical exercise - Health education
			Ministry of Commerce	<ul style="list-style-type: none"> - Legislation on sale of unhealthy food
			Ministry of Local Government	<ul style="list-style-type: none"> - Infrastructure to support physical exercise, walking, cycling, healthy cities,
			Ministry of Finance	<ul style="list-style-type: none"> - Increased taxes on tobacco and alcohol - Introduce a sugar sweetened beverage tax to discourage excessive drinking of sugar sweetened beverages
Reproductive, Maternal, new born, Child and adolescent health	1.Enhancing Human Development 2. Creating a conducive governance environment for a diversified and inclusive economy	Improved health and health-related services 2. Improved Policy environment	Ministry of Health	<ul style="list-style-type: none"> - Ensure Universal Health Coverage of interventions. - Collaborate with other sectors and stakeholders to implement child health and safe motherhood campaigns. - Support and involve communities in initiatives for promoting safe motherhood and child health programmes. - Strengthen adolescent health programmes
			Ministry of Gender	<ul style="list-style-type: none"> - Collaborate with other sectors to mainstream gender in programmes - Collaborate with Ministry of Home Affairs and law enforcement to strengthen anti-Gender based violence programmes.
			Ministry of Education	<ul style="list-style-type: none"> - Programmes for prevention of school dropout and early marriage - Strengthen reproductive health education in curriculum. - Strengthen Nutrition education and services.

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
Education	1.Enhancing Human Development 2. Creating a conducive governance environment for a diversified and inclusive economy	1.Improved education and skills development 2. Improved policy environment	Ministry of Youth and Child Development	<ul style="list-style-type: none"> - Strengthen policies and strategies that promote child development - Collaborate with all sectors to implement the National Social Protection Act - Promote programmes that aim at stopping early marriages, bad cultural practices that have negative effects on child and maternal health
			Ministry of Chiefs	<ul style="list-style-type: none"> - Ensure the traditional leaders enforce laws on child and maternal health - Ensure chiefdoms have social protection strategies for girl child
			Ministry of Health	<ul style="list-style-type: none"> - Support development of guidelines on school health in line with WHO recommended school health actions - Collaborate with MOE to provide school health services

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
			Ministry of Education	<ul style="list-style-type: none"> - Enrolment of pupils to achieve universal primary education - Provide Health and Nutrition services in schools - Include health, including physical activities in curriculum - Convene stakeholder meetings to coordinate school health activities - Address substance abuse in school curriculum. - Provide reproductive health education and counselling services - Include health in teacher training programmes - Collaborate with MoH on skills development
			Ministry of Community Development	<ul style="list-style-type: none"> - Mobilise resources and collaborate with MoH and MoGE to implement the health educational component of the functional literacy programme
			Ministry of Labour and Social Security	<ul style="list-style-type: none"> - Undertake regular skills demand surveys

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
Road Safety	1.Economic diversification and job creation 2. Creating a conducive governance environment for a diversified and inclusive economy	1.Improved Transport Systems and Infrastructure 2. Improved policy environment 3.Improved rule of law, human rights and constitutionalism	Ministry of Transport and Communication	<ul style="list-style-type: none"> - Review and amend the Road Traffic Act of 2002 - Develop and implement National Road Safety Policy and Strategic Plan - Convene meetings on road safety with other sectors through inter-sectoral working groups. - Work with Ministry of Justice, RTSA, and Police in strengthening road traffic laws and implementing fast track courts for offenders. - Regulation of driving schools - Monitor road furniture and appropriate recommendations. - Collaborate with MOH to implement road safety campaigns on use of seat belts etc. - Collaborate with NGOs and civil society to implement road safety education campaigns - Use ICT platforms for enforcement of Highway Code. - Strengthen systems for mechanical vehicle testing - Maintain the Information Management Systems and monitoring of road traffic accidents and causes for decision making.
			Ministry of Education	<ul style="list-style-type: none"> - Collaborate with MOH and other stakeholders on road safety campaigns - Include road safety education in school curriculum
			Ministry of Finance	<ul style="list-style-type: none"> - Strengthen National Road Funds to Agency to improve road infrastructure.

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
			Ministry of Health	<ul style="list-style-type: none"> - Collaborate with NGOs and civil society and UN agencies to implement road safety campaigns with National Road Safety Agency - Health insurance scheme support for victims
			Ministry of Works and Supply	<ul style="list-style-type: none"> - Maintain safety standards for all government fleet - Strengthening the capacity of controllers of government transport
			Ministry of Home Affairs	<ul style="list-style-type: none"> - Strengthen law enforcement and collaborate with Ministry of Transport and Communication - Decentralising more fast track courts to other parts of the country.
			Ministry of Local Government	<ul style="list-style-type: none"> - Improve township and feeder road network - Improve and expand the lighting system in all parts of the country - Strengthen the enforcement of by- laws and regulations
			Ministry of Justice	<ul style="list-style-type: none"> - Work with law enforcement to implement fast track courts and creation of database of offenders.
			Ministry of Housing and Infrastructure Development	<ul style="list-style-type: none"> - Design, engineering and construction of better road infrastructure and safety provisions

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
Housing and other infrastructure	1. Creating a conducive governance environment for a diversified and inclusive economy	1. Improved Policy environment	Ministry of Local Government	- Strengthen public health inspection of all buildings
			Ministry of Works and Supply	- Ensure safety standards for all government buildings through scheduled preventative maintenance
			Ministry of Housing and Infrastructure Development	<ul style="list-style-type: none"> - Address the housing deficit in relation to the rapidly growing population in urban areas - Develop and enforce standards for construction of low cost and affordable housing - Address housing standards in urban informal settlements - Improve urban and rural road networks through construction of safe roads - Ensure construction of roads adheres to international safety standards - Provide for the eventual inclusion of cycling paths and walkways on all roads that will make roads safer and promote active lifestyles.

Policy Issue/ Determinant	7 National Development Plan Strategic area(s)	7 National Development Plan Outcome(s)	Sectors	Priority actions
Environmental Protection	1.Enhancing Human Development 2. Economic diversification and job creation 3.Creating a conducive governance environment for a diversified and inclusive economy	1. Improved access to water supply and sanitation services 2. Improved water resources development and management 3.Improved policy environment	Ministry of Water Development Sanitation and Environmental Protection	<ul style="list-style-type: none"> - Protection of ground water resources and prevention of further contamination through unregulated housing and waste disposal practices and borehole drilling - Protection of water resources
			Ministry of Local Government	<ul style="list-style-type: none"> - Promote new technologies for waste management and waste recycling. - Strengthen sanitation and waste management in peri-urban areas - Strengthen urban planning and enforcement of land use laws - Inspections of schools, factories, cemeteries, food handlers to adhere to public health regulations
			Ministry of Agriculture	<ul style="list-style-type: none"> - Promote good agricultural practices e.g. avoidance of deforestation - Monitor use of chemicals in agriculture
			Ministry of Mines	<ul style="list-style-type: none"> - Use of technology and practices for avoiding pollution of rivers and the environment - Ensure occupational safety standards for miners
			Zambia Environmental Management Agency	<ul style="list-style-type: none"> - Conduct Environmental Impact Assessments - Regulations for prevention of atmospheric air from industrial activities - Air quality monitoring
			Ministry of Chiefs	Promotion of good farming practices and land allocation and land use
			Ministry of Health	Public health inspections on environment

6.0 STRATEGIC ACTION FOR SECTORS

This framework identifies priority sectors based on their direct contribution to the health sector. However, other sectors have also been identified and are considered complementary based on the indirect role they play in influencing individual and population health. Table 5 below highlights the required HiAP actions that should be implemented by various sectors.

