



Zambia



General information

Zambia is a landlocked, fertile and mineral-rich country on the Southern African plateau. It is bordered by: (clockwise from the north) the United Republic of Tanzania, Malawi, Mozambique, Zimbabwe, Botswana, Namibia (via the Caprivi Strip), Angola and the Democratic Republic of Congo. The country comprises ten provinces: (from south to north) Southern, Western, Lusaka, Central, Eastern, North-Western, Copperbelt, Northern, Muchinga (whose creation was announced in October 2011) and Luapula.

Climate: Tropical, but seldom unpleasantly hot, except in the valleys. There are three seasons: a cool dry season April–August; a hot dry season August–November; and a wet season, which is even hotter, November–April. Frost occurs in some areas in the cool season. Rainfall is 508–1,270 mm p.a.

Environment: The most significant environmental issues are: deforestation, soil erosion, and desertification; health risk posed by inadequate water treatment facilities; threat to big game populations by poaching; and air pollution and resulting acid rain in the areas surrounding mining and refining operations in Copperbelt Province.

Population: 13,475,000 (2011); 39% lives in urban areas and 11% in urban agglomerations of more than 1 million people; growth 2.6% p.a. 1990–2011; birth rate 46 per 1,000 people in 2011 (49 in 1970); life expectancy 49 years; it fell from a peak of about 52 years in the latter 1980s, due to AIDS, but began to rise again in the early 2000s.

There are 73 indigenous ethnic groups of Bantu origin. The largest, representing about 18% of the population, is the Bemba of the north-east and Copperbelt. Others include the Tonga of Southern Province, the Nyanja of Eastern Province and Lusaka, and the Lozi of the west. There are small minorities of Europeans and Asians.

Economy: Zambia is classified as a lower-middle-income economy by the World Bank.

Mental health

Morbidity: The most commonly diagnosed mental illness in Zambia is depression alongside other neuropsychiatric disorders such as those relating to drug and alcohol abuse. The risk of mortality is significantly increased by the stigma attached to mental illness, the prevalence of HIV, high unemployment and socio-economic difficulties, with over 68% of individuals living on less than US\$1 a day in 2010. Neuropsychiatric disorders contributed an estimated 4.1% of the global burden of disease in 2008.

Health systems: In 1995 a new Mental Health Services Act was passed to replace the Mental Disorders Act of 1951. However, this was repealed in 2005 to pave the way for the dissolution of the Central Board of Health. As a result, there is no approved mental health Act currently in place. There is an officially approved mental

KEY FACTS

Joined Commonwealth:	1964
Population:	13,475,000 (2011)
GDP per capita average annual growth rate:	0.8% p.a. 1990–2011
GNI per capita:	US\$1,160 (2011)
UN HDI 2011 ranking:	164 out of 187 countries
Life expectancy:	49 years (2011)
Under-five mortality rate (per 1,000 live births):	83 (2011)
Maternal mortality ratio – reported (per 100,000 live births):	590 (2007–11)
Maternal mortality ratio – adjusted (per 100,000 live births):	440 (2010)
Largest contribution to mortality:	Communicable diseases, maternal, perinatal and nutritional conditions
HIV prevalence rate for people aged 15–49 years:	12.5% (2011)
Government health expenditure:	4% of GDP (2010)



www.gnc.org.zm

INTRODUCTION

The mandate of the Council is to ensure public protection through the regulation of nursing and midwifery education and practice. As it stands, nurses and midwives contribute 64% to the bulk of health care providers (Clinton Health Access Initiative 2011). The General Nursing Council of Zambia (GNC) plays a pivotal role to ensure competence and quality care provision among nurses/midwives. Through this GNC fulfills its mandate of ensuring public protection and upholding professionalism.

VISION

The Nurses and Midwives shall be empowered to provide quality nursing and midwifery care through attainment and maintenance of professional excellence.



Examination Committee members and the Secretariat of the General Nursing Council: (left to right) Universe H Mulenga (Registrar), Mercy Chibende (Examinations Specialist), Patricia Mukwato (Committee Member), Bertha Chihepo (Education and Training Manager), Elizabeth Maliwa (Committee member), Hacuma F Natala (Administration Manager), Inutu Mbangweta (Committee Member), Dr Prudencia Mweemba (Council President)

MISSION

The General Nursing Council sets, monitors and evaluates performance standards for nursing and midwifery education, clinical practice, management and research.

GOALS

In its quest to achieve and enhance its objectives, GNC has set out the following plans which it hopes to attain in two to three years.

