



FIFTH SESSION – EIGHTH PARLIAMENT

FIRST REPORT

**OF THE PORTFOLIO COMMITTEE ON HEALTH AND CHILD CARE ON THE FACT
FINDING MISSION TO ZAMBIA ON CANCER MANAGEMENT AND BLOOD SERVICES**

Presented to Parliament, November 2017

(S.C.23, 2017)

ORDERED IN TERMS OF STANDING ORDER No. 17:

- At the commencement of every session, there shall be as many committees to be designated according to government portfolios as the Committee on Standing Rules and Orders may deem fit.
- Each Select Committee must be known by the portfolio determined for it by the Committee on Standing Rules and Orders.

TERMS OF REFERENCE OF PORTFOLIO COMMITTEES S.O 20

Subject to these Standing Orders, a Portfolio Committees shall-

- Examine expenditure administration and policy of government departments and other matters falling under their jurisdictions as Parliament may, by resolution determine;
- consider and deal with all Bills and Statutory Instruments or other matters which are referred to it by or under a resolution of the House or by the Speaker;
- consider or deal with an appropriation or money bill or any aspect of an appropriation or money bill referred to it by these Standing Orders or by or under resolution of this House;
- monitor, investigate, enquire into and make recommendations relating to any aspect of the legislative programme, budget, policy or any other matter it may consider relevant to the government department falling within the category of affairs assigned to it, and may for that purpose consult and liaise with such a department; and
- consider or deal with all international treaties, conventions and agreements relevant to it, which are from time to time negotiated, entered into or agreed upon.

On Tuesday, 19th September, 2017, the Speaker announced that Committees of Parliament appointed in the Fourth Session of the Eighth Parliament would continue with their duties and functions pending appointment of Committees for the Fifth Session. The following Members serve on the Portfolio Committee on Health and Child Care:

Hon. Bhuda S.
Hon. Chibagu G.
Hon. Kachepa N.
Hon. Dr. Labode R.
Hon. Madzinga P.
Hon. Mahiya M.
Hon. Mahoka S.
Hon. Majaya B.
Hon. Makweya M.
Hon. Mapiki J.
Hon. Dr. Mataruse P.
Hon. Matuke L.
Hon. Matsunga S.
Hon. Mguni N.
Hon. Muguti R.
Hon. Moyo L.
Hon. Mufunga A.
Hon. Munengami F.
Hon. Muzondiwa E.
Hon. Nhlovu B.
Hon. Ndlovu M.S
Hon. Ndoro L.
Hon. Nkatazo M.M
Hon. Nkomo M.
Hon. Sibanda P.D
Hon. Sibanda L.
Hon. Simbanegavi Y.
Hon. Toffa J.
Hon. Tshuma D.
Hon. Vutete M.
Hon. Zhou P.
Hon. Zwizwai M.

Hon. Dr. Labode to be Chairperson

1.0 INTRODUCTION

The Deputy Speaker of the National Assembly, Hon. Mabel Chinomona led a delegation that travelled to Zambia on a fact-finding mission on cancer management and provision of blood services from the 25th of June to the 1st of July 2017. The delegation comprised of the following Members and staff of the Portfolio Committee on Health and Child Care:

Hon. Dr. Paul Chimedza, (then a Committee Member, but now the Minister of State for Masvingo Province),
Hon. Melania Mahiya,
Hon. Susan Matsunga,
Hon. Nomvula Mguni,
Hon. Dingilizwe Tshuma,
Mrs. Edna Mafuruse, Committee Clerk and Secretary to the delegation;
Mr. Yeukai Chuma, Researcher; and
Mrs. Abigail Chingoka, Director Health Services

2.0 OBJECTIVES OF THE VISITS.

The objectives of the fact-finding mission were:

- i. To establish the involvement of the Health and Finance Ministers in mobilising and prioritizing resources towards cancer awareness, research, treatment, control, training and cancer treatment equipment, as well as provision of blood services;
- ii. To study the role of Parliamentarians in cancer control and blood services through the budget processes and during the execution of their oversight and representative roles;
- iii. To assess initiatives by technical staff, health sector stakeholders, civil society and health institutions in awareness campaigns in waging a formidable fight against the cancer scourge; and
- iv. To recommend replication of the best practices learnt in Zambia for improved health service delivery in Zimbabwe's health institutions.