Table 5: Priority sectors and required actions for HiAP

Sectors	Required Actions for HiAP
Ministry of Health	<ol style="list-style-type: none"> 1) To establish a functional inter-sectoral committee on HiAP at all levels and create regular platforms for dialogue and problem solving. 2) To support the formation and coordination of inter-ministerial and inter-departmental committees/task forces including partnership platforms. 3) Advocate for and support strengthening of mechanisms for participation of communities, civil society and development partners. 4) Understand mandates of other sectors, audit each sector policy for HiAP compliance and support development/review of policies and legislation which support population health. 5) Assessing actions and trends on social determinants of health to inform strategic prioritisation of health interventions and inter-sectoral actions tailored to address the social gradient in health. 6) Build the knowledge and evidence base of policy options and strategies. 7) Support development and strengthening of information systems to support monitoring and evaluation for HiAP, health outcomes and impacts. 8) Support the training on Health Impact Assessment, Health Lens Analysis and equity monitoring on health and their implementation across all sectors. 9) Advocate for health funding in line with the Abuja Declaration that encourages countries to increase government health funding to 15% of the national budget. 10) Identify needs and support capacity building for human resources across sectors on inter-sectoral action and SDH. 11) Conduct evaluation of the effectiveness of inter-sectoral work on health 12) Conduct advocacy and sensitisation programmes on HiAP
Cabinet Office- PAC	<ol style="list-style-type: none"> 1) Ensure Health Impact Assessment is included in criteria for policy development across all sectors 2) Strengthen liaison and consultative mechanisms for policy development 3) Build capacity for HiAP within PAC 4) Contribute to capacity strengthening for good governance through inter-ministerial and inter-departmental or cross-sector action committees;
OVP-DMMU	<ol style="list-style-type: none"> 1) Strengthen coordination with all sectors for preparedness and response in emergencies 2) Mobilise resources for disasters and other health emergencies 3) Ensure participation of all sectors in vulnerability assessment

Sectors	Required Actions for HiAP
Ministry of Defence	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue, community consultations 2) Strengthen national security for the promotion of good health 3) Coordinate the development of infrastructure in emergencies 4) Promote food security programmes 5) Monitor HiAP implementation progress, document lessons and disseminate widely
Ministry of Foreign Affairs	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations 2) Coordinate with all line ministries on international issues related to health 3) Promote the HiAP approach among international development partners for purposes of establishing linkages and sharing of experiences; 4) Monitor and report responses from development partners. 5) Facilitate implementation of cross border health initiatives 6) Monitor HiAP implementation progress, document lessons and disseminate widely
Ministry of National Development Planning	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue, community consultations 2) Ensure adequate funding through integrated budgets and accounting (Cluster Planning & Budgeting) 3) Monitoring and Evaluation of sector policies 4) Monitor HiAP implementation progress, document lessons and disseminate widely
Ministry of Finance	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations 2) Ensure adequate resource allocation to all sector ministries to ensure proper implementation of HiAP 3) Provide social and financial protection for poor and vulnerable populations 4) Provide Sufficient funds for Primary Health Care e. g 15% Abuja Declaration 5) Establish institutional mechanism for coordination with other sectors 6) Monitor HiAP implementation progress, document lessons and disseminate widely
Ministry of Local Government	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations 2) Review policies and re-align to address population health e.g., healthy cities and urbanisation 3) Advocate for the establishment of the Department of Public Health at Ministry of Local Government 4) Strengthen enforcement of Public Health Laws and regulations 5) Ensure policy dialogue with other sectors e.g., Transport, Agriculture, Water & Sanitation, Health, Infrastructure and Housing, Lands and Natural Resources 6) Monitor HiAP implementation progress, document lessons and disseminate widely

Sectors	Required Actions for HiAP
Ministry of Home Affairs	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations 2) Facilitate enforcement of health related legislations or laws 3) Ensure collaboration with MoH in implementation of preventive health programmes in congregate settings e.g. correctional facilities, refugee camps 4) Ensure enforcement of road safety laws 5) Incorporate health matters in the curriculum for police trainees 6) Monitor HiAP implementation progress, document lessons and disseminate widely
Ministry of Higher Education	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations 2) Ensure research for Health and HiAP in Higher learning institutions 3) Liaise with MoH in setting agenda for Health Research 4) Incorporate HiAP in the curriculum for learning institutions 5) Establish coordination mechanism for sectors on HiAP 6) Participate in health equity monitoring 7) Ensure adequate sanitation and safe drinking water in higher learning institutions 8) Coordinate the establishment of health committees at all levels 9) Establish and strengthen health resource and/or response centres in all higher learning institutions 10) Monitor HiAP implementation progress, document lessons and disseminate widely
Ministry of General Education	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations 2) Collaborate with MoH in implementation of school health programmes 3) Revise the curriculum to incorporate health issues such as hygiene, solid waste management, food safety 4) Ensure adequate sanitation and safe drinking water in all schools 5) Co-ordinate the establishment of health committees at all levels 6) Strengthen monitoring to ensure compliance to infrastructure and nutrition standards 7) Strengthen monitoring of learning environment to foster early childhood education 8) Collaborate with other sectors (Ministry of Housing And Infrastructure, Health etc) in monitoring of infrastructure in schools 9) Monitor HiAP implementation progress, document lessons and disseminate widely

Sectors	Required Actions for HiAP
Ministry of Youth, Sports and Child Development	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations; 2) Implement age, gender and culture-specific policies in youth programmes to protect health; 3) Integrate health activities into community sports programmes e.g., communicable and non-communicable diseases prevention; 4) Involve community members in child development activities e.g., curriculum development, managing child care institutions and canteen policy; 5) Promote national values, principles and national ethos in all youth and sport policies; 6) Protect children from harmful products and services e.g., through advertising or marketing; 7) Monitor HiAP implementation progress across programmes.
Ministry of Commerce, Trade and Industry	<ol style="list-style-type: none"> 1) Broaden the scope of foods tested and other products for compliance to health requirements 2) Strengthen standards development for food stuffs and other products 3) Ensure inspection of products on the market for health compliance 4) Ensure consumer awareness on health related products on the market 5) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations 6) Review and revise sector policies or develop new policies where necessary 7) Monitor HiAP implementation progress, document lessons and disseminate widely 8) Strengthen enforcement of standards at POE and inlands
Ministry of Transport and Communications	<ol style="list-style-type: none"> 1) Set up and convene inter-ministerial and inter-departmental committees or cross-sector action teams for purposes of planning, dialogue, community consultations 2) Review and revise sector policies or develop new policies necessary. 3) Monitor HiAP implementation progress across sectors e.g., health equity analysis or health impact assessment 4) Ensure enforcement of road, rail, air and marine safety programmes 5) Strengthen stakeholder coordination on transport safety 6) Coordinate the publicity and sensitisation on transport safety 7) Coordinate with Ministry of Education on school curriculum to incorporate transport safety 8) Develop standards for transportation means across all form of transport 9) Take into account pedestrian and cyclist safety when designing road

Sectors	Required Actions for HiAP
Ministry of Housing and Infrastructure Development	<ol style="list-style-type: none"> 1) Ensure development of standards for housing to achieve healthy cities; 2) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue, community consultations; 3) Monitor all constructions and re-construction projects to ensure adherence to quality and health standards; 4) Ensure redesigning of unplanned settlements to allow for compliance to health requirements; 5) Strengthen coordination with sector ministries to ensure compliance to siting of buildings; 6) Ensure development of standards for roads to reduce trauma and other injuries resulting from poor road networks; 7) Ensure all public infrastructure developed within the country consider the plight of persons with disabilities; 8) Monitor HiAP implementation progress, document lessons and disseminate widely
Ministry of Works and Supply	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue, community consultations; 2) Ensure safety standards for GRZ buildings and assets through scheduled preventive maintenance and valuation; 3) Ensure enforcement of safety standards for GRZ transport; 4) Monitor HiAP implementation progress across sectors e.g., health equity analysis or health impact assessment; 5) Capacity building for controllers of government transport
Ministry of Community Development and Social Services	<ol style="list-style-type: none"> 1) Establish inter-departmental committees or cross-sector action teams for purposes of strengthening governance structure; 2) Audit sector policies for HiAP compliance and support development of new policies where none exists; 3) Increase coverage of social protection funds for vulnerable groups to promote health; 4) Strengthen community development programmes e.g. Farmer support programme for food security; 5) Provide support to differently abled persons to improve income and socio-economic status; 6) Ensure disability is mainstreamed in every policy; 7) Monitor HiAP implementation progress, document lessons and disseminate widely