- Introduction of Continuous Professional Development (CPD) to boost acquisition of new knowledge, skills and ethical attitudes
- Development of mandatory nursing protocols
- Introduction of nursing audits
- Strengthening of the Nurses and Midwives Act No 31 of 1997 in order to include new trends in the nursing and midwifery profession
- Introduction of the Objective Structured Clinical Examinations as part of the examination system in nursing education
- Introduction of an institutional website for the development and interaction with the nursing fraternity both locally and worldwide
- Introduction and conducting of licensure examinations

The Registrar, General Nursing Council of Zambia
Plot 171 Luanshya Road
Villa Elizabetha
P.O. Box 33521
Lusaka

Tel: +260 21 122 1284 • +260 21 22 4893
Email: gncz@nursing.org.zm

health policy, which was most recently revised in 2007. Mental health is also specifically mentioned in the general health policy. In addition, legal provisions concerning mental health are not covered in other laws such as welfare.

A Mental Health and Poverty Project conducted in 2008 concluded that there is a vast contrast between the care available for those in suburban districts and those in more remote areas. Traditional healers are often the most accessible form of health treatment in rural areas with approximately 29,000 registered traditional healers in Zambia in 2008. It was also concluded that, although a national mental health policy is in place, there is no long-term strategic plan for mental health care.

There are 0.5 mental health outpatient facilities per 100,000 people in Zambia. There are 1.5 beds in general hospitals, 0.01 psychiatric hospitals, 1.6 beds in psychiatric hospitals and 0.03 community residential facilities per 100,000 people. There are also 0.5 psychiatric beds in residential facilities per 100,000 people (2011).

Health

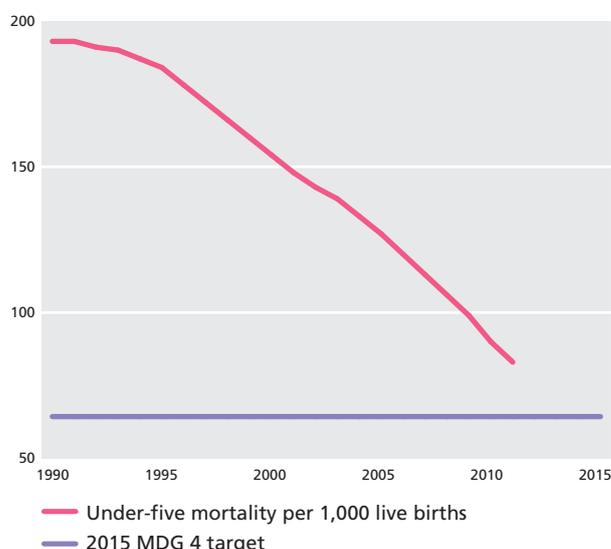
Child and maternal health: Infant mortality in Zambia was 53 deaths per 1,000 in 2011, with an under-five mortality rate of 83 deaths per 1,000 live births. As shown in Graph 1, there has been a consistent decline in the under-five mortality rate since 1990. Although this decline is encouraging, the under-five mortality rate is not yet in line with the country's target of 64 deaths per 1,000 live births, as defined by Millennium Development Goal 4 (MDG 4). In 2010 the three most prominent known causes of death for children below the age of five years were pneumonia (14%), prematurity (13%) and malaria (13%). Other contributory causes were HIV/AIDS (11%), diarrhoea and birth asphyxia (both 9%). In the period 2007–11 Zambia had a reported maternal mortality ratio of 590 deaths per 100,000 live births (this figure was estimated at 440 by UN agencies/World Bank in 2010).

Burden of disease: Communicable diseases along with maternal, perinatal and nutritional conditions in Zambia accounted for an estimated 64% of all mortality in 2008. The prevalence of HIV in Zambia, as a percentage of population aged 15–49 years, stood at 13% in 2011. There has been a gradual and continuous decline in the prevalence of HIV since 1993. There were 2,976,395 reported cases of malaria in 2009. The number of deaths from malaria has fallen by around one-third in the decade 2001–11. In the period 1996–2010 there was a reduction of over one-third in the estimated incidence of tuberculosis (TB). Estimated mortality (when mortality data excludes cases co-morbid with HIV) from the disease showed a consistent decrease in the period 1990–2010, more than halving the figure in this time. In 2009 there were 4,702 reported cases of cholera, 681 reported cases of pertussis (whooping cough) and 371 reported cases of leprosy.

Non-communicable diseases (NCDs) in Zambia accounted for an estimated 27% of all mortality in 2008. The most prevalent NCDs in Zambia are cardiovascular diseases, which accounted for 12% of total deaths across all age groups in 2008. Cancers, non-communicable variants of respiratory diseases and diabetes contributed 3%, 3% and 2% to total mortality respectively (2008).