3.0 METHODOLOGY AND OPERATIONAL STRATEGY

The delegation held meetings with the Zambian Parliamentary Committee on Health, Community Development and Social Services, Ministry of Health Officials in Zambia and representatives of the selected institutions that it toured during the visit.

4.0 BACKGROUND

4.1 The Speaker of the National Assembly, Hon. Advocate Jacob Francis Mudenda led a delegation to the 9th Stop Cervical, Breast and Prostate Cancer in Africa Conference (SCCA). The Conference was convened at Kenyatta Convention Centre, Nairobi in Kenya from the 19th to the 21st of July 2015. The Conference sought to achieve advocacy among high profile individuals and general populace whilst creating a platform to share lessons learned among the participants and mobilizing both corporate and political will and resources towards the campaign against cancer. The 9th SCCA focused on strengthening the role of Public-Private-Partnerships to alleviate the burden and high mortality rate from Breast, Cervical and Prostate cancers, notably the biggest killers in Africa today. Accordingly, the conference was held under the theme "*Investing to Save Lives: The Role of Public and Private Sector Partnerships*". The following were the key issues raised during the Conference:

4.1.1 That globally, there are 14 million new cancer cases accounting for 8.2 million deaths, constituting close to 13% of the total deaths worldwide.

- 4.1.2 That 70% of cancer deaths occur in low and middle income countries, the majority of which are in Africa.
- 4.1.3 That despite the growing cancer burden, cancer continues to receive a relatively low- public health priority in Africa, largely because of limited resources and other pressing public health problems, including communicable diseases such as acquired immuno-deficiency syndrome (AIDS), Human Immunodeficiency Virus (HIV) infection, malaria, and tuberculosis. It was added that it may also be in part, because of a general lack of awareness among policy makers, the general public and international private or public health agencies concerning the magnitude of the current and future cancer burden and its economic impact.
- 4.1.4 That there is hope for cancer prevention and treatment in Africa if it is put on the *political agenda* and supported by Public-Private partnerships.
- 4.1.5 That every effort must be made to expand the capacity of health care delivery systems to provide timely and effective treatment to patients diagnosed with early stage disease for increased awareness initiatives to result in improved patient outcomes.
- 4.1.6 That Parliaments have a critical role to play in cancer control by creating awareness of the burden of cancer and the benefits of early diagnosis in their constituencies.
- 4.1.7 That Parliamentarians should actively lobby for funding for the control of cancer and help put cancer on political agenda through parliamentary portfolio committees that exercise oversight function over the executive.
- 4.1.8 That Zambia, inspite of the ever-competing health priorities and limited resources to meet the demands of the same, has taken effective actions to reduce the number of lives who succumb to cancer each year.
- 4.1.9 To demonstrate their commitment to cancer control in Africa, the First Ladies, Parliamentarians and Ministers made a *declaration* to intensify awareness and efforts towards halting and reducing the burden of cancer by 2030.”
- 4.1.10 In light of the above key issues, the Zimbabwe delegation, in its report recommended that a fact-finding Parliamentary mission be sent to Zambia to learn about how they were managing cancer prevention, diagnosis and treatment with the view to replicate the same in Zimbabwe. To this end, the Portfolio Committee on Health and Child Care resolved to undertake a study visit to Zambia to learn the best practices in cancer control.

4.2 Access to Blood Services in Zimbabwe

- 4.2.1 The Committee also conducted an enquiry into the access to blood services in Zimbabwe. To gather information on the subject matter, the Committee held an oral evidence meeting with the National Blood Service of Zimbabwe on the 20th of May, 2014 and toured its facilities on the 22nd of June, 2016, with a view to understanding the institution’s operations and blood banking system in Zimbabwe.
- 4.2.2 The enquiry revealed that access to blood and blood products in Zimbabwe is beyond what is practically manageable for an average citizen with a pint of blood going for between US\$120.00-US\$140.00 as at June 2016. The high cost of blood in Zimbabwe was attributed to the costs incurred during the preparation of the blood to ensure it is free from HIV 1 and

2, Hepatitis B, Hepatitis C and Syphilis. During the enquiry, it was revealed that in Zambia, a pint of blood cost U\$50.00. Again, this motivated the Portfolio Committee on Health and Child Care to seize the opportunity of the study visit in Zambia on cancer management to also learn about how Zambia is managing blood provision services for its citizens. Thus, pursuant to its oversight role over the executive, the Committee resolved to conduct the two (2) study visits on cancer and blood services management in Zambia from the 25th June to the 1st of July, 2017.