Sectors	Required Actions for HiAP
Ministry of Lands and Natural Resources	<ol style="list-style-type: none"> 1) Set up and convene inter-ministerial and inter-departmental committees or cross-sector action teams for purposes of planning, dialogue, community consultations; 2) Review and revise sector policies to assess policy coherence to addressing health outcomes e.g., effects of climate change on health, gender, equity and human rights and other social determinants of health; 3) Monitor HiAP implementation progress across sectors through health equity analysis or health impact assessment e.g., climate change and health; 4) Ensure close collaboration with other stakeholders when allocating land; 5) Ensure proper management of land and natural resources for good health; 6) Promote collaboration for biodiversity and health issues
Ministry of Agriculture	<ol style="list-style-type: none"> 1) Set up and convene inter-ministerial and inter-departmental committees or cross-sector action teams for purposes of planning, dialogue, community consultations; 2) Strengthen HIV and AIDS prevention programmes in agriculture; 3) Promote and strengthen research in bio fortified seeds and other areas of interest; 4) Promotion of Good Agricultural Practices (GAP); 5) Improve health literacy on agriculture and population health through community participation and institutional mechanisms; 6) Review policies and re-alignment to address population health e.g., environmental effects and food production (land distribution); 7) Ensure policy dialogue with other sectors e.g., Transport, Local Government, Water & Sanitation; 8) Conduct training in agriculture, food processing and nutrition; 9) Promote the use of improved and certified seeds; 10) Conduct campaigns and train stakeholders as well as district level and extension staff on mitigation and adaptation on climate change impact; 11) Establish national early warning call centre; 12) Monitor HiAP implementation progress, document lessons and disseminate widely
Ministry of Fisheries and Livestock	<ol style="list-style-type: none"> 1) Reclassify some diseases as notifiable e.g. Anthrax as opposed to being management; 2) Ensure Good Veterinary Practices; 3) Strengthen enforcement of legislation by building institutional capacity; 4) Strengthen safety of food of animal origin; 5) Develop institutional mechanism for collaboration with other sectors; 6) Set up and convene inter-ministerial and inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations; 7) Review and revise sector policies or develop new policies where necessary; 8) Monitor HiAP implementation progress, document lessons and disseminate widely

Sectors	Required Actions for HiAP
Ministry of Justice	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations; 2) Ensure health impact assessment is incorporated in the legislation development process; 3) Ensure gender equity, human right and fairness are upheld for all citizens; 4) Monitor HiAP implementation progress and document for reporting to sectors; 5) Support development of legislation on health issues
Ministry of Mines and Mineral Development	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations; 2) Review and revise sector policies or develop new policies necessary; 3) Monitor HiAP implementation progress across sectors e.g., health equity analysis or health impact assessment; 4) Ensure employee wellness programmes and social security schemes to cover catastrophic illness after retirement; 5) Revise legislation on mining for workers employment requirement; 6) Include Health Impact Assessment in the licencing requirement for mining
Ministry of Energy	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations; 2) Review and revise sector policies or develop new policies necessary; 3) Coordinate the promotion of energy efficiency sources to reduce household air pollution; 4) Monitor HiAP implementation progress across sectors e.g., health equity analysis or health impact assessment
Ministry of Water Development, Sanitation and Environmental Protection	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations; 2) Ensure provision of safe water supply and adequate sanitation services to citizens in the country; 3) Review and revise sector policies or develop new policies necessary; 4) Ensure that development of water sector is in compliance with health requirements; 5) Promotion of rain water harvesting; 6) Ensure Health Impact Assessments are conducted alongside EIAs for all projects; 7) Coordinate and strengthen the implementation of environmental management in order to mitigate effects of climate change; 8) Conduct WASH Audits in all sectors; 9) Monitor HiAP implementation progress, document lessons and disseminate widely

Sectors	Required Actions for HiAP
Ministry of Chiefs and Traditional Affairs	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations; 2) Review and revise sector policies or develop new policies necessary; 3) Integrate Health in All Policies of the Ministry of Chiefs and Traditional Affairs; 4) Strengthen the linkage between health sector and community within their jurisdiction; 5) Engagement of traditional leaders to ensure enforcement of village by-laws to promote health; 6) Coordinate with the chiefs to facilitate access to health services for all subjects; 7) Monitor HiAP implementation progress, document lessons and disseminate widely; 8) Facilitate the engagement of traditional leaders in the promotion of good health
Ministry of Information and Broadcasting Services	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations; 2) Review and revise sector policies or develop new policies necessary; 3) Facilitate the dissemination of health information to strengthen health promotion programmes through public, private and social media; 4) Liaise with MoH to train media personnel on health related issues; 5) Monitor HiAP implementation progress, document lessons and disseminate widely
Ministry of Gender	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations; 2) Review and revise sector policies or develop new policies necessary; 3) Coordinate gender mainstreaming into sector policies; 4) Coordinate and strengthen the implementation of anti-gender based violence programmes; 5) Conduct gender audits in all sectors; 6) Training and capacity building in gender analysis; 7) Monitor HiAP implementation progress, document lessons and disseminate widely
Ministry of Tourism and Arts	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations; 2) Review and revise sector policies or develop new policies necessary; 3) Coordinate the hospitality industry to promote good health; 4) Coordinate with other sectors to prevent zoonotic diseases; 5) Monitor HiAP implementation progress, document lessons and disseminate widely

Sectors	Required Actions for HiAP
Ministry of Labour and Social Security	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations; 2) Establish institutional mechanisms for coordination with other ministries; 3) Enforcement of labour related laws; 4) Ensure monitoring of HiAP implementation and reporting to sector ministries; 5) Finalise and implement the Occupational, Safety and Health (OSH) policy and related policies to include Occupational Health and Safety issues across sectors; 6) Ensure development of comprehensive wellness programmes and facilitate implementation in all sectors; 7) Monitor HiAP implementation progress, document lessons and disseminate widely
Ministry of National Guidance and Religious Affairs	<ol style="list-style-type: none"> 1) Set up and convene inter-departmental committees or cross-sector action teams for purposes of planning, dialogue and community consultations; 2) Promote good health as a shared value and vision; 3) Monitor and document implementation progress of HiAP activities within the ministry and across other sectors; 4) Facilitate the engagement of religious leaders in the promotion of good health
UN Agencies	<ol style="list-style-type: none"> 1) Technical and financial support for HiAP; 2) Support the monitoring and evaluation of HiAP implementation; 3) Support capacity building for government employees; 4) Support Identification of priorities
CSOs	<ol style="list-style-type: none"> 1) Provide checks and balances; 2) Provide technical and financial support; 3) Advocate for HiAP; 4) Monitoring of HiAP
CBOs	Promote sensitisation of HiAP programmes
NGOs	<ol style="list-style-type: none"> 1) Provide checks and balances; 2) Provide technical and financial support; 3) Advocate for HiAP; 4) Monitoring of HiAP
Media	<ol style="list-style-type: none"> 1) Collaborate with all sectors to create awareness for HiAP; 2) Advocacy for HiAP
Private sector	<ol style="list-style-type: none"> 1) Provide technical and financial support; 2) Advocate for HiAP; 3) Monitoring of HiAP
Academia	<ol style="list-style-type: none"> 1) Promote Research and Development on HiAP; 2) Training and capacity building on HiAP

Sectors	Required Actions for HiAP
Mayors	<ol style="list-style-type: none"> 1) Commit to implement the Shanghai Mayor's consensus of 2016; 2) Use urban development planning and policies to reduce poverty and inequity; 3) Commit to principles of and Fostering Healthy Cities initiatives through the sustainable development agenda; 4) Harness knowledge, skills and priorities of diverse populations through community engagement; 5) Recognise health literacy as a critical determinant of health and invest in its development; 6) Improve conditions of living in peri-urban area/informal settlements; 7) Improving the life conditions of migrants and refugees; 8) Making cities/towns/ safe from infectious disease; 9) Implementing sustainable and safe food policies; 10) Making environments smoke free and addressing substance abuse including alcohol misuse; 11) Advocacy for Road safety; 12) Advocacy, initiatives and partnerships for cleaner and healthier cities though access to safe water and environmental sanitation with communities
Chiefs	<ol style="list-style-type: none"> 1) Recognise health literacy as a critical determinant of health and invest in its development; 2) Making villages healthy places and safe from infectious disease; 3) Harness knowledge, skills and priorities of communities through community engagement and participation; 4) Nutrition and water and sanitation advocates; 5) Promoting the health of women and children and the elderly

7.0 IMPLEMENTATION AND COORDINATION FRAMEWORK

7.1 Governance Structure and Coordination Mechanisms

In accordance with the 7NDP Implementation Plan, this framework shall provide for the establishment of an Inter-Sectorial committee on HiAP.