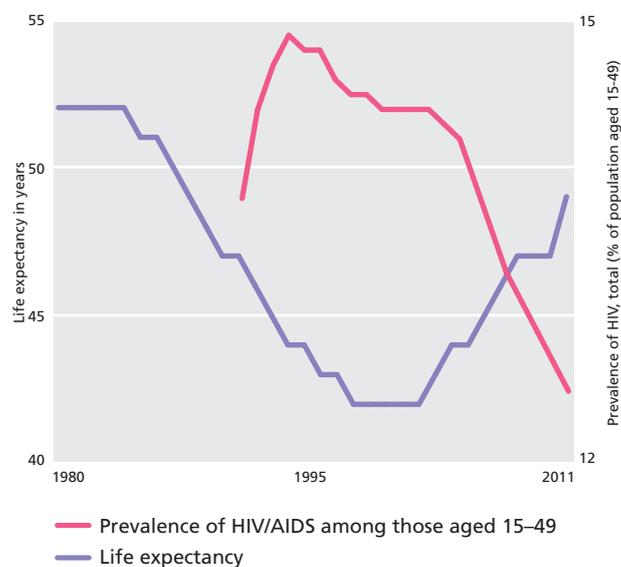
GRAPH 1

Under-five mortality



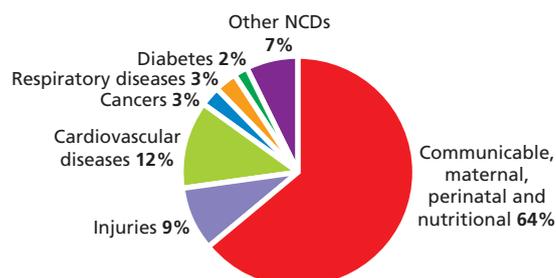
GRAPH 2

Life expectancy and HIV/AIDS



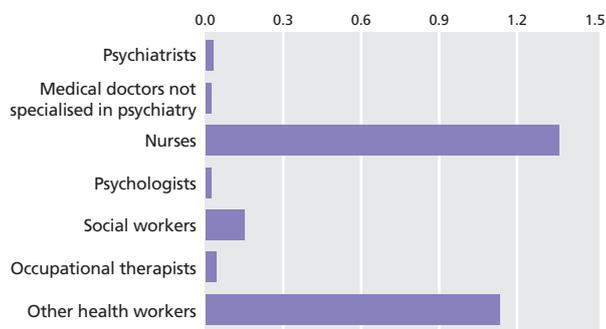
GRAPH 3

Mortality by cause of death (% of all deaths), 2008



GRAPH 4

Health professionals working in the mental health sector per 100,000 of the population



Health systems: Zambia's public spending on health was 4% of GDP in 2010, equivalent to US\$73 per capita. In the most recent survey conducted between 1997 and 2010, there were six doctors and 71 nurses and midwives per 100,000 people. Additionally, 47% of births are attended by qualified health staff (2007–12), and 83% of one-year-olds are immunised with one dose of measles (2011). In 2010 61% of the country's population was using an improved drinking water source and 48% had access to adequate sanitation facilities. The most recent survey, conducted in the period 2000–11, reports that Zambia has one pharmaceutical personnel per 100,000 people.

Zambia's five main referral hospitals are the Arthur Davison Children's Hospital (Ndola), Chainama Hills College Hospital (Lusaka), Kitwe Central, Ndola Central and the University Teaching Hospital (Lusaka). There are provincial and district hospitals and health centres throughout the country. Health providers other than the government include faith organisations and healthcare companies. There are four main manufacturers of pharmaceutical products, all based in Lusaka. Products include tablets, painkillers, syrups and some antibiotics. About 85–90% of pharmaceuticals are imported.

Progress towards the 2015 health MDGs: Zambia is currently working towards achieving the Millennium Development Goals. To achieve the targets for the reduction of child mortality, which forms MDG 4, Zambia should reduce under-five deaths per 1,000 live births to 64, and increase measles immunisation to 100% by 2015. In 2011, under-five mortality stood at 83 deaths per 1,000 live births, but measles immunisation had slipped from 91% in 2010 to 83% in 2011. If the under-five mortality trajectory continues on course, Zambia will achieve this target by 2015, and with further progress should be able to achieve the measles immunisation target as well.

The global MDG 5 target for maternal health is to reduce the number of women who die in pregnancy and childbirth by three-quarters between 1990 and 2015. When applying this target to Zambia, the maternal mortality should fall to 118 cases per 100,000 live births. In the period 2007–11 Zambia had a reported maternal mortality ratio of 590 deaths per 100,000 live births (this figure was estimated at 440 by UN agencies/World Bank in 2010). Based on the data reported by the country, this target is unlikely to be achieved by 2015. Part of the goal also stipulates that 100% of births must be attended by a skilled health professional. In the period 2007–12 this figure stood at 47%, and so this target is also off track.

MDG 6 aims for a reduction in the prevalence of HIV, malaria and other diseases. Although there has been a slight reduction in the prevalence of HIV in the period 1993–2010, the percentage of the population infected with the disease remains very high. The number of deaths from malaria has shown a decrease since 2001. Mortality (when data excludes cases co-morbid with HIV) from TB more than halved in the period 1990–2010. Despite these positive results, changes must be made, especially in regard to HIV/AIDS, if the country is to make significant progress towards achieving MDG 6.

For definitions, sources and explanations on the Millennium Development Goals see page 355.

Further information

Ministry of Health: www.moh.gov.zm

Commonwealth Health Online:
www.commonwealthhealth.org/health/africa/zambia