



Hokkaido University
Leading Graduate School
Veterinary Science for One Health

The 6th Leading Special Lecture

Health situation in Zambia

May 15 (Wed) , 2013, 16 : 30~17 : 30

**Lecture Hall, Graduate School of Veterinary Medicine,
Hokkaido University, JAPAN**

Dr. Lackson Kasonka

Senior Medical Super Intendent,
University Teaching Hospital,
Ministry of Health, the Republic of Zambia



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Lecture Hall, Graduate School of Veterinary Medicine,
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Program

16:30~16:35

Prof. Motohiro Horiuchi (Hokkaido Univ, JAPAN)
Welcoming address

16:35~17:25

Prof. Lackson Kaswka
(University Teaching Hospital, Ministry of Health, the Republic of Zambia)
Health situation in Zambia

17:25~17:30

Discussion

Dr Lackson Kasonka. MD, MMED (OGBYN), MPH.
Consultant Obstetrician & Gynaecologist.

Honorary Lecturer University of Zambia Medical School.
Managing Director & Senior Medical Superintendent,
University Teaching Hospital.



EDUCATION

Kharkov Institute of Medicine, Ukraine.	General Medicine.	1992
Master of Medicine.	University of Zambia Medical School.	MMED.
		2001
Master of Business Administration. MANCOSA. S. Africa.	MBA.	2005
Master of Public Health.	LSHTM.	UK

ACADEMIC APPOINTMENTS

Honorary Lecturer and examiner, Lusaka School of Midwifery.	
Honorary Lecturer and examiner.	Chainama College of Health Sciences.
	2001
Lecturer and Examiner, School of Medicine, University of Zambia.	2004
Academic Head of Department of Obstetrics & Gynaecology. UNZA	2006

PROFESSIONAL POSITIONS AND APPOINTMENTS

Executive Committee member of the Zambia Medical Association.	
Chairman of the Publications Board of the Zambia Medical Association.	2006
Secretary General.	Zambia Association of Obstetricians and Gynaecologists.
	2006
Member of the University of Zambia, School of Medicine, Deans Advisory Board.	2008
Medical Council of Zambia.	2009
Member of the University of Zambia Research Ethics Committee	2009
Deputy Secretary General.	Federation of Health Institutions.
	2010
Member of the National Health Research Committee.	2010
Member of the Executive committee of the Health Professional Council of Zambia.	2011
Chairman of the Specialist and Impaired Practitioner's Committee of the Health Professions council of Zambia.	2011

RECENT PUBLICATIONS

Phiri W, **Kasonka L**, Collin S, Makasa M, Sinkala M, Chintu C, Kasolo F, Kaseba C, Tomkins AM, Filteau SM. Factors influencing breast milk HIV RNA viral load among Zambian women, AIDS Res Human Retro, in press.

Collin SM, Chisenga MM, **Kasonka L**, Haworth A, Young C, Filteau S, Murray SF. Factors associated with postpartum physical and mental morbidity among women with known HIV status in Lusaka, Zambia. *AIDS Care*, in press.

Kasonka L, Filteau S. Exclusive breastfeeding and HIV infection. In *Breastfeeding: Early influences on later health. Adv Exp Med Biol*, in press.

Kasonka L, Makasa M, Marshall T, Chisenga M, Sinkala M, Chintu C, Kaseba C, Kasolo F, Gitau R, Tomkins A, Murray S, Filteau S. Risk factors for subclinical mastitis among HIV-infected and uninfected women in Lusaka, Zambia. *Pediatr Perinatal Epidemiol*, in press.

Gitau R, Makasa M, **Kasonka L**, Sinkala M, Chintu C, Tomkins A, Filteau S (2005) Maternal Micronutrient Status and decreased growth of Zambian infants born during and after the maize price increases resulting from the Southern African drought of 2001-2002. *Pub Health Nutr*, 8: 837-843.

Chisenga M, **Kasonka L**, Sinkala M, Chifumbe C, Kaseba C, Kasolo F, Tomkins A, Murray S, Filteau S (2005) Factors affecting the duration of exclusive breastfeeding among HIV-infected and uninfected women in Lusaka, Zambia. *J Human Lactation* 21: 266-275.

Phiri W, **Kasonka L**, Collins S, Makasa M, Sinkala M, Kasolo F, Kaseba C, Tomkins AM, Filteau SM. Factors influencing breast milk HIV RNA viral load among Zambian women. *AIDS Res Human Retro*, in press.