The following gives a summary of the governance and coordination structure currently in existence in the country at different levels:

7.1.1 Parliament

This is the highest level of coordination that addresses all parliamentary issues from all ministries. In the implementation of this framework, the Parliament and parliamentary committees will play a role in agenda setting, promoting wider political ownership on issues and reviewing policy decisions and the enactment of legislation.

7.1.2 Cabinet

The Cabinet and its committees is the highest decision making body in government; it will coordinate and facilitate collective decision making on behalf of all ministers. The formulation of all major policies is centred upon Cabinet. Consultation across sectors and stakeholders is very critical during consideration of policy proposals to ensure that negative impacts of the policy proposal are avoided.

The National Development Coordinating Committee (NDCC) chaired by the Secretary to the Cabinet shall oversee the overall coordination of HiAP as indicated in the 7NDP.

7.1.3 Cluster advisory group

The Cluster Advisory Groups (CAGs) established under the 7NDP in line with its 5 strategic pillars are chaired by the Permanent Secretary and shall be responsible for coordinating the clusters in the implementation of HiAP. The CAGs responsible for the social determinant of health will be required to jointly undertake programming and sequencing of projects and activities. Ultimately, the clusters will have to plan jointly, sharing financing plans and interface on programme implementation, monitoring and evaluation.

7.1.4 Inter- ministerial committees

The line ministries responsible for social determinants will form inter-ministerial committees to undertake programming and sequencing of projects and activities. Ultimately, the inter-ministerial committees will have to plan jointly, sharing financing plans and interface on programme implementation, monitoring and evaluation.

7.1.5 Ministries

The ministries will implement programmes and projects that impact the social determinants of health under their specific mandate. Ministries shall establish Technical Working Groups (TWGs), in line with the development outcomes and they shall be chaired by directors.

7.1.6 Provincial Coordinating Committees

The provinces shall establish the Provincial Development Coordinating Committee (PDCCs) which shall be chaired by Provincial Permanent Secretary.

7.1.7 District Coordinating Committees

The districts shall establish the District Development Coordinating Committee (DDCCs) which shall be chaired by the District Commissioner and shall be spearheading the implementation of HiAP in the district.

7.1.8 Non-governmental stakeholders

The non-governmental stakeholders such as private sector, donors, and civil society organisations will be involved in the HiAP formulation, implementation, monitoring & evaluation stages through advocacy and the provision of financial and technical support.

7.1.9 Communities

The communities will participate in strengthening promotion of health and participate in planning, management, implementation and monitoring & evaluation of health services. Community participation will enhance transparency and accountability in the management of health services at community level. The Ward Development Coordinating Committee shall be the coordination mechanism at ward level.

7.2 Policy and Legal Framework

The HiAP Implementation Framework is closely linked to the Zambian Constitution, the supreme law of the land which guarantees the right to life and to health. It also guarantees other fundamental human, social and economic rights. Further, the HiAP Implementation Framework is anchored with the Vision 2030, 7-NDP, National Health Policy and National Health Strategic Plan. It also draws its strength from other national policies in the sectors that have an impact on health such as Local Government, Agriculture, Community Development, Education and Commerce. Zambia will place the responsibility for action on health and health equity at the highest level of government and ensure its coherent consideration across all sectors.

7.2.1 Policy making process

The Zambian policy formulation has four (4) stages summarised as follows:

i. Formulation Stage

- The lead ministry identifies and defines issue to be addressed
- Consultation with the Policy Analysis and Coordination Unit (PAC) at Cabinet Office before and during policy formulation
- Lead ministry prepares Cabinet Memo and circulates Cabinet Memo (14 days) for comments to all key stakeholders
- Lead ministry then submits final Cabinet Memo with incorporated comments to PAC which is then submitted to Cabinet for approval.

ii. Adoption Stage

This stage involves inclusion of the policy proposal on Cabinet Agenda and the initiating minister presents the recommendation to Cabinet which then makes a decision on the recommendation.

iii. Implementation Stage

Following the decision made, Cabinet Secretariat conveys the decision to the initiating ministry on the outcome. The ministry ensures that the Cabinet decision is implemented as per implementation plan.

iv. Monitoring and Evaluation Stage

The lead ministry submits to PAC the M & E framework for the policy, through Agenda or Information Cabinet Memo where progress reports shall be presented and the format of presentation. Minister presents progress reports on the implementation of the policy in Cabinet.

The policy formulation process is presented below

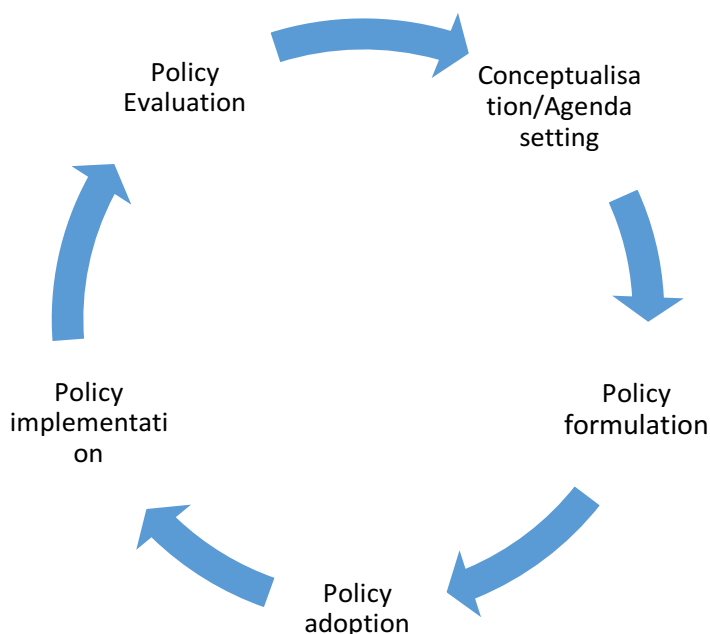


Figure 3: The Policy Making Process in Zambia

Source: Cabinet Office: Policy Analysis and Coordination Unit

7.2.2 Existing policies

The current existing policies in all sectors were reviewed to assess the inclusion of health related issues in relation to the implementation of HiAP Framework. Sectors whose policies have not addressed health issues shall be revised to include health issues.

It has also been observed that most of the sector policies are in draft form and this provides an opportunity for the inclusion of HiAP as the policies are being drafted. The summary of the existing policies, gaps and proposed actions are provided for in annex 1.

7.2.3 Legal Framework

There are various health related pieces of legislation for addressing specific aspects of health. The Government will continuously review the needs and gaps for specific health related legislation, and develop appropriate legislation necessary for enforcement of particular aspects of health, in support of the framework. Health Impact Assessment is an approach that is required as a pre-requisite in EIA to ensure that health impacts/issues are addressed. To effectively implement the HiAP, the Legal Framework analysis is provided for in annex 2.

7.3 Funding Mechanisms

Funding for HiAP will be through sector budgets.

7.4 Capacity Building

Implementing HiAP will require new knowledge and skills to be acquired by the Ministry of Health in engaging with other sectors. Equally, other sectors and institutions will also require capacity building through formal training methods such as institution-based courses and seminars including other methods of disseminating knowledge and skills.

