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THE EROSION OF DIGNITY

Addressing Systemic Inequities in Zambia's Health Sector for the Common Citizen

POLICY ANALYSIS

June 2026

Contents

Abstract

This article investigates the structural inequities within Zambia's health sector that disproportionately disadvantage low-income populations, rendering basic and specialised care inaccessible, while political elites and the wealthy retain the capacity to seek medical treatment abroad. Drawing on principles of Economic and Social Rights (ESR) and Catholic Social Teaching (CST), specifically the dignity of the person and the preferential option for the poor, the analysis focuses on four critical areas: persistent health sector underfinancing, governance failures in the supply chain, severe rural–urban disparities, and the collapse of specialised care infrastructure, exemplified by oncology services. Key findings reveal that nominal budget increases are offset by a falling percentage share of the national budget, undermining pro-poor services. Furthermore, issues such as procurement scandals, workforce maldistribution, and acute deficiencies in Water, Sanitation- and Hygiene (WASH) infrastructure compromise infection control and service continuity, preventing the progressive realisation of the right to health for most Zambians. The paper argues that a fundamental shift towards targeted, resilience-focused investment and stringent governance reform is imperative to ensure that necessary medical care, such as cancer treatment, is available domestically to all citizens, irrespective of their socioeconomic status.

1. Introduction: The Dual Healthcare Reality

Zambia's health sector stands at a critical juncture, characterised by stark disparities in people's access to health services and quality of care that reflect profound structural inequities. While recent years have witnessed notable improvements in certain maternal and child health indicators, such as reduced under-five mortality (42 per 1,000) and high rates of skilled birth attendance (94%), these gains obscure a bifurcated reality.[1] A select segment of the population, often political elites and the wealthy, retains the means to circumvent domestic deficiencies by travelling outside the country for medical attention. In sharp contrast, the common person, unable to afford even basic preventative care or manage catastrophic health expenditure, faces a health system undermined by governance failures, persistent shortages, and infrastructural collapse.

The analysis presented here is anchored in the conviction that healthcare access is a fundamental human right, framed by the principles of ESR and the preferential option for the poor. Upholding the dignity of the person necessitates a healthcare system that allocates maximum available resources to progressively realize the right to health for every citizen, not just those who can afford external recourse. This article will demonstrate how systemic weaknesses, particularly in financing, infrastructure, and human resources, reinforce inequities, making the Zambian health system particularly vulnerable to recurrent crises and failing in its obligation to protect its most vulnerable citizens.

2. The Structural Deficit: Financing, Governance, and the Pro-Poor Crisis

2.1 The Retreat from Fiscal Commitment

A credible commitment to the right to health requires sustained, targeted fiscal allocation. Although Zambia's health budget saw a nominal increase from K20.9 billion in 2024 to K23.2 billion in 2025, its share of the national budget declined to 10.7%. Allocations to the health sector are set to increase from K23.2 billion in 2025 to K26.2 billion in 2026; however, the sector's share of the total budget will decline from 11.8% to 10.3%.[2][3]

[1] Zambia Statistics Agency, Ministry of Health (MoH) [Zambia], and ICF. 2024. Zambia Demographic and Health Survey 2024. Lusaka, Zambia, and Rockville, Maryland, USA: Zambia Statistics Agency, MoH, and ICF.
[2] 2026-2028 Medium Term Budget Plan – Ministry of Finance and National Planning
[3] 2026 Yellow Book – Ministry of Finance and National Planning

This figure remains critically below the Medium-Term Budget Plan (MTBP) target of 12% and substantially short of the internationally recognised Abuja target of 15%. Although there are progressive proposals in the 2026 budget such as the K1.1 billion allocated to digitise 400 health facilities under the Solar for Health project. This will complement government efforts to improve service delivery in the sector by enhancing electronic recordkeeping and management, as well as access to patient data.

Regardless, this declining percentage share signals fiscal trade-offs that disproportionately harm time-sensitive and pro-poor services, including oncology, essential medicines, epidemic response, and rural allowances. Under ESR principles, the state is obligated to allocate the maximum available resources towards health. When budgetary adjustments fail to deliberately favour essential services and system-wide resilience, Zambia risks entrenching inequities that undermine constitutional guarantees. For the common citizen, this underperformance translates directly into shortages and service degradation. Furthermore, the lack of sufficient investment disproportionately harms households already facing structural barriers to participation and mobility, particularly those with functional limitations, given that 12% of individuals aged five and above experience some difficulty in at least one core functional domain.