Collins SM, Chisenga M, **Kasonka L**, Haworth A, Young C, Filteau S, Murray SF. Factors associated with postpartum physical and mental morbidity among women with known HIV status in Lusaka, Zambia. *AIDS Care*,

R Gitau, **L Kasonka**, M Makasa, M Chisenga, M Sinkala, C Chintu, C Kaseba, F Kasolo, A Tomkins, S Filteau¹ Evolution of nutritional status during pregnancy and lactation in HIV-infected and un-infected women in Lusaka.

Smith E, Murray SF, Yousafzai AK, **Kasonka L**. Barriers to accessing safe motherhood and reproductive health services: the situation of women with disabilities in Lusaka, Zambia. *Disabl Rehabil*. 2004 Jan 21; 26(2):121-7.

Collin SM, Chisenga MM, **Kasonka L**, Haworth A, Young C, Filteau S, Murray SF. Factors associated with postpartum physical and mental morbidity among women with known HIV status in Lusaka, Zambia.

Posters and Oral Presentations at conferences

An extra uterine pregnancy at 36 weeks: Case report. 1996 Annual Zambia Medical Association Meeting, Lusaka Zambia

An overview of HIV infection in Zambia; Kumamoto National Hospital, Japan. August 2000

Rank Prize award winner for the best contributed paper on '*Lactation & Disease*' at the symposium, 4th to 7th November, 2002. Grasmere, Cumbria. (North England)

Factors influencing HIV transmission in breast Milk. 52nd meeting of the Standing Committee on Nutrition (SCN) . WHO, New York. 3-12 March 2004.

Factors associated with Sub-Clinical mastitis among HIV-infected and uninfected women in Lusaka, Zambia. International Society for Research in Human Milk and Lactation. (ISRHML). Cambridge 20 -23 September 2004.

Factors influencing breast milk HIV RNA viral load of Zambian women. (accepted for Oral presentation) International Union of Nutritionists congress. Durban 18-23 September 2005.

Ongoing research support

Bill and Melinda Gates Foundation; I Kasonka Local PI; US\$2,301,552; 3/05-2/09

Modification of complementary foods to improve health and development of infants in Zambia, a country affected by HIV.

This randomized controlled trial is comparing two locally made complementary/replacement foods for their effects on growth, health and development of infants of HIV-infected and uninfected Zambian women.

Completed research support (since 2000)

Wellcome Trust; : L. Kasonka Study Coordinator Filteau; £400,073; 5/01-4/04. Subclinical mastitis and postpartum morbidity among Zambian women. This longitudinal study of postpartum health and infant feeding practices of HIV-infected and uninfected women in Lusaka provided information which has led to both the Gates-funded trial on complementary feeding and this present application.

World Health Organization; Study Coordinator; US\$69,000; 4/02-3/03.

Subclinical mastitis and milk HIV viral load: interactions between local and systemic factors. This grant provided funding for measurement of plasma and breast milk HIV viral load in the above project..

Establishment of Rapid Diagnostic Tools for Tuberculosis and Trypanosomiasis and Screening of Candidate Compounds for Trypanosomiasis . UTH/UNZA SoVM/Hokkaido University. Project Manager for UTH arm.

HEALTH SITUATION IN ZAMBIA

The vision of the health reforms in Zambia is to “provide equity of access to cost-effective, quality health care as close to the family as possible.”

Zambia is a land-locked sub-Saharan country sharing boundaries with the Democratic Republic of Congo (DRC) and Tanzania in the north; Malawi and Mozambique in the east; Zimbabwe and Botswana in the south; Namibia in the southwest and Angola in the west. Zambia covers a land area of 752,612 square kilometres, which is about 2.5 percent of Africa. Administratively, the country is divided into nine provinces and 72 districts.

Zambia has a number of major rivers that are the main sources of water—the Zambezi, Kafue, Luangwa and Luapula.

The 2000 national census reported a population of 13.4 million with a population growth rate of 2.4 percent per annum.

Zambia has been implementing health reforms since 1992 under the framework of the Sector Wide Approach (SWAP), which takes a holistic development view of the sector. In the SWAP, resources from government and other stakeholders are pooled so as to ensure efficient utilisation of resources. The mission of the health sector is to significantly increase life expectancy in Zambia by creating environments and encouraging life styles that support health. The financing of the basic health care package is a priority to try to reduce both morbidity and mortality rates and contribute to poverty reduction.

The high disease burden in Zambia is compounded by the high prevalence of HIV, high poverty levels, and the poor macroeconomic situation.

The last few years have witnessed a deterioration of Zambia’s HRH situation. A substantial number of health workers have left and continue to leave the country to take better-paid health positions abroad or simply exit from the medical profession for more lucrative positions.



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