Some of the priority activities include the following:

- i. Train or support health professionals in acquiring the requisite knowledge and skills;
- ii. Build institutional capacity;
- iii. Build research capacity by reinforcing public health institutions as well as existing multidisciplinary research on the health of populations in areas such as health data collection and analysis, policy analysis, and developing solutions;
- iv. Strengthen teaching and research collaboration across sectors;
- v. Build capacity in other ministries, ensuring that they have proper guidance concerning health impacts for their impact assessments;
- vi. Build community capacity by supporting the ability of community members to fully participate in the HiAP process.

7.5 Analytical Tools

The implementation of HiAP will require the use of the following tools to support decision making:

- i. **Health-lens analysis:** identifies key interactions and synergies between targets, policies and strategies.
- ii. **Health Impact Assessment tools:** HIA with focus on equity is the most favourable tool to stimulate linkage between health and other sectors.
- iii. **Equity assessment tools:** systematic reviews of health and equity issues will be promoted as a useful and comprehensive source of evidence for decision making.

8.0 MONITORING AND EVALUATION, REPORTING AND ACCOUNTABILITY MECHANISMS

8.1 Monitoring and Evaluation

The monitoring and evaluation for HiAP implementation shall follow the already existing reporting mechanism under the guidance of the M & E Department of Ministry of National Planning and Development. The lead ministry shall be expected to provide information to the Parliament and Parliamentary Committee on Health. Table 5 provides a framework for monitoring HiAP. All the indicators in table 5 are formulated in terms of the corresponding strategies for HiAP implementation. The following five critical areas for monitoring and evaluation have been identified:

- i. Existence of favourable conditions that facilitate implementation of HiAP;
- ii. Extent to which Social Determinants of Health and health equity will be addressed by other sectors;
- iii. Measures put in place to monitor and evaluate strategies, policies, and programmes that include a HiAP approach;
- iv. The degree to which the country will address the capacity building needs for HiAP;
- v. Reduction in risk factors, incidence of diseases and mortality.

8.2 Reporting and Accountability Mechanisms

The following are among the key identified reporting and mechanisms:

- 1) The Annual Report (MOH), Economic Report (Ministry of Finance), Sector Reports (To Cabinet), National Development Planning Ministry.
- 2) Existing monitoring and accountability mechanisms such as Demographic Health Survey, National Health Equity monitoring on Social Determinants of Health (Initial report 2018), Living Conditions Monitoring Survey, Joint Annual Review on Health (JAR).
- 3) Annual State of the Environment Report.

Table 6: HiAP Monitoring and Evaluation Framework

HiAP Objective	Outcome	Output	Indicators	Indicator Type	Baseline (2018)	Targets (2021)	Data Source	Frequency
Objective 1: To promote a shared vision and responsibility for population health across sectors	Enhanced responsibility for population health across sectors	Health incorporated in all sectors' policies and legislation	# of sectors with policies and legislation that have incorporated health issues in their policies	Input	0	30	Policies/Laws	Annually
		Health incorporated in sectoral action plans	# of sectors implementing HiAP activities	Output	0	30	Annual Reports	Annually
		HiAP Inter-sectoral Committee established and functional	# of HiAP Inter-sectoral committee meetings held	Output	0	4	HiAP Inter-sectoral Committee meeting Minutes	Quarterly
		Improved participation of civil society and other stakeholders in policy-making on determinants of health	# of sectors with mechanisms for engaging communities and civil society in the policy development and accountability mechanisms	Input	0	30	Sector reports	Annually
Objective 2: To facilitate the development, implementation and monitoring of healthy public policies to address social determinants of health.	Social determinants of health addressed in all public policies	Improved coverage with and depth of inter-sectoral action for health and health equity	Number of national policies for health and well-being that address at least one or two priority determinants of health	Output	0	30	Annual Reports	Annually

HiAP Objective	Outcome	Output	Indicators	Indicator Type	Baseline (2018)	Targets (2021)	Data Source	Frequency
		Training and capacity-building oriented at knowledge and capacity needs to sustain inter-sectoral policies conducted.	# of sectors trained on HiAP	Output	0	30	Annual Reports	Annually
		Monitoring and evaluation oriented at measuring impact of action on SDH and generating evidence conducted	#No of sectors with M & E system for measuring SDH	Output				
		Implementation of inter-sectoral policy initiatives aimed at addressing priority social determinants strengthened. h	# of sectors implementing HiAP	Output	0	30	Cluster Quarterly Reports	Quarterly

HiAP Objective	Outcome	Output	Indicators	Indicator Type	Baseline (2018)	Targets (2021)	Data Source	Frequency
Objective 3: To reorient all sectors and improve capacity for reducing health inequities through action on health risk factors, social and environmental determinants of health.	Improved integration of equity considerations into health systems, policies, and programmes	Key policies, initiatives, programmes and actions to address equity implemented across all sectors	# of sectors with mechanisms for ensuring the integration of equity into health systems, policies, and programmes	Output	0	30	Cluster Quarterly Reports	Quarterly
	Equity in coverage and funding for health services	Improve equity in access to health services across the population	Proportion of rural households living within 5km of the nearest health facility	Output	50	TBA	MOH annual report	Annually
		Use of Health in all policies analytical tools e.g. health impact assessment, Health lens analysis and health equity monitoring in policy making in the policy process	Proportion of sectors using HiAP analytical tools	Output	0	30	PAC reports Sector Reports	Annually
	Well informed Population on Health.	Sector Sensitised on Health education and Good health practices	# of sectors sensitised on health education and good health practices	Output	0	30	Ministry of Health Database (HIAP)	Annually
	Improved lifestyle and behavioural choices.	Sectors oriented on health risk factors relating to social and environmental determinants of health.	# of sectors oriented on health risk factors relating to social and environmental determinants of health	Output	0	30	Ministry of Health Database (HIAP)	Annually

HiAP Objective	Outcome	Output	Indicators	Indicator Type	Baseline (2018)	Targets (2021)	Data Source	Frequency
Objective 4: To strengthen national governance structures and funding mechanisms for implementing Health in All Policies and build institutional capacity and skills;	Enhanced funding for implementation of HiAP	Adequate allocation of funds to HiAP activities.	% of funds allocated towards HiAP activities	Output	TBA	TBA	Financial Reports Budgets	Annually
	Enhanced skills and capacity among sectors for implementing HiAP	Capacity building of sector stakeholders.	Number of sectors oriented on HiAP	Output	0	75%	Ministry of Health Database (HiAP)	Annually
	National Governance Structures incorporating HiAP	Review and enactment of necessary legislation	% of the necessary legislation enacted	Outcome	0	50%	Ministry of Justice.	Annually
	Enhanced participation of civil society and other stakeholders in HiAP	Stakeholders implementing HiAP	% of stakeholders participating in the implementation of HiAP	Outcome	0	70%	Undertaking KAP surveys	Annually
Objective 5: To promote a Whole-of-Society and Public Health approach implementation to address all Determinants of Health as contained in the 7-National Development Plan (NDP-7): 2017-2021		Improved coverage of mechanisms for participation of civil society in policy processes and accountability mechanisms for HiAP	# of sectors with mechanisms developed to enable participation of civil society in HiAP	Output	0	30	Performance audit reports on participation in HiAP from sections of society	Quarterly
		Strengthened mechanisms for stakeholder engagement and participation at all levels	Mechanisms for HiAP at National, Provincial, District, community level.	Output	0	30	Sector reports	Quarterly