2.2 Corrosion of Trust: Supply Chain Failures and Theft

Even where funds are nominally allocated, governance weaknesses severely compromise the delivery of care to the common person. Although stock availability has improved, reaching 85% at health centres, these gains are continually threatened by operational weaknesses in the Zambia Medicines and Medical Supplies Agency (ZAMMSA), procurement scandals, and theft.[4][5][6][7]

The severe impact of these governance failures on the reliability of the system is evident in donor responses. The United States, for example, cut US$50 million in medical supply support

[4] UNICEF Zambia. (2025). Social Sector Brief 2025. UNICEF Zambia. Retrieved from https://www.unicef.org/zambia/media/5536/file/Social-Sector-Brief-2025.pdf
[5] World Health Organization – Zambia. (2024). WHO Zambia Annual Report 2023/2024. Lusaka: WHO Country Office.
[6] Reuters. (2025, May 9). U.S. to cut health aid to Zambia over "systemic theft." Reuters.
[7] Zambia Daily Mail. (2025, September 3). HH urges CHAZ to help clean up the health sector "cancer". Lusaka: Zambia Daily Mail.

in 2025 following inadequate responses to systematic theft.[8] This reduction in external support directly impacts the supply chain for essential medicines, thus eroding public trust and threatening equitable access, especially for rural populations who depend entirely on public sector stability. To ensure dignity-centred health services, governance reforms are urgently necessary, including independent audits, public contracting transparency, and whistleblower protections to safeguard supply-chain accountability.

3. The Geography of Inequality and the Failure of Specialised Care

3.1 The Enduring Rural–Urban Divide

The inequity faced by the common citizen is most acutely visible through the stark disparities between urban and rural healthcare provision. Rural areas face higher fertility rates (4.9 children per woman compared to 3.2 in urban areas) and consequently bear a greater per capita service demand.[9] Compounding this demand are chronic staffing shortages, weaker referral networks, and delayed access to necessary specialised and emergency care.

While the government has made progress in expanding the health workforce, recruiting over 14,000 frontline workers since 2022 and with an additional 3200 planned for 2026, the maldistribution of staff persists. Most new hires tend to gravitate towards urban centres unless specific incentives, such as hardship allowances, housing, and robust career pathways, are implemented. This systematic imbalance means that essential preventative services, such as screening for women's cancers (only 27% ever tested for cervical cancer), and timely interventions for high-burden conditions like maternal mortality (estimated at 187 deaths per 100,000 live births), remain elusive for the majority of the popu lation residing outside major cities.

3.2 The Radiotherapy Collapse: A Symbol of Elite Escape

The most profound manifestation of inequity lies in the failure to maintain specialized care facilities domestically. While domestic chemotherapy and surgery are available, limited radiotherapy capacity, exemplified by the shutdown at the Cancer Diseases Hospital, forced

[8] Embassy of the United States, Lusaka. (2025, May 8). Remarks by U.S. Ambassador Michael Gonzales: United States to cut $50 million in medications & medical supplies support following inadequate response to systematic theft.
[9] Zambia Medical Association. (2024, December 31). End-of-year press statement on the health care system in Zambia. Lusaka: ZMA.

patients to seek treatment abroad.[10][11][12] This collapse of critical infrastructure created a scenario where access disparities fundamentally favour the political elites and the wealthy who possess the financial capability to travel for treatment.

Cancer remains a significant public health threat, with approximately 3,000 new cases of cervical cancer annually. The redundant infrastructure at home forces low-income patients, often battling life-threatening conditions, into an impossible situation, highlighting a failure to uphold the dignity of the person. To mitigate this failure, equity-focused interventions must include redundant radiotherapy infrastructure, transparent referral systems, and funded evacuation support for low-income patients, covering essentials such as transport and caregiver stipends.

3.3 Infrastructural Decay and System Resilience

The functionality of health services for the common person is further compromised by acute infrastructural deficits, particularly relating to Water, Sanitation, and Hygiene (WASH) and energy. Insufficient WASH infrastructure and underfunded maintenance compromise infection control and service continuity. Approximately 13% of Health Care Facilities (HCFs) lack any water service whatsoever.[13] This chronic deficit contributes to persistent public health risks, such as the recurrent cholera outbreaks that necessitate integrated, multi-pillar response frameworks.

