Introduction
Lusaka Provincial Health Office has a mandate to providing quality Primary Health Care to the community of Lusaka province. However, in pursuit to providing this health care, the province has had challenges to do with public health especially those to do with communicable diseases, (DHIS2, 2018). In the recent past emerging issues of non-communicable disease are becoming prominent for example heart related diseases, cancers just to mention a few. According to Central Statistical Office (2018), the population of Lusaka Province is estimated to be just above 3 million people which is 20% of the estimated national population. If all health systems can be put in place and perform according to the expectation of the health managers, its quality and benefits can only be measured by the type of service the community members are getting, hence requiring vigorous engagement of the traditional and religious leaders in the provision public health services.

Lusaka Provincial Health Office with its partners organised a one-day health indaba aimed at creating awareness of public health issues through the engagement of the traditional and religious leaders, this meeting addressed issues related to communicable and non-communicable diseases, maternal and child health issues, adolescent health issues, TB/HIV/AIDS, mental health, infrastructure development and national health insurance policy issues. The indaba was conducted under the theme, “Raising the Bar for Health Awareness through the Involvement of the Traditional and Religious leaders”. This was in line with the National Development Plan and National Health Strategic Plan for 2017 – 2021 which emphasises the need for community engagement in order to improve the health status of the population (MOH, 2016, MNDP, 2017). Religious and traditional leaders are key in the community as they are visible, important and influential community leaders that make critical decisions pertaining to health. The desire of the ministry is to shift the point of entry into the health system from the health facility to the community at individual household level. Community members should be capacity built and sensitised enough to make their own decisions on wellness.

Main Objective
The main objectives of the Provincial Health Indaba was to create awareness to the Traditional and Religious leaders on how they can be involved in; elimination of Malaria, reduction of Maternal and Child illnesses and deaths, halting and reducing the incidence of Non-Communicable Diseases, achieving HIV epidemic control, reducing new HIV infections from 48 000 to less than 5000, reducing TB Incidences “Towards Elimination” and addressing alcohol and substance abuse.

Materials and Methods
The meeting was attended by ten Chiefs and nine representatives of various religious groups from within Lusaka province, officials from the Ministry of Health Headquarters, Provincial Health Director and his Officers and all the District Health Directors of Lusaka Province and the partners. Program officers from the Provincial Health Office and Ministry of Health headquarters provided presentations to the audience through power point which was preceded by plenary discussion.

The Provincial Health Indaba Communique
After all the presentations were made, a communique was agreed upon by the members and later read to the whole gathering by Chief Kaputa. Below is the communique;

Preamble
Whereas the Ministry of Health, Lusaka Province Health Office held a one-day meeting for Traditional and Religious Leadership in Lusaka Province at Pamodzi Hotel, on the 14th of March, 2019 under the theme “Raising the bar for health awareness through the involvement of Traditional and Religious leaders”; and,

Whereas the meeting was attended by His Royal Highnesses from all the 7 districts of the province, their two influential Indunas from each chiefdom, and the representatives from the Church mother bodies and the religious groups,

Whereas program officers from the Provincial Health Office made presentations to the house, followed by interactive deliberations after the said presentations; now therefore, The Traditional and Religious leadership in Lusaka Province do hereby unanimously agreed to the following:

1. Adopt and support the Ministry of Health transformation agenda of promotion of health, prevention of diseases, building of knowledge and skills of communities and re-alignment of health services to suit our cultural setting
2. Call on the Ministry of Health to continue strengthening health systems in line with the 10 legacy goals
3. We shall advocate for partnerships with Ministry of Health to ensure demand creation for health services by religious organization at community, district, provincial and National levels.
4. We shall support moral development of our young people in view of the changing cultural norms
5. We pledge to support the efforts for
prevention of HIV/AIDS through efforts such as Voluntary Medical Male Circumcision, behavioural change and condom use.

6. Support the prohibition and control of alcohol abuse in our areas. We pledge to support efforts for preventive measures to control abuse of substances such as; alcohol, methylated spirits, adhesive glue (“solution”) and use of illicit brews such as and kachasu.

7. We shall identify and appoint people within our setups to act as confidants for our young people.

8. We shall establish and strengthen life skills programs in our congregations and chiefdoms.

9. We will promote institutional deliveries and facilitate transportation for all pregnant women in labour; and also ensure that all pregnant women attend Ante Natal Clinic on time.

10. Strongly support the idea that all Traditional and Religious Leaders should become health evangelists- use every opportunity to share key health messages with their subjects and congregations.

11. We will prevent detrimental practices by religious and traditional healers such as stoppage of people from taking drugs such as ARVs/Folic and ferrous.

12. Pledge to stop early marriages in our communities and ensure that children of school going age attend school.

13. We will ensure good sanitation with the provision of safe drinking water in our areas. We will support the works of Ministry of Health and other line government departments in our areas by ensuring that we support digging of pit latrines, provision of safe well water, and observance of all other good sanitary practices in our communities.

14. We commit to ensuring that there will be no misuse of mosquito nets in our districts for unauthorized practices, such as use of nets for fishing and as fences for gardens; we will encourage mothers, under five children and families to sleep under treated mosquito nets.

15. Adopt the primary healthcare and community health approach to health care.

16. We commit ourselves to disseminate information on the introduction of the comprehensive Health Insurance scheme so as to leave no one behind.

17. We pledge to support formation and operationalization of Safe Motherhood Action Groups (SMAGs) in our communities as an effort to combat maternal mortality.

18. Call on all Traditional and Religious Leaders to engage their community and congregants to promote health, wellness and prevent diseases.

19. We shall strengthen referral systems to the health services including using our sites as collection points for medicines such as ARVs and TB drugs.

Conclusion

The objective of the meeting was fully met in that what was discussed and later brought out in the communique covered all the areas that the health systems strengthening aims at achieving. Health promotion and prevention of both communicable and non-communicable diseases was well articulated. Further mechanism for community mobilization were also fully discussed. It is hoped that the religious and traditional leaders will help in the dissemination of the Public Health issues to their subjects so that universal coverage of health for all is released.
LIST OF REFERENCES