HiAP Objective	Outcome	Output	Indicators	Indicator Type	Baseline (2018)	Targets (2021)	Data Source	Frequency
Objective 6: To strengthen monitoring, evaluation, reporting and accountability processes, systems, tools and mechanisms for Health in All policies implementation.	Improved monitoring and evaluation on HiAP implementation and social determinants of health	Monitoring of health inequities conducted	Date of the last monitoring health equity report	Output	2018	2021	National health equity report SDH	Every 5 Years
		Improved monitoring of SDH and actions on these determinants	# of monitoring reports on SDH priorities	Output	10	11	HiAP Implementing Sectors	TBA
Objective 7: Improve the Health of the population through action on Social Determinants of Health	Reduced disease burden and mortality from preventable causes; Reduced health inequities	Research on evaluation of social determinants of health conducted	SDG Report produced on research conducted	Output	1	1	SDG Report	TBA
		Improved Information systems and access to information on social determinants of health	# of sectors that have functional information systems	Input	60%	80%	Sectors Annual Reports	Annually
		Reduction in maternal deaths	Maternal Mortality Rate per 100,000 live births	Outcome	398	100	ZDHS	Every 4 years
		Reduced infant deaths	Infant Mortality Rate per 1000 live births	Outcome	75	35	ZDHS	Every 4 years

HiAP Objective	Outcome	Output	Indicators	Indicator Type	Baseline (2018)	Targets (2021)	Data Source	Frequency
		Improved access to clean and safe water supply	Proportion of households with access to improved source of drinking water (%)	Outcome	67.7	No data.. (Sectors to set targets as HiAP implementation takes place)	ZDHS	Every 4 Years
		Improved access to sanitation services	Proportion of households with access to improved sanitation %	Outcome	39.7	No data. (Sectors to set targets as HiAP implementation takes place)	ZDHS	Every 4 Years
		Reduction in morbidity from NCDs	Proportion NCDs- Burden of Disease in relation to the total in the country%	Outcome	23	15	STEPS survey, ZNCR, HMIS, DHIS2	Annual. Every 4 years
		Reduction in number of road traffic accidents	# of road traffic accidents	Outcome	32,350	16175	MoTC Reports	Annual
		Reduced mortality in the population	Adult mortality rate per 1000 population	Outcome	24	12	ZDHS	Every 4 Years
		Increased life expectancy	Life Expectancy	Male	Outcome	51.1	ZDHS	Every 4 years
				Female	Outcome	55.6	ZDHS	

HiAP Objective	Outcome	Output	Indicators	Indicator Type	Baseline (2018)	Targets (2021)	Data Source	Frequency	
	Improved nutritional status of children under five		Stunting Level%	Outcome	40	14	ZDHS	Every 4 years	
			Underweight (children under five years)%	Outcome	15	2	ZDHS	Every 4 years	
			Prevalence of Wasting%	Outcome	6	1	ZDHS	Every 4 years	
	Controlled Epidemics of HIV/AIDS and TB and eliminated Malaria		% of children aged under five years who are overweight	Outcome	9	4	ZDHS	Every 4 years	
			HIV Prevalence (%) in population aged 15-45	Outcome	13.3	5	ZDHS	Every 4 Years	
	Increased education and literacy levels		TB Incidence rate per 1000 population	Outcome			WHO- Global TB report/ NHSP 2017-2021	Every 4 Years	
			Malaria Incidence Rate per 1000 population	outcome	394	<16	HMIS	Annual	
			Literacy level (Male)	Male	Outcome	83.3	-	ZDHS	Every 4 Years
					Female	Outcome	65.7	-	

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10 APPENDICES

ANNEX 1: EXISTING POLICIES, INTER-SECTORAL IMPLEMENTATION COORDINATION MECHANISMS AND CHALLENGES

SECTOR	EXISTING POLICIES	COORDINATION MECHANISM	CHALLENGES
Ministry of Health	<ul style="list-style-type: none"> - National Health Policy - Child Health Policy - Mental Health Policy - Reproductive Health Policy - Basic Health Care Policy - Alcohol Policy - Food Safety Policy 	<ul style="list-style-type: none"> - Sector Advisory Group - Steering Committees - Technical Working Groups - Coordinating Committees - Neighbourhood Health Committees - Interagency Coordinating Committee 	<ul style="list-style-type: none"> - Inadequate financial resources - Poor participation of other sectors in matters of health
Ministry of Agriculture	<ul style="list-style-type: none"> - National Agricultural Policy 2004 – 2015 - 2nd National Agricultural Policy 2016 - National Agricultural Investment Plan 2014 – 2018 	<ul style="list-style-type: none"> - Sector Advisory Groups - Technical Working Groups - District Development Coordinating Committee - Area development Committee - Neighbourhood Health Committee 	<ul style="list-style-type: none"> - Lack of joint planning and synergies in implementation of health related programmes/activities. - Inadequate or lack of funds for inter-sectoral coordination mechanisms
Ministry of General Education	<ul style="list-style-type: none"> - “Educating our future” Policy document (under review) - School Health and Nutrition policy draft of 2005 (under review) 	<ul style="list-style-type: none"> - Technical steering committee 	<ul style="list-style-type: none"> - Poor attendance at technical working groups - Competing needs - Inadequate resources - Poor record keeping

SECTOR	EXISTING POLICIES	COORDINATION MECHANISM	CHALLENGES
Ministry of Local Government	<ul style="list-style-type: none"> - National Water Supply, Sanitation and Waste Management Policy(Awaits Cabinet Approval) - National Urbanisation Policy - Fire and Rescue Service Policy - Solid Waste Management Policy - Outdoor Advertising Policy 	<ul style="list-style-type: none"> - Water Sector Advisory Group - D-WASHE - V-WASHE 	<ul style="list-style-type: none"> - Lack of harmonised Standards and Designs of Water and Sanitation facilities which are environmentally friendly and able to accommodate the elderly and those with special needs. - Lack of proper coordination, challenge in bringing stakeholders together, hence few meetings held to resolve challenges. - Limited participation of key ministries to achieved intended results - Lack of capacity to enforce by-laws
Ministry of Transport and Communications	<ul style="list-style-type: none"> - NTP - NTMP - TS-HIV/AIDS POLICY - MoU on Road Safety - UN Decade of Action for Road Safety - Draft Fleet Management Policy - 25 Statutory Instruments as a temporal solutions (Driving hours, night driving, removal of vehicles, GPS system, traffic wardens 	<ul style="list-style-type: none"> - Sector Advisory Group - Committee of Ministers - Committees of Permanent Secretaries - Committee of Chairpersons and Road Sector Steering Committee - National Road Safety Coordination Office supported by World Bank 	<ul style="list-style-type: none"> - Limited sector capacity building (limited first aiders and other post-crash management skills required) - Vandalism of road furniture - Safety most pronounced in the road subsector as opposed to other modes of transport

SECTOR	EXISTING POLICIES	COORDINATION MECHANISM	CHALLENGES
Ministry of Gender	<ul style="list-style-type: none"> - National Gender Policy; - Gender Equity and Equality Act No.22 of 2015; - Anti-Gender Based Violence Act No.1 of 2011; - National Strategy on Ending Child Marriage in Zambia(2016 – 2021) 	<ul style="list-style-type: none"> - Committee of Ministers - Committee of Permanent Secretaries - Technical Working Group. 	<ul style="list-style-type: none"> - Coordination not yet cascaded to lower levels; - Low understanding of gender issues even among the top leadership. - Lack of synergies and working in silos resulting in duplication of efforts.
Ministry of Commerce, Trade and Industry	<ul style="list-style-type: none"> - National Quality Infrastructure Policy - Commercial Trade and Industrial Policy - Competition and Consumer Protection Policy - Micro, Small and Medium Enterprises Policy, - Industrial Policy (in Draft form), - National Trade Policy (In draft form) - Investment Policy (In draft Policy). - National Intellectual Property Policy 	<ul style="list-style-type: none"> - Sector Advisory groups - Steering committees - Technical committees 	<ul style="list-style-type: none"> - Most steering committees are private sector driven, hence challenge to hold meetings - Inadequate funds to have meetings - Lack of Budget harmonisation for similar health activities - Lack of clarity regarding the distribution of responsibilities e.g. National Quality Infrastructure