Furthermore, unreliable electricity disrupts essential services, including emergency care, sterilisation, vaccine storage, and the use of powered equipment, especially in rural areas. Such failures weaken staff retention and compromise health information systems, posing continuous operational challenges that undermine the delivery of care to the grassroots population. Prioritising load-shedding exemptions and installing sustainable energy solutions in health facilities is critical for system resilience. The complexity of recurrent cholera outbreaks reflects the interaction of individual behaviours with institutional failures, such as inadequate WASH

[10] Njenga, M. F. (2024, February 25). Govt is being unfair to cancer patients. News Diggers. https://diggers.news/lifestyle/2024/02/25/govt-is-being-unfair-to-cancer-patients/
[11] Nalwimba, M. (2024, February 6). There were 3,161 new cervical cancer cases in 2023 – Masebo. News Diggers. https://diggers.news/local/2024/02/06/there-were-3161-new-cervical-cancer-cases-in-2023-masebo/
[12] Njenga, M. F. (2023, November 1). Costly consequences of failing to plan. News Diggers. https://diggers.news/lifestyle/2023/11/01/costly-consequences-of-failing-to-plan/
[13] Zambia Statistics Agency, Ministry of Health (MoH) [Zambia], and ICF. 2024. Zambia Demographic and Health Survey 2024. Lusaka, Zambia, and Rockville, Maryland, USA: Zambia Statistics Agency, MoH, and ICF.

infrastructure, highlighting that success depends not only on rapid response but also on fixing underlying systemic weaknesses.

3.4 Long Standing Legacy Issues

Zambia's malaria burden remains considerable, with an estimated 20,000 cases recorded daily, though the trajectory is broadly encouraging. Between 2023 and 2024, total cases fell from 11.5 million to 9.5 million, a 24% decline, while malaria mortality dropped by 40%, from 8 to 5.7 deaths per 100,000 population.[14] These gains reflect deliberate investment: indoor residual spraying, insecticide-treated net distribution, integration of prevention into antenatal care, and the deployment of over 26,000 community health workers who managed roughly a third of all 2024 cases at community level. A malaria vaccine has also been incorporated into the Expanded Programme on Immunisation, with a mass net distribution planned for 2026. The concern is that the first half of 2025 recorded a 16% rise in cases compared to the same period in 2024, a reminder that the gains are real but not yet consolidated.

On HIV, the long-term trend is one of sustained progress alongside emerging pressure points. New infections have fallen dramatically, from 67,585 in 2005 to 29,782 in 2025, and mother-to-child transmission has dropped from 30% to 5.9% over the same period.[15] December 2025 brought two significant developments: the official launch of lenacapavir, a twice-yearly injectable PrEP approved by ZAMRA in just 12 working days through the WHO Collaborative Registration Procedure, and the release of a national HIV Prevention Roadmap covering 2025 to 2030. However, 37% of new infections are occurring among adolescents, pointing to a gap that current programming has not adequately closed. More urgently, UNFPA has warned that AIDS-related deaths could rise by 2029 if the current funding shortfall, worsened by the withdrawal of external support, is not addressed. The question of domestic financing, including a proposed private sector investment fund, is now firmly on the policy agenda.

Cholera adds a third layer of concern. An outbreak that began in August 2025 at a health post bordering Tanzania spread from Northern Province to the Copperbelt and then to Lusaka,

[14] National HIV/AIDS/STI/TB Council. (2025, September 23). *2025 HIV estimates dissemination*. https://nac.org.zm/2025-hiv-estimates-dissemination/
[15] National HIV/AIDS/STI/TB Council. (2025). *NAC 2025 quarter 4 newsletter* [Newsletter]. https://nac.org.zm/

where transmission has been most persistent.[16] By late February 2026, Lusaka District had recorded 271 cumulative cases and 4 deaths, with 14 new cases in a single 24-hour period. The outbreak is driven by structural conditions that recur across Zambia's informal settlements: unreliable piped water, sanitation coverage below 20% in some communities, poor solid waste management, and overcrowded housing. A significant proportion of deaths have occurred outside health facilities, reflecting delays in care-seeking and weak referral systems. The Zambia Red Cross Society has been running interventions in affected districts, and oral cholera vaccination has been deployed, but the persistence of transmission into 2026 underscores that the underlying WASH deficits driving these outbreaks will not be resolved through emergency response alone.