5.0 FINDINGS OF THE COMMITTEE

5.1 Cancer Management and Treatment in Zambia

5.1.1 The burden of cancer in Zambia has been on the increase over the past years. The most prevalent are cancers of the cervix, breast, liver and prostate. The rise in the number of cases of cancer is due to but not limited to the risk behavior such as: consumption of unhealthy diets, lack of physical exercise, harmful use of alcohol and tobacco use. In Zambia, Human Papilloma Virus (HPV) is the leading cause of cervical cancer in women.

5.2 Cancer Disease Hospital

Due to the rapid increase in the number of cancer patients there has been significant scaling up of capacities and support in cancer management and treatment in Zambia. The Government of Zambia opened a Cancer Disease Hospital (CDH) in Lusaka, in July 2007 after a Presidential Declaration for free cancer treatment to all Zambians, and a progressive incremental budget allocation that followed. The CDH offers cancer patients state-of-the-art radiation and chemotherapy services as well as palliative care for cancer patients within Zambia and the surrounding region. The CDH has 252 beds, a chemotherapy unit with 80 beds and a nuclear medicine unit with eight (8) beds. To complement the services offered at CDH, the Government of Zambia planned to establish satellite cancer treatment centres at provincial level. To this end, the Government of Zambia has mobilised resources to fund the construction of two satellite cancer centres in Ndola and Livingstone in 2017. Other health facilities throughout the country offer cervical cancer screening and Loop Electro-surgical Excision Procedure (LEEP).

5.3 Capacity Building

In terms of capacity building, Zambia has accomplished the following:

- ▶ Dedicated office at Ministry of Health for cancer prevention;
- ▶ Creation of cancer focal point person at provincial level;
- ▶ National Reference training manual for cervical cancer screening; and
- ▶ Regional Training Programme of over 300 health professions from 15 countries in cervical cancer screening and early treatment.

5.4 Human Papillomavirus (HPV) Vaccination

Zambia successfully conducted a pilot programme on HPV vaccination with the support from Global Alliance for Vaccines and Immunisation (GAVI) and has targeted 2018 for the national roll out of the programme. Major challenges encountered during the implementation of the programme include resistance -from some religious women and girls; inadequate coordination between health centers and schools in planning the visits and competing priorities.

5.5 Surgery

In terms of surgery services in cancer treatment, Zambia has done the following:

5.5.1 Gynaecological Unit

Gynecological Oncology Unit has been established at the University Teaching Hospital which is dedicated to management of gynecological cancer. The most common cancer operated on is cervical cancer.

5.5.2 Chemoradiation

More machines were available for treatment while training of Radiotherapy Technologists had started. Plans were said to be at an advanced stage for training Clinical Oncologists and Oncology Nurses in Zambia. In addition, Zambia has availability of over 80% chemotherapy essential drugs for cancer patients.

5.6 Political Will

5.6.1 To demonstrate its political will, the Government of Zambia has taken a step further to ensure the streamlining of cancer management in all its Ministries. This move compels each ministry to contribute through policies and programmes towards the fight against cancer.

5.6.2 At the highest level, the First Lady of Zambia, through awareness campaigns and getting screened for cancer, champions the fight against cancer diseases, a clear demonstration of political will to combat cancer.

5.6.3 At a community level, Zambia has successfully engaged the traditional leaders in the fight against cancer diseases. Traditional leaders are sensitised on the importance of having their communities diagnosed and treated for cancer, as well as cancer prevention measures that need to be embraced by their communities.

