Travel report

Delegation trip to the Copperbelt, Northwestern Province and Lusaka
April 8-10, 2014

For the third time in a little more than a year Swecare went back to Zambia with a business delegation. This time we headed to the Copperbelt and North Western provinces. The delegation was led by Ambassador Lena Nordström, and we visited the towns of Ndola, Kitwe and Chingola in the Copperbelt and Solwezi in North Western Province. Several of the country's largest copper mines are situated in this area, which makes the two provinces Zambia's economic engine.

As for health care in the Copperbelt, there have been quite a bit of investments in education, particularly of nurses. However, being a recent initiative, it has not yet led to an improved situation for the public health system. The availability of trained personnel is still insufficient and unevenly distributed. As elsewhere in Zambia the buzz words are increased access to health care of good quality, as close to the household as possible. One sign of this is the investment in new "health posts" now underway, new district hospitals and upgrades of hospitals at the tertiary level.

During the colonial period and after independence the mines organized their own health care, but this decreased during the years when the mines struggled economically. With the privatization of the mines and increasing profitability, the mining companies once again invested heavily in health care, in order to keep their staff healthy and productive, but also to contribute to the development locally, and have a positive impact on society in general. Recently, the mining industry has contributed to increased migration. This has put extra pressure on the health care in the region and has also led to an increase in the number of HIV positive.

On Monday afternoon we landed in Ndola, in the Copperbelt. We met all the members of the delegation, consisting of representatives from AstraZenca, Cavidi, Helseplan and Hemocue, as well as the embassy on Monday evening.
Tuesday April 8
The program began at 8 am on Tuesday with a meeting at Mary Begg Community Clinic, a private clinic that among other things takes care of the mining company First Quantum Mines employees. The clinic is well maintained and situated in a green and lush garden in the center of Ndola. We received a warm welcome by the clinic, including most of the employees, headed by CEO Maxine Ash.

The clinic has been in operation since the beginning of the 80’s, and has grown organically since then. The latest plans include a high care unit (not a proper ICU, but with less patients/war and more surveillance), which could relieve the ICU at public Ndola Central Hospital. There are also plans to expand the wards for maternal and neo-natal care. One problem is that of sterilizing, since the autoclave is not in full operation, and instruments have to be sent away for sterilization. After the company presentations, we were divided into groups for a tour of the premises.

The next meeting on the agenda was a visit to the Provincial Medical Officer (PMO) for the Copperbelt Province and a study visit to Ndola Central Hospital. At the PMO’s we met with the acting PMO Dr Malawo, Copperbelt University (Dr Bowa, the dean of the School of Medicine) and several provincial health officers from Ndola Central Hospital (see list of participants). Human Resources for Health (HRH) are the biggest challenge – without that it’s impossible to provide quality care. As for training, the results of the recent increase in number of students admitted to training schools are not yet obvious, as Dr Malawo put it. A multi-disciplinary approach is needed.

Infrastructure is another important challenge, which is tackled by new investments. Some acquisitions are already made, e.g. dialysis equipment and CT scan. Two new district hospitals are about to be opened, but apart from that, no more hospitals will be built in the province. However, the existing ones will be modernized. This is partly to deal with the changing disease pattern brought on by the boost in economic activity.

Ndola Central Hospital, with a capacity of 950 beds, is the second largest health institution in Zambia. It is a referral centre for the northern part of the country. It serves a population of appr 500 000, has +1000 staff, of which 80 doctors and 335 nurses. The hospital hosts four training institutions namely Ndola Schools of General Nursing, Midwifery and Theatre Nursing, Ndola College of Biomedical Sciences, Community Health Assistants Training School, and the Copperbelt University School of Medicine. Research priorities for the hospital include the prevalence of surgical site infection rates and the irrational use of parenteral drugs in pneumonia treatment. There is also the Tropical Diseases Research Centre (http://www.who.int/patientsafety/implementation/apps/first_wave/ndola_london/en/)
After the visit to the public hospital in Ndola we continued on to Kitwe, Zambia’s second largest city, about 1 hour away. There we met with Mopani Copper Mines, the largest mining corporation in Zambia and one of the biggest producers of copper and cobalt in Zambia, with the mine in Kitwe being one of the largest in Africa.

The company runs two hospitals (of the mining companies, only Mopani and KCM in Chingola run their own hospital facilities), several community clinics and first-aid stations at located at the mines. They run programs in malaria control and hiv/aids for employees. Apart from catering to the health needs of the employees, Mopani tries to contribute to improved health in the community, especially the MDGs 4 and 5, on maternal and child mortality. This is done e.g. through investing in a school of midwifery and a free screening program for cervical cancer. In the words of the Medical Superintendent, Dr Ronny Cheelo: “We see a shift to NCDs, they are no longer just diseases of the affluent. We can no longer neglect them”. We also visited Mopani’s Wusakile hospital and got an interesting tour of the hospital that was founded in the 30’s.
The third stop of the day was Chingola (pop. 254 000), near the border with Congo DRC, where Konkola Copper Mines (KCM) has its headquarters. We met with the Director of Technical Mining, Oscar Alvarado and the Acting Manager of Medical Services, Dr. Janet Sikasote, as well as other staff. Mr Alvarado said that they were happy to receive us, as few delegations in the healthcare ever come to Chingola. KCM’s health services cover their 7700 employees, including their families and dependents. The mine runs two hospitals, Nchanga South in Chingola and in Chililabombwe, 8 clinics and 7 plant first aid clinics. They also run an extensive CSR program, especially on raising awareness about HIV-AIDS with conducting free medical check-ups for employees and the local community and employees, and malaria prevention.