4. Emerging Health Threats and System Capacity

The challenges facing the common Zambian extend beyond communicable diseases and specialised care gaps; the system is struggling to absorb the emerging burden of chronic diseases and mental health conditions.

4.1 Chronic Disease Management

Zambia's chronic disease burden is rapidly becoming a structural challenge that current planning and financing are ill-equipped to meet. Detection is low, continuity of care is weak, and long-term management is severely underdeveloped. For instance, among women diagnosed with hypertension, only 23% report current medication use, a figure that drops to 18% for men. Similar inconsistencies are observed in diabetes management. These conditions introduce high-cost, long-horizon demands that the current system is not structured to meet, leading to a gradual rise in disability, mortality, and avoidable household health expenditure for the common person.

[16] International Federation of Red Cross and Red Crescent Societies. (2026, March 5). *Zambia cholera readiness and response (MDRZM027)* [DREF operation update]. ReliefWeb. https://reliefweb.int/report/zambia/zambia-cholera-readiness-and-response-2026-dref-operation-mdrzm027

4.2 The Mental Health Crisis

Mental health remains a neglected frontier, despite a sharp escalation in substance abuse and related risks. Alcohol misuse, for example, contributes to 38% of psychiatric cases at Chainama Hills Mental Hospital.[17] Acute treatment demand surged, with reported substance abuse cases rising from 22,700 in 2023 to 34,000 in 2024.[18] Simultaneously, there has been a more than 640% rise in suicidal ideation, attempts, and completed cases recorded by Lifeline Childline Zambia in 2024, often driven by poverty and drug/alcohol misuse.[19] While in 2026, there were over 1,035 children aged between 10 and 18 were treated for mental illnesses at Lusaka's Chainama Hills Hospital.[20]

Mental health services are currently limited, largely focusing on psychotic disorders, leaving depression and anxiety under-treated. With only about 4.26 mental health professionals per 100,000 population, scaling up local training, integrating care into primary health services through task-shifting, and supporting community-based programs are essential to upholding the right to mental health for the general population.[21]

The Government is working with UNDP, UNICEF, and WHO under the Health4Life Fund, launched a three-year nationwide initiative to reduce non-communicable disease (NCD) risks and strengthen mental health services for adolescents and youth aged 10–29.[22] The programme combines policy reform, multisectoral coordination, digital innovation, and community engagement to address tobacco use, alcohol misuse, unhealthy diets, physical inactivity, and weak access to youth-friendly mental health care. It also supports major legislative and fiscal reforms, including a Tobacco Control Bill, revisions to the Liquor Licensing Act, nutrition

[17] Churches Health Association of Zambia. (2025, March 12). CHAZ holds research dissemination meeting on underage illicit alcohol consumption. https://www.chaz.org.zm/index.php/2025/03/12/chaz-holds-research-dissmination-meeting-on-underage-illicit-alcohol-consumption/
[18] Mutale, E. (2024). Alcohol abuse among young people worrying – Tafuna. RCV News. https://rcv.co.zm/alcohol-abuse-among-young-people-worrying-tafuna/
[19] Mwango, C. (2024). Zambia sees over 640 percent spike in suicide cases in 2024. Phoenix FM. https://phoenixfm.co.zm/zambia-sees-over-640-percent-spike-in-suicide-cases-in-2024/
[20] Christine Chihame. (2026, February 1). 1,000 kids treated for mental illnesses. Zambia Daily Mail News Website. https://www.daily-mail.co.zm/2026/02/01/1000-kids-treated-for-mental-illnesses/
[21] World Health Organization. (2024). Suicide worldwide: Global health estimates [Dataset/Statistic]. World Health Organization.
[22] United Nations Children's Fund. (2025, October 29). *Zambia launches national initiative to protect youth from non-communicable diseases and mental health risks*. UNICEF Zambia. https://www.unicef.org/zambia/press-releases/zambia-launches-national-initiative-protect-youth-non-communicable-diseases-and

standards for processed foods, and the proposed creation of a Health Promotion Fund financed through health taxes.