5.7 Financing of Cancer Services

The Government of Zambia, through its Finance Ministry, is very much committed to financing cancer management and treatment. Parliament appropriates money for running costs of cancer medicines and supplies on a yearly basis. Overall, Parliament appropriates 9% of the national budget to the Ministry of Health in Zambia. Such financial support has enabled Zambia to build a state-of-art Cancer Disease Hospital where its citizens get all the required cancer services and where other regional countries seek cancer treatment. The delegation had the opportunity to tour the Cancer Disease Hospital which was fully equipped with state-of-art equipment. To reckon with here, is that Zambian citizens receive cancer services for free as the government of Zambia provides the cost of providing the service. The delegation was informed that the Government of Zambia has plans to replicate Cancer Disease Hospital in all its ten (10) provinces to further improve on cancer management and treatment. Before 2006, the Government of Zambia used to send cancer patients abroad for treatment at a cost of US\$10 000 per patient.

5.8 Management of cancer within the Zambian Defence Force (ZDF) Medical Services

5.8.1 Zambia's Defence Force Medical Services has successfully provided cervical cancer services for women. Its implementation plan is as follows:

- ▶ Trained Peer Educators create demand for the service through one- on-one and group health education;
- ▶ Mobile HIV and STI screening services are offered (Using the Opt out) to Men and women (Integrated Service delivery);
- ▶ Cervical– Cancer Screening is provided to consenting women inside the health facility; and
- ▶ The target for Cervical Cancer Screening is as follows:
 - 30 – 49 years for HIV negative women
 - 25 – 49 years for HIV positive

5.8.2 The ZDF flagship Cervical Cancer Prevention programme has been able to scale up because of the following reasons:

- ▶ The ZDF incorporates a strong community awareness component, uses a low cost prevention approach and Nurse-Led approach at the point of care as well as linking screening with treatment or referral; and
- ▶ Maintains efficiency in quality control which allows for review by experts; strong collaboration with the local health authorities; and gets strong financial support from the American Embassy.

5.9 Research Services

5.9.1 The Centre for Infectious Disease Research in Zambia (CIDRZ) which was established in 2001 is the largest independent, non-profit healthcare research organization in Zambia. This organization is one of the state-of-the-art medical and research diagnostic laboratories in Sub-Saharan Africa with a testing volume of over one-million routine and safety HIV care and treatment patient laboratory tests run per year. By working closely with the Government of Zambia through the Ministry of Health and other line Ministries, CIDRZ helps Zambia research on healthcare milestones and Sustainable Development Goals (SDGs) targets. Its technical expertise and operational infrastructure enables clinical, research and professional development training and local ownership of high-quality, complementary and integrated healthcare services within the Zambian public health system.

5.9.2 The organization boasts of the sustainability of its work because of the support it gets from the Government of Zambia by using the existing government infrastructure and human resources. In terms of finance, the organization receives support from the United States National Institutes of Health, European Union, United Kingdom Department for International Development among others and is also supported by the Government of Zambia.

5.10 Challenges in cancer prevention and treatment

The following were highlighted as challenges faced by Zambia in its efforts to combat the cancer diseases:

- ▶ Chemotherapy and radiotherapy services are centralized;
- ▶ Lack of training programs for clinical oncologists;
- ▶ Lack of high technology radiotherapy delivery mechanisms;
- ▶ Late presentation of cancer patients;

- ▶ Inadequate public sensitisation/awareness on the risk factors, causes, prevention, the need for early diagnosis and treatment of cancer related conditions;
- ▶ Shortages of cancer specialists;
- ▶ Inadequate capacities for cancer screening, treatment and care at health facilities;
- ▶ Limited community support to the chronically ill cancer patients; and
- ▶ Weaknesses in the policy, legal and institutional frameworks for control of the key determinants of cancer.

5.11 Provision of Blood Services in Zambia

5.11.1 The University Teaching Hospital (UTH) Blood Bank has responsibilities for providing a 24 hour service for compatibility testing and supply of blood to patients. The Blood Bank is located at the University Teaching Hospital.

5.11.2 The Zambia National Blood Transfusion Service (ZNBTS) has responsibilities for:

- i. Blood donor recruitment, selection and blood collection;
- ii. Care for blood donors including counselling;
- iii. Screening for infectious agents, serological blood grouping and storage of units -of donated blood;
- iv. The preparation of blood components; and
- v. Supplying blood and blood components to hospital blood banks, including UTH.