Nchanga South Hospital offers outpatient services 24 hrs a day, had almost 12 000 admissions in 2013, but the number of outpatients and patients of mine's township clinics and plant clinics amounts to over 500,000 per year. Services at Nchanga South include internal medicine, general and orthopedic surgery, ob gyn, pediatrics, radiology (basic x-rays and ultrasound, no CT scan or MRI), lab services, ambulances and 2 mortuaries. The hospital is seeking partners for improving management, infrastructure and e-health systems.

In the evening we invited the people we had met with during the day, as well as staff from the public Nchanga North hospital in Chingola, and Mr Daniel Banister, CEO of Atlas Copco in Zambia.
Wednesday April 9

Early next morning we drove to Solwezi, in North Western province. The distance is 180 km, but it took us almost 3 hours, due to the poor condition on the road.

In Solwezi we started by paying a courtesy visit to the District Commissioner and the Acting Secretary at the Office of the President with local media present, and then had an informative meeting with the Provincial Medical Officer, Dr. Choonga. The province, which is called “the new Copperbelt”, is experiencing a real boom with high economic and population growth. The population is appr. 790,000.

The most prevalent causes of morbidity are respiratory infections, malaria (confirmed cases), diarrhea, and also muscular, skeletal and connective tissues (trauma). Increases in indicators such as maternal deaths, number of stillborn babies and TB have been registered. The public health system is in great need of expansion as it cannot cater for the health care needs of the growing population. The challenges include understaffing, inadequate specialization of the staff, inadequate collaboration in planning and implementation of various health programs in the province, lack of medical and non-medical equipment in some facilities, and lack of disposal facilities. Access to safe water and sanitation remains low (50 % and 35 % respectively).

The public healthcare sector receives direct support from mining companies, and also indirectly as the mines have their own health programs for their employees as well as the community at large. The collaboration consists of development of human resources for health, mother and child health, construction and rehabilitation of buildings, such as Solwezi General Hospital, where FQM has helped in the renovation of all wards, the addition of a high-cost wing, development of dialysis, emergency and administrative facilities and well as improving the water supply. Our planned visit to Solwezi General Hospital was cancelled, as there had been a bus accident that same morning, and we could thus not be received.

During our visit in Solwezi we also had an interesting and nice lunch meeting with First Quantum Minerals (FQM). They own the largest copper mine in Africa, located 10 km north of Solwezi. The company is also developing a site for copper and nickel extraction 150 km west of the city. We got an overview of the history of the mining activities, which dates back to 2000 years. The Kansanshi mine has been opened and shut down several times during the past 100 years, with devastating effects for the town. FQM now wants to make sure that this will not happen again, and invests...
heavily in their CSR activities (amounting to roughly 50% of all CSR investment in Zambia, according to themselves). Areas covered are education, conservation farming, training in micro-enterprise, health and community safety (road safety and emergency response).

FQM works very actively in health and prevention and their focus areas are malaria, water, hygiene, sanitation, HIV/AIDS, STI, TB and newly lifestyle-related diseases. The reasons for these investments are to keep a health workforce (as mining is very labour intensive, with focus on prevention and early detection), to contribute to healthy communities and because for FQM CSR means “a license to operate” within the communities.

They do this by running their own hospital (run by Mary Begg Clinic), first aid at the mine site, a national and international referral system, capacity building and sponsoring training and purchase of medical equipment and supplies. They are also assisting in the upgrade of Solwezi General Hospital. Awareness-raising and health roadshows with mobile services for screening of various indicators are important tools. This means that FQM collects their own data, get to know the hot spots and can target campaigns to those areas. There is also collaboration with the Tropical Diseases Research Centre in Ndola on malaria parasite prevalence.

We then visited the hospital, run by Mary Begg Community Clinic and toured the nice and airy premises.

Our last meeting in Solwezi was with Dr. David Muchila from Barrick Lumwana Mining who spoke about their work on health and the considerable lack of reliable diagnostic equipment and laboratory services in the region. They deal with occupational health and industrial hygiene, and run a primary health clinic with appr 3000 visits/month. The top problems are malaria, hiv, trauma and cervical cancer (due to increased screening). At the moment, there are no plans for further expansion, but improvement/upgrading of existing facilities. Challenges include lack of capacity, optimization of resources, IT solutions (such as a system for claims towards the medical insurance companies).

An HIV clinic for employees, dependents and business partners is planned to June, as there are a lot of new infections – 1 per day, and in the productive age group, which of course is very worrying. Today, CC4 count is done, and there are plans to include a viral load monitoring equipment. Dr Muchila mentioned that there is a problem of accessing anti-retroviral drugs. Solwezi district supplies the drugs, but it is not enough, and has to be procured from other places.
Thursday April 10

On Thursday, the delegation headed to Lusaka where we had a meeting at the Ministry of Health, with acting PS Dr. Elizabeth Chisema and staff. Dr Chisema thanked the delegation for visiting Zambia several times, and the interest to do business and investments: “It’s a new way; we’re not just looking at donor money”. She spoke about possibilities of PPPs and of leasing equipment. The ministry is looking at establishing a public health laboratory, and of decentralizing the services of viral load monitoring (which can only be found in 3 places today). Dr Chisema also mentioned infection control as an area where more knowledge is needed in Zambia. The companies then had a good opportunity to talk about their work in the country, following the dialogue initiated during previous delegation.

The delegation ended with a very nice dinner at Ambassador’s residence, with invited decision makers from the public and private health services in Zambia. In addition to interesting conversations and the ability to follow up on previous contacts and forge new ones, we also had the pleasure of listening to an inspiring speech by Dr. Mannasseh Phiri.

The visit to the Copperbelt and North Western province has been very informative and successful in terms of business possibilities. It was interesting to focus on the business opportunities in the mining sector. Interest in our Swedish companies has been great and hopefully we will soon find Swedish solutions in some the hospitals and clinics we visited.