SECTOR	EXISTING POLICIES	COORDINATION MECHANISM	CHALLENGES
Ministry of Water Development Sanitation and Environmental Protection	<ul style="list-style-type: none"> - National Water Policy (2010) - National Environment Policy (2007) - National Water Supply and Sanitation Policy 	<ul style="list-style-type: none"> - Sector Advisory groups - Steering committees - Technical Working groups 	<ul style="list-style-type: none"> - Limited participation of key ministries to achieved intended results - Lack of capacity to enforce by-laws - Inadequate resources to implement policies
Ministry of National Development Planning	<ul style="list-style-type: none"> - Planning and Budgeting Policy - Population Policy - Climate Change Policy - 7 NDP 	<ul style="list-style-type: none"> - National Development Coordinating Committee - Provincial Development Coordinating Committee - District Development Coordinating Committee - Ward Development Committee - Cluster Advisory Group - Technical Working Groups 	<ul style="list-style-type: none"> - Change of leadership for Cluster Advisory Groups - Inadequate resources - Lack of commitment from members of TWGs
Ministry of Mines and Minerals Development	<ul style="list-style-type: none"> - Wellness and HIV/AIDS Workplace Policy - Mining Policy 	<ul style="list-style-type: none"> - Sector Advisory groups - Steering committees - Technical Working groups 	<ul style="list-style-type: none"> - Limited participation of key ministries to achieved intended results - Lack of capacity to enforce by-laws - Inadequate resources to implement policies

SECTOR	EXISTING POLICIES	COORDINATION MECHANISM	CHALLENGES
Ministry of Community Development and Social Welfare	<ul style="list-style-type: none"> - C o m m u n i t y Development Policy - N o n - G o v e r n m e n t a l Organisations Policy - S o c i a l W e l f a r e P o l i c y - T h e N a t i o n a l S o c i a l P r o t e c t i o n P o l i c y - T h e N a t i o n a l D i s a b i l i t y P o l i c y - T h e N a t i o n a l A g e i n g P o l i c y - T h e N a t i o n a l V o l u n t e e r P o l i c y 	<ul style="list-style-type: none"> - Steering committees - Technical Working groups 	<ul style="list-style-type: none"> - Inadequate resources to implement policies - Limited participation of key ministries to achieved intended results
Ministry of Foreign Affairs	<ul style="list-style-type: none"> - Foreign Policy 	<ul style="list-style-type: none"> - Steering Committees - Technical Committees 	<ul style="list-style-type: none"> - Inadequate resources for implementation - Inadequate coordination mechanisms
Ministry of Housing and Infrastructure Development	<ul style="list-style-type: none"> - No specific Policy at the moment but working with related policies in Ministries that previously carried the functions 		<ul style="list-style-type: none"> - Lack of specific Policy on Infrastructure and Housing
Ministry of Justice	<ul style="list-style-type: none"> - Extradition policy - Internal Ministerial Policy 	<ul style="list-style-type: none"> - Steering Committees - Technical Committees 	<ul style="list-style-type: none"> - Inadequate resources for implementation - Inadequate coordination mechanisms

SECTOR	EXISTING POLICIES	COORDINATION MECHANISM	CHALLENGES
Ministry of Labour and Social Security	<ul style="list-style-type: none"> - National Employment and Labour Market Policy (Draft) - National Productivity Development Policy (Draft) - Occupational Safety and Health Policy (Draft) - Social Security Policy (Draft) 	<ul style="list-style-type: none"> - Steering Committees - Technical Committees 	<ul style="list-style-type: none"> - Inadequate involvement of key Ministries - Inadequate resources - Inadequate coordination mechanisms
Ministry of Lands and Natural Resources	<ul style="list-style-type: none"> - National Land Policy - Forestry Policy - National Policy on Climate Change 	<ul style="list-style-type: none"> - Steering Committees - Technical Working groups 	<ul style="list-style-type: none"> - Inadequate involvement of key Ministries - Inadequate resources - Inadequate coordination mechanisms
Ministry of National Guidance and Religious Affairs	<ul style="list-style-type: none"> - No specific Policy 		<ul style="list-style-type: none"> - Lack of Policy and legal framework
Ministry of Works and Supply	<ul style="list-style-type: none"> - GRZ /Public building maintenance policy - Government Fleet Managements Policy - Housing Policy <p>* Policies yet to be approved by Cabinet</p>	<ul style="list-style-type: none"> - Steering Committees - Technical Committees 	<ul style="list-style-type: none"> - Inadequate involvement of key Ministries - Inadequate resources - Inadequate coordination mechanisms
Ministry of Youth, Sport and Child Development	<ul style="list-style-type: none"> - The National Youth Policy(2015) - The Child Policy (2015) - The Sport Policy (2015) 	<ul style="list-style-type: none"> - Steering Committees - Technical Committees 	<ul style="list-style-type: none"> - Inadequate resources - Inadequate coordination mechanisms
Ministry of Livestock and Fisheries	<ul style="list-style-type: none"> - No information at present 		

ANNEX 2: REVIEW OF LEGAL INSTRUMENTS

SECTORS	EXISTING LAWS	YEAR ADOPTED	FOCUS AREA	HEALTH RELATED ISSUES	PROPOSED ACTION
Ministry of Health	Public Health Act Chapter 295	1995	Promotion of good health and suppression of diseases	Public health	Finalise bill to include emerging issues
	Food and Drugs Act Chapter 303	2001	Protect the public from food fraud and ensure food safety	Public health	Finalise bill to include emerging issues
	Occupational Health and Safety Act No 36 of 2010	2010	Occupational Health and Safety in work places	Workers health and safety	Develop regulations to operationalise the Act
	National Health Research Act	2013	Research related to health		
Cabinet Office PAC	Zambian Constitution Chapter 1	Amended 2016	Governance of the country	Human rights	Economic and social rights to be included in the revision of the Constitution
OVP-DMMU	Disaster Management and Mitigation Act	2010	Preparedness, prevention, coordination, mitigation and management of disaster	Health vulnerability assessment	-
Ministry of Defence	Defence Act Chapter 106	1994	Creation and maintenance in Zambia of a Defence force	None	-
Ministry of Foreign Affairs	Nil	Nil	Nil	Nil	
Ministry of National Development Planning	Nil	Nil	Nil	Nil	Have legislation that compels all sectors to include HIAP in the sector planning

SECTORS	EXISTING LAWS	YEAR ADOPTED	FOCUS AREA	HEALTH RELATED ISSUES	PROPOSED ACTION
Ministry of Finance	The Public Finance Management Bill	2017	Reduction of Resource Waste	Re-address high incidences of poverty	Accelerate the implementation process
	The Planning and Budgeting Bill	2016	Linkage of Programmes in the 7 NDP to the National Budget	Access and Affordable Products and Services would open up opportunities for better livelihoods	Accelerate the implementation process
Ministry of Local Government	Local Government Act Chapter 281	1995	Define the functions of local authorities	Public Health	Revise to provide for the establishment of a Public Health Department at central level
	Markets Act Chapter 290	1994	Management of markets	None	Review to include the establishment of the Health Committees and provision market standards
	Urban and Regional Planning Act No 3	2015	Standards and requirements for urban and regional planning processes	Public buildings safety	Review and inclusion of determinants of health in the housing standards
	Liquor Licensing Act Chapter 157	1994	Regulating the sale and supply of intoxicating liquors	None	Review to include provisions that promote health in the packaging, supply and sale of liquors
	Housing (Statutory Improvement) Act Cap 194	1975	Upgrading of unplanned settlements		Review to improve required standards
	Environmental Protection and Pollution Control Act (Zambia).		Waste handling through licencing, collection, transportation, treatment and disposal	Environmental sanitation	

SECTORS	EXISTING LAWS	YEAR ADOPTED	FOCUS AREA	HEALTH RELATED ISSUES	PROPOSED ACTION
Ministry of Home Affairs	Prisons Act	1974	Prison services	General care of health of prisoners	Review to include: WASH Food safety Prevention of NCD and Communicable diseases
	Narcotics Drugs and Psychotropic Substances Act	1994	Control of narcotics drugs and psychotropic substances	Public health Substance abuse	Review to strengthen the legislation to control narcotics drugs
	Penal Code		Nuisances and offences against health	Public health	Revise to strengthen the punitive measures
	Zambia Police Act Chapter 107	1996	Internal security	Enforcement of health related laws	-
Ministry of Higher Education	National Council for Scientific Research Act Chapter 140	1994	Scientific research	Food safety Water quality monitoring	-
	National Biosafety Act No 10	2007	Regulate import, export, of any genetically modified organism foods	Food safety	-
Ministry of General Education	Education Act Chapter 134	1994	Promotion and development and control of schools	School inspections	Review to include the establishment of health committees in the schools
Ministry of Youth, Sports and Child Development	National Youth Development Council Act Chapter 144	1994	Registration of Youth Organisations	Youth friendly services	-