5.11.3 Donors who wish to donate Blood freely go to the Blood Bank. The Blood Bank also goes into schools and the communities and those willing donate freely. All units of blood are screened for mandatory transfusion transmissible infections. The delegation was informed that the production cost of one pint of blood in Zambia is US\$89.00 but Zambians get blood services for free. The delegation also had the opportunity to tour the blood bank facility.

5.12 Financing of Blood Services

Zambia National Blood Service (ZNBTS) received external funding support from the European Union from 1988-2003. The President's Emergency Plan for AIDS Relief (PEPFA) also offered the ZNBTS financial support from 2004-2016, while the Government of Zambia provided supplementary budgets. The funds were used for infrastructural development, trainings and purchasing of some critical commodities. At the time of the visit, the Government of Zambia had taken over and had full ownership and financing of the ZNBTS. This has resulted in the easy access to blood services by the generality of Zambians.

5.13 Cancer Treatment and Blood Processing Equipment

The equipment that Zambia uses for cancer treatment and blood processing is acquired through Medical Equipment Service Contracts. The Hospitals then buy reagents from the suppliers of the equipment. The servicing, repair and upgrading of the equipment is done by the suppliers of the equipment. This reduces the expenses of purchasing, servicing, repairing and upgrading of the equipment from the Government of Zambia's coffers.

6.0 LESSONS LEARNT

The following are the lessons learnt from the fact-finding mission in Zambia:

6.1 When government takes charge of its citizens health, healthcare systems are strengthened and services are affordable and accessible to the generality of the population in the country;

- 6.2 Spreading the responsibility to combat cancer diseases across all government ministries pulls both human and financial resources together, while creating many champions in this cause;
- 6.3 Reasonable budgetary allocations to the Ministry of Health are key to quality health service delivery system;
- 6.4 Collaboration and concerted effort from the following is of paramount importance: All government ministries, key stakeholders, civil society, communities, traditional leaders and even the uniformed forces. This smoothens and improves provision of cancer services as everyone wedges a war against cancer diseases.
- 6.5 Medical Equipment Services Contracts are good in ensuring availability of critical equipment in hospitals that government may, sometimes, find it difficult to purchase, service, repair and upgrade when they are due for such attention. This also improves the quality of health that is provided to the citizens;
- 6.6 A dedicated cancer diseases hospital provides the quality medical attention that is much needed by the patients; and decentralisation of cancer services is also vital;
- 6.7 Research is critical in coming up with evidence based solutions to ending cancer;
- 6.8 Political will at all levels is key as it determines the outcome of the war against cancer diseases;

7.0 RECOMMENDATIONS

Flowing from the above experiences and lessons, the Committee recommends:

- 7.1 That the Government of Zimbabwe must fully fund and own the National Blood Services of Zimbabwe to enable citizens easy access to blood services by end of 2018;
- 7.2 That the Government of Zimbabwe must exert efforts to provide free treatment to cancer and provision of blood services just as much as it did on HIV/AIDS as a matter of urgency;
- 7.3 That the Ministry of Finance must allocate the Ministry of Health and Child Care not less than 9% of the 2018 national budget;
- 7.4 That the Government of Zimbabwe should also streamline cancer management in all its ministries by the end of 2018;
- 7.5 That the Government of Zimbabwe should seriously consider putting in place the Medical Equipment Service Contracts by June 2018;
- 7.6 That the Government of Zimbabwe must continue to support research services in the health sector;
- 7.7 That our First Lady be requested to consider joining other African First Ladies in waging war against cancer diseases through awareness campaigns and other innovative approaches; and

- 7.8 That all Parliamentarians must begin to seriously fight cancer diseases through awareness campaigns, oversight over the executive and lobbying for an improved budget allocation of the Ministry of Health and Child Care to be in line with the 15% Abuja Declaration during the Pre-budget Seminar for the 2018 national budget and during the 2018 national budget debate in Parliament.
- 7.9 The Committee should conduct further investigations into the operations of the National Blood Service of Zimbabwe.

8.0 CONCLUSION

The Portfolio Committee on Health and Child Care applauds the Government of Zambia for taking giant commitments and dedication in the provision of cancer and blood services, and calls upon the Government of Zimbabwe to emulate the same. The Government of Zimbabwe must take full charge of its citizens' health and wean itself from the current donor dependency. The Committee would also like to thank the Speaker of the National Assembly for availing the much needed funds to undertake the study visit.