



REPUBLIC OF ZAMBIA



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STATEMENT

BY

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DEPUTY PERMANENT REPRESENTATIVE

OF THE REPUBLIC OF ZAMBIA TO THE

UNITED NATIONS

TO THE

FORTY THIRD (43RD) SESSION OF

THE UNITED NATIONS COMMISSION

ON POPULATION AND DEVELOPMENT

**AGENDA ITEM 4: GENERAL DEBATE ON NATIONAL EXPERIENCE IN
POPULATION MATTERS: CONTRIBUTION OF THE PROGRAMME OF ACTION
OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT
TO THE INTERNATIONALLY AGREED DEVELOPMENT GOALS, HEALTH,
MORBIDITY, MORTALITY AND DEVELOPMENT**

New York

13 April, 2010.

Chairperson,

I wish to congratulate you and other members of the Bureau on your election.

From the outset, I wish to state that Zambia is committed to the implementation of the Programme of Action of the ICPD, including the elements on health, morbidity, mortality and development, the theme for the 43rd session of this Commission. Against this background, my delegation wishes to commend the United Nations Secretary General for his reports contained in documents E/CN.9/2010/1 and E/CN.9/2010/4, which contains very useful information on the Implementation of the Programme of Action of the ICPD, adopted in Cairo, Egypt in April, 1994.

Chairperson,

The implementation of the Programme of Action for Zambia, a Least Developed Country (LDC), has been a challenge. The task was even more daunting because the country lacked adequate resources to correct the imbalances of the health system that favoured the urban areas, and focused more on curative care.

Chairperson,

Government was however determined to improve service delivery by strengthening primary health care programmes for all segments of society in urban and rural areas to achieve the objective of providing health care to all. The Government committed to implement a comprehensive set of health reforms that, among other objectives, were designed to strengthen Management Systems that promote accountability, transparency. These reforms also facilitated the strengthening of partnership with key stakeholders, to make the health system more effective.

Chairperson,

In addressing this situation, the Zambian Government has been implementing health reforms and is determined to transform the health care delivery from one based on full Government participation to one founded on strategic partnerships with all stakeholders in the health sector. The reforms have also seen the re-establishment of the multi-sectoral Inter-Agency Committee on Population (ITCP), chaired by the Secretary to the Treasury, addressing a number of population and development issues, including health and reproductive health concerns, and the mobilisation of resources towards family planning services.

Chairperson,

In addition, the need to improve the efficiency with which resources are allocated and utilised, the Government, through the Ministry of Health and its co-operating partners made a shift from vertical programmes to a Sector-Wide Approach (SWAP) to ensure the effective management and utilisation of all available financial and material resources in an equitable, decentralised and sustainable manner. The principles and characteristics of the Zambian Health SWAP are fully in agreement with that of the Paris Declaration and The International Health Partnerships which places emphasis on ownership, alignment, harmonisation, managing for results and mutual accountability.

Chairperson,

With regard to human resources for health, the Health Strategic Plan 2006 – 2010 put various strategies and programmes such as scaling up of training, recruitment and retention of staff and management at the centre stage. These measures are beginning to bear fruit, as for instance, the staff-in-post or head count by January 2010 revealed that 56% of the total establishment had been filled by health workers. Furthermore, the Health Workers' Retention Scheme (HWRS) has created various incentives, both monetary and non-monetary to attract various health cadres in remote and hard-to-reach areas.

Chairperson,

Infrastructure is critical to health service delivery and the government has embarked on the construction of a General hospital in Lusaka, District Hospitals and Health Posts, including maternity wings. Additionally, the provision of equipment and transport is on the priority list. Since 2003, the Ministry has been on a mission to provide diagnostic and therapeutic equipment.

Chairperson,

Zambia has recorded significant progress in the implementation of Malaria Control and Prevention Interventions. Between 2000 and 2008, In-patient child illnesses and deaths due to malaria reduced by 66%. The main interventions used are the distribution of free insecticide treated mosquito nets, in-door residue spraying, and improved diagnosis and treatment of malaria.

Chairperson,

Since the introduction of free anti-retroviral therapy in public health facilities in 2005, Zambia has made tremendous progress towards achieving set targets on universal access to HIV and AIDS treatment. By December, 2009, there was 79% coverage of patients requiring anti-retroviral therapy, almost attaining the universal access target of at least 80% by 2015.

Chairperson,

Zambia has made strides in reducing maternal mortality from 729/100,000 live births in 2001-2002 to 591 per 100,000 live births in 2007. At the same time, institutional deliveries increased from 43% to 48%. There has been an increase of family planning contraceptive prevalence for modern methods from 24% to 33%. The unmet need for family planning stands at 27%. The current focus of family planning activities is on long-term family and permanent family planning methods.

Chairperson,

I also wish to state that Zambia has embraced the campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) launched in 2009 at the ordinary session of the African Union Conference in Addis Ababa, under the theme "Universal Access to Quality Health Services: Improve Maternal, Neonatal and Child Mortality". In this regard, Zambia will launch CARMMA on 7 May 2010 to raise the awareness of maternal mortality among politicians, cooperating partners, the private sector and the communities. Our goal is to use CARMMA to raise more resources for the reduction of maternal mortality.

Chairperson,

Zambia realises the numerous challenges and gaps existing in the provision of health care. The country appreciates the assistance being rendered by the multilateral and bilateral partners on Population and Development in general, and Health in particular and is hopeful that existing relationships will be strengthened.

I thank you.