SECTORS	EXISTING LAWS	YEAR ADOPTED	FOCUS AREA	HEALTH RELATED ISSUES	PROPOSED ACTION
Ministry of Commerce, Trade and Industry	Standards Act Chapter 416	1997	Provides for standards of quality control for certain commodities	Food and water safety	Review to include new standards for foods without standards
	Zambia Compulsory Standards Act No 3	2017	Provides for the administration and maintenance of compulsory standards for the purpose of public safety and health	Public safety and health	Nil
	Investment Act Chapter 385	1996	Provides for comprehensive legal framework for investment in Zambia	None	Review to include Health components in investments
	Hazardous Waste Management Statutory Instrument No. 125	2001	Hazardous waste	Environmental and Public health protection	Strengthen Enforcement
	Waste management Statutory Instrument No. 71	1993		Prevention of disease good sanitation	
	Environmental Protection and Pollution Control Act (Zambia).	1990	Environmental protection	Environmental protection. Pollution prevention	
Ministry of Transport and Communications	Civil Aviation Act No 5 of 2016	2016	Control, regulation and orderly development of civil aviation in Zambia	Aircraft safety	Review to include IHR (2005) core capacities
	Road traffic Act No 11 of 2002	2002	Maintenance and construction of roads in Zambia, for the control of motor traffic	Road safety (RTAs)	Review to include provisions of walkways on roads to ensure safety of pedestrians
	Inland waters shipping cap 466	1994	Registration and safety of certain vessels used on inland waters of Zambia for the safety of passengers and cargo	Public safety	Review to include IHR (2005) core capacities

SECTORS	EXISTING LAWS	YEAR ADOPTED	FOCUS AREA	HEALTH RELATED ISSUES	PROPOSED ACTION
Ministry of Housing and Infrastructure Development	National Housing Authority Act Cap 195	1994	Development and control of housing throughout the Republic	None	Review to include standards for housing to prevent communicable diseases
	National Council for construction Act No 13 of 2003	2003	Promotion and development of the construction industry in Zambia	None	Review to include Public health aspects in construction
Ministry of Works and Supply	Valuation surveyors Act Chapter 207	1994	Provide for the valuation of government infrastructure	Safety of infrastructure	Review to include Public health aspects in construction
Ministry of Community Development and Social Services	Persons with Disability Act	1996	Address welfare of persons with disabilities		Inclusive WASH and infrastructure
Ministry of Lands and Natural Resources	Lands Act Chapter 184	1996	Provide for land administration in the country	Nil	Review to include provision and standards for siting and ensure issues of sustainable use of land are addressed
Ministry of Agriculture	Agriculture and Veterinary Chemicals Control Act	2017	Control of the use of chemicals	Chemical safety	Review to strengthen the control and monitoring of chemical usage including sale
	Agriculture/Fertilizer and Feed Act	2010	Regulation and control of Manufacture, processing, importation and sale	Control/Exclusion of any Fertilizer and Farm feed.	Amended.
Ministry of Fisheries and Livestock	Fisheries Act	2000	-Improve fish production	- prohibit fish poisoning	-control of methods of fishing
			-improve food security	-prohibit use of poisonous plants	-instituting fishing ban in a particular period of the year (1Dec to 1 March).
			-income generation	- prohibit use wrong methods of fishing	

SECTORS	EXISTING LAWS	YEAR ADOPTED	FOCUS AREA	HEALTH RELATED ISSUES	PROPOSED ACTION
	Animal Health Act	2010	-improve livestock production -Control and prevention of animal diseases -improve income generation	-prevent transmission of diseases to humans eg. TB & Mastitis. -improve food security at household level	Vaccination of animal Power to carryout test Power to seizure or destruction
	Control of dogs Act	1994	-control and isolation of dogs	-prevention of humans from dog bite (prevention against rabies)	-vaccination of dogs against Rabies -control, isolation or destruction of dogs
	Export of Pigs Cap 246	1994	-control spread of diseases	-prevent the spread of diseases	- control the export of pigs - power for destruction
	Dairy Industry Development Act	2010	-improve milk production -improve food security at household level -income generation	-prevention of disease transmission to human	-vaccination of animals - prescribing methods for designation of milk or milk products -providing for the issue of grading certificates to producers
Ministry of Justice	Law Development Commission Act	1996	Drafting of legislation	None	Inclusion HIA in legislation development
Ministry of Mines and Mineral Development	Mines & Minerals Development Act	2015	Mining Regulation	Environmental health. Protection of Human Health.	Review to include HIA in the licensing of Mine and the provisions of the employment restrictions for miners
Ministry of Energy	Energy Act				

SECTORS	EXISTING LAWS	YEAR ADOPTED	FOCUS AREA	HEALTH RELATED ISSUES	PROPOSED ACTION
Ministry of Water Development, Sanitation and Environmental Protection	The Environmental Management Act	2011	Environmental Management	<ul style="list-style-type: none"> - Natural environmental degradation mitigation - Climate change preparation and mitigation -Pesticide and toxic substances 	None
	Water and Sanitation Act	1997	Safe Water and Sanitation provision	-Supply of safe water and provision of adequate sanitation	Review
	Water Resources Management Act	2011	Water resources regulation	-Regulation on provision of Safe supply of water	None
Ministry of Chiefs and Traditional Affairs	Protection of Traditional Knowledge, Genetic Resources and Expression of Folklore (Act No.16).	-2016	Preservation of Oral tradition and rites of passage passed on from generation to generation.	<ul style="list-style-type: none"> -The use of Herbal medicines. -practices of rites of passage such as Male Circumcision (Mukanda). 	-The Act to be amended to explicitly discourage unhealthy Traditional practices.
	Registration and Development of Village Act, Cap 289	1971	<ul style="list-style-type: none"> -Village Registration. -Developmental projects in Villages. 	<ul style="list-style-type: none"> -to provide and improve water supplies in the village; -to build and improve village health centres and other like institutions with a view to ensuring the highest standard of sanitary conditions for the villagers; - participate in the construction and maintenance of water drainage systems. 	-need for Multi-sectoral collaboration.
Ministry of Information and Broadcasting Services					

SECTORS	EXISTING LAWS	YEAR ADOPTED	FOCUS AREA	HEALTH RELATED ISSUES	PROPOSED ACTION
Ministry of Gender	Anti-Gender Based Violence Act	2011	Gender based violence	None	Review to incorporate gender in health
	Gender Equity and Equality Act	2015	Gender equality	None	None
Ministry of Tourism and Arts	Tourism Act Chapter 155	1994	Development, promotion and licensing of tourist enterprises	None	Review to include public health provisions for the prevention of diseases
	Zambia Wildlife Act No 14	2015	conservation and enhancement of wildlife eco-systems, biological diversity	None	Review to include public health provisions for the prevention of zoonotic diseases
Ministry of Labour and Social Security	Employment Act Cap 268	1997	provide legislation relating to the employment of persons;	None	Review to include safety of workers
	Industrial and Labour Relations Act Cap 269	2016	Industrial Relations	None	Review to include safety of workers
	Factories Act Cap 441	1994	regulation of the conditions of employment in factories and other places as regards the safety, health and welfare of persons employed	Occupation Safety and Health	Review to strengthen the OHS
Ministry of National Guidance and Religious Affairs	Nil	Nil	Nil	Nil	To enact legislation that will address health issues at all levels as a way of guidance

ANNEX 3: LIST OF PARTICIPANTS OF THE STAKEHOLDER CONSULTATIVE MEETING FOR DEVELOPMENT OF THE HIAP STRATEGIC

FRAMEWORK 2018-2021

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