With a budget of USD 1.15 million, the initiative seeks to drive long-term behavioural change through schools, youth centres, primary health facilities, and digital platforms such as WhatsApp and TikTok, while aligning with Zambia's National Health Strategic Plan and the Eighth National Development Plan. Additionally, Zambia has also launched a U-Report Mental Health Chatbot in collaboration with WHO, available via SMS and WhatsApp, which provides life-changing tools to tackle stigma, manage stress, and build resilience.

5. Conclusion and Recommendations for Equitable Improvement

The evidence unequivocally demonstrates that Zambia's current health system, while showing pockets of progress, systematically fails the common citizen who cannot afford external medical treatment. The divergence between the privileged few seeking care abroad and the majority enduring inadequate services, marked by financial constraints, governance gaps, and infrastructure decay, violates core principles of human dignity and social equity.

To bridge this inequity and ensure that specialised and basic care is accessible and reliable for all Zambians, the following recommendations, guided by the need for progressive realisation of the right to health, are essential:

1. **Commit to Progressive Financing and Budget Prioritisation**: The government must establish a clear multi-year glidepath to meet the Abuja Declaration target of allocating 15% of the national budget to health. Allocations must be ring-fenced for pro-poor priorities, including oncology equipment maintenance, essential medicines buffer stocks, and rural human resource incentives.
2. **Ensure Cancer Care Resilience and Financial Equity**: An Oncology Continuity Plan is required, featuring redundant radiotherapy machines, guaranteed maintenance, and real-time uptime monitoring. Crucially, transparent referral criteria and funded evacuation support must be established for low-income patients, covering necessary accommodation and stipends.
3. **Address Rural Staffing Maldistribution**: Gains from the recruitment of frontline health workers must be reinforced with rural retention measures such as increased hardship allowances, housing, transport support, and phased rural placements linked to

scholarships. Furthermore, existing vacancies, including the estimated 1,500 unemployed doctors, should be filled immediately.

4. **Strengthen Governance and Supply Chain Integrity**: The electronic Logistics Management Information System (eLMIS) rollout must be completed, complemented by independent audits, public contracting enforcement, and robust whistleblower protections to rebuild trust and ensure consistent medicine access.
5. **Prioritise Infrastructure and WASH Resilience**: All new or refurbished facilities must integrate reliable Water, Sanitation, and Hygiene services. Critical services must be safeguarded through load-shedding exemptions and solar solutions to ensure continuity of emergency care, sterilisation, and vaccine storage.
6. **Address long-standing legacy issues with the fight against HIV, malaria, and Cholera**. This could be done through a dignity-centred prevention and community care model. While major gains have been made, persistent gaps in prevention, sanitation, behaviour change, and equitable access continue to expose poor and vulnerable communities to avoidable illness. Guided by the principles of the common good, solidarity, and the preferential option for the poor, government, faith institutions, schools, and communities should strengthen sustained access to preventive tools. For HIV given the high rate of new infections among the youths, a more aggressive approach needs to be implemented to target them through comprehensive sexual education and contraceptives. For malaria, more mosquito nets need to be distributed in schools, rural and high-density areas, as well as preventative spraying of high-risk areas and ensuring a consistent supply of antimalarial tablets. Lastly, for Cholera, we need to address our WASH resilience, addressing issues of poor drainage and water infrastructure, contamination of drinking water, provision of soap and public toilets, and household water treatment. Investing in moral formation, public health education, and community responsibility is the key to healthy living environments.

Only through these deliberate, equity-focused adjustments, monitored by pro-poor metrics such as rural service coverage and stock-out rates, can Zambia close the gap between constitutional guarantees and actual spending priorities, ultimately fulfilling its obligation to uphold the dignity and health of its common citizens.

The need to improve Zambia's health sector is not just a policy recommendation; it is a moral imperative. When a system is structured such that essential, life-saving care is readily available

to the privileged through travel abroad, while the majority are left to face mortality due to preventable systemic failures, the society is operating with a broken moral compass. Improving the health sector for the common person is about recognizing that healthcare is a right, not a passport to external treatment.

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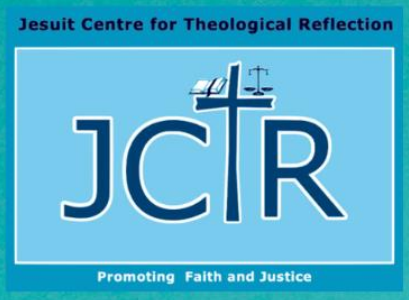

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