

PRESENTATION

SUBMISSION TO THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

TITLE: A REVIEW OF THE OPERATIONS OF THE ZAMBIA FLYING DOCTOR SERVICE

Introduction

Policy Monitoring and Research Centre (PMRC) was requested to submit a written memorandum on the operations of the Zambia Flying Doctor Service (ZFDS). The memorandum has addressed the following:

- i. Adequacy of the policy and legal framework governing the programme;
- ii. Sustainability and financing mechanisms of the programme;
- iii. The role of non-state actors in complementing the Government's efforts in the implementation of the programme;
- iv. Challenges in the implementation of the programme
- v. Recommendations for the successful implementation of the program

The Adequacy of the Policy and Legal Framework Governing the Programme

The Zambia Flying Doctor Service was established and operates under The Flying Doctor Service Act Chapter 298 Of The Laws of Zambia. This principal Act provides for the establishment, management and development of the Flying Doctor Service and any related matters. The Act stipulates that there shall be a service known as the Flying Doctor Service, the objects of which shall be to combat disease among and to promote the health and material well-being of the inhabitants of the rural areas of Zambia.

The Sustainability and Financing Mechanisms of the Programme

The ZFDS is a grant-aided statutory body under the Ministry of Health and almost all its operational funding comes from Government. The estimated grant amount for the year 2022 was thirty million seven hundred and seven thousand nine hundred eighty-nine Kwacha (ZMW 30,707,989). Additionally, ZFDS runs a medical centre in Ndola which is accredited by the National Health Insurance Scheme (NHIMA) and generates approximately 10% of the total monthly operational expenditure.

Regarding sustainability, the funding that it receives from Government is insufficient when compared to the scope of work that ZFDS has, covering vast rural areas. There is a need for ZFDS to diversify its financing mechanisms. The private sector and other strategic partners can potentially play a key role to play in increasing financing to ZFDS and consequently improving the sustainability of its financing.

The Role of Non-State Actors in Complementing the Government's Efforts in the Implementation of the Programme

Non-state actors have a key role to play in complementing Government efforts in the implementation of the programme. These strategic partners can help ease ZFDS' heavy dependence on the Government grant and enable them to comprehensively fulfil their mandate. It is therefore commendable that the ZFDS is in the process of developing its strategic plan for the period 2022-2027 with a significant focus on acquiring support from various non-state actors and strategic partners. Amongst others, ZFDS has initiated relationships with the following strategic partners:

- i. Toyota Zambia: the aim of this partnership is to the provision of vehicles to use during medical outreach.
- ii. Clinton Health foundation: this partnership aims to attain funding for the maternal sector at the ZFDS medical centre
- iii. USAID: this partnership aims to receive support in the form of medical equipment and medical supplies to provide a higher-quality service
- iv. Copper Rose Zambia: this partnership is for the purpose of providing menstrual hygiene supplies for young girls.

Challenges Faced in the Implementation of the Programme

The following are the challenges faced:

- i. The insufficient number of aircraft. ZFDS only has two aircraft, however only one is operational. The amount required to fix the other aircraft is estimated at US\$500,000.
- ii. Inadequate types of aircraft. ZFDS does not have a helicopter, which is critical for evacuations at emergency road traffic accidents as well as rural or other hard-to-reach areas
- iii. The lack of proper airstrips in some areas of Zambia means aircraft cannot land there. This means areas which require aeromedical services suffer
- iv. The headquarters of ZFDS is situated at Zuze Airforce base in Ndola. The service lacks adequate office space and land allocation for the development
- v. The Service has accumulated a significant amount of statutory debt. It was underfunded in the years 2016, 2018, 2019, and 2020, by K1,349,256, K 5,616,965, K7,567,392, and K5,615,450 respectively. This gives a total amount of K19,649,063. This underfunding has greatly affected operations and resulted in a low rate of activity. To date, these debts have not been settled.

- vi. Lack of sufficient funding to procure critical medical evacuation equipment. This has meant that ZFDS cannot carry out certain medical evacuations for those who are critically ill. The estimated amount to procure such equipment is US\$450,000 per aircraft.
- vii. Operating under an old and outdated: the Act requires an amendment or repeal so that it can be responsive to the changing modern health sector landscape, one which takes cognisance of technological advancements, pandemics etc.

Recommendations on the way forward

- i. PMRC recommends Government should consider funding the ZFDS adequately to help improve its operations This will enable the service to acquire helicopters, repair grounded aircraft, employ a sufficient number of staff and ultimately better fulfil their mandate.
- ii. Government should consider playing a key role in supporting ZFDS's quest to seek new strategic partners for the effective delivery of its services.
- iii. The ZFDS needs to improve its visibility to increase its clientele base through the creation of a website. This would improve user engagement, improve the referral system, improve awareness of service and potentially generate greater support.
- iv. There is a need for greater technology use in aeromedical services. For example, drone technology can be used to deliver drug/blood products, vaccines, samples etc. This would greatly improve turnaround time as well as ensure difficult areas are easily reached.
- v. There is a need for ZFDS to coordinate with traditional leaders, provincial heads and other relevant stakeholders to identify new hard-to-reach areas. This would be the foundation for the construction of clinics and airstrips which can be served by the service.

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Corner of Nationalist & John Mbita Roads, opposite Ridgeway Campus gate
10101 Lusaka, Zambia
Tel: +260 211 269 717 | +260 979 015 660
<https://pmrczambia.com>