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Hidden documents reveal the shame of Kabwe's toxic deaths

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The 200,000 plus inhabitants of Kabwe continue to suffer to this day as a result of past mining excesses.



Hidden documents reveal the shame of Kabwe’s toxic deaths

Many children died and thousands more were poisoned by lead toxicity during a century of Kabwe Mine’s operation. As well, thousands of miners were equally struck down as each day they risked their health and lives in a poisonous mine, with cynical disregard by the authorities, as the B&R can now reveal after studying documents hidden away for years.

Charles Mafa investigates

Archived documents seen by the B&R pinpoint flaws and boardroom battles within Zambia Consolidated Copper Mines (ZCCM) to conceal the real impact of lead poisoning in Kabwe over many years.

Given that lead poisoning has been around for so long – and is responsible for Kabwe being labelled by the UN as one of the 10 most polluted cities on earth -- the actions of government in dealing with the poisoning at Kabwe Mine appear to have been reckless in the extreme.

The documents show that for years the people of Kabwe have been kept in the dark about the dangerous environmental mess in which they live and the health problems they suffer as a result. The documents reveal, too, that the rate of lead poisoning became worse when ZCCM, becoming cash-strapped, began to lose its early reputation of being “a responsible corporate citizen” and neglected environmental and industrial health issues.

Details buried within ZCCM show environmental and public health data of children, and certainly adults too, dying as a result of lead poisoning and others being severely affected. Then those who received treatment for ‘lead-out’ had little choice but to return to the same hazardous environment where the children continued eating and playing in the lead contaminated soils.

Following are some typical examples of children who were affected. All such examples are drawn from ZCCM’s files but the B&R has changed the names of both children and parents.

On Friday, 10 November 1993, one-year-old Michael Njobvu was admitted to the mine hospital with advanced symptoms of lead poisoning. He had been suffering from a persistent cough since the age of six months; he then started vomiting and later developed diarrhea. On Saturday,

he developed very high temperature and the mother rushed him to a local clinic where he was given malaria treatment.

On Sunday, the following day, Michael appeared at first to be getting better but in the evening he started having fits. This problem persisted for another day, but he was only taken to the mine hospital on Tuesday where he continued receiving treatment for malaria. On Thursday afternoon, treatment for lead poisoning was finally started after results from the laboratory were made available. But Michael died. His case exemplifies a huge problem across Kabwe of how mothers struggled to cope with lead poisoning.

Other mothers interviewed narrated similar ordeals. Mrs Olidah Nkhoma of house number E67 Kasanda, explained how her daughter, Esther Nkhoma, tended to have frequent diarrhea. She had a poor appetite and was losing weight. Olidah explained that Esther started having spasms at the age of six months and also had delayed physical and mental development. Esther would have fits between 2 – 3 weeks and usually at night. The fits would last for 10 to 15 minutes during which her eyes would be rolling. Olidah said her child used to eat soil on a daily basis.

The records for 1990 and 1991 show very high lead-blood levels for all children admitted to the hospital. Some children had lead-blood levels of up to 400 microgramme per deciliter (µg/dl). On average, children’s blood lead levels in Kabwe exceeded WHO’s recommended levels by 5 to 10 times. Average blood levels of children tested ranged between 38 and 400 µg/dl. Levels of 70 or above are considered a medical emergency that requires hospitalisation. Levels exceeding 120 µg/dl can cause permanent brain damage and death.

The results are all clear to see: Ainess Kayuni, age 1 yr 11 months, sex f, Hse number L6, date received 14.09.1990,



The 200,000 plus inhabitants of Kabwe continue to suffer to this day as a result of past mining excesses.

Pb (lead) 120 µg/dl, treatment – call out sent. Irwin Banda, age 1yr 2 months, sexm, Hse number KK 22, date received 26.9.1990, Pb 158 µg/dl, treatment – call out sent. Tionge Zulu, age 2 yrs 7 months, sex f, Hse number M88, date received 20.11.1990, Pb 400 µg/dl, treatment – admitted. The list is long and reads like an endless sequence of doom.

But beyond this, children born with low levels of lead recorded higher levels a year later. Twin 1, born 9 March 1995 had 8 µg/dl of lead at birth, a year later his level leaped to 70 µg/dl, when he was tested again on 11 March 1996. Another example is that of baby Richard. At birth, on 27 May 1995, he had 40µg/dl but when another test was carried out on 11 March 1996, his level increased by almost 50%, recording 88µg/dl.

Public health records show no deaths in 1990 as a result of lead poisoning, but a health expert familiar with ZCCM operations points out that the symptoms of lead poisoning mimic other illnesses such as malaria.

“It was, for instance, found that most of the children with high lead levels had at some stage.

suffered from convulsions but the parents had not sought medical advice or refrained the child from eating soil,” said the source, “believing instead that the child has what is known as umusanfu.” -- a condition defined by fits

Former ZCCM staff said: “It was quite frustrating for us because we knew the problem, but we could not tell the parents.” Public health workers were forbidden from saying that people had this particular problem.

Repeated testing and treatment of children and mine personnel was carried out but appears to have been a weak effort to deal with the lead poisoning. According to a 1995 environmental and health report, “lead poisoning, to an acute stage, could be avoided but under a tactical educational programme on hygiene to mothers”. Analysts say, this was not effectively done before or after mine closure.

Experts gave early warnings of the severity of lead poisoning in children but ZCCM chose not to act on the recommendations. For instance, Dr Clyde Hertzman, an epidemiologist who arrived in Kabwe in 1995

at the behest of ZCCM to assess the lead situation, found that “blood levels in Kasanda and Chowa were the highest I have ever seen in a community sample”.

Earlier this year, MakaanDay reported how medical students living in Mtendere and PHI were coming under siege, facing repeated attacks, robberies, and intimidation around boarding houses and student hostels near Levy Mwanawasa Medical University.

Lead is no longer mined at Kabwe but it is still there in the soil, and it is still doing untold harm, especially to children. Dr Hertzman pointed out that lead reduces intellectual function and increases various neurobehavioural barriers to learning such as irritability and “distractibility”.

The Canadian expert on early childhood learning noted that literature reviews suggest that Intelligence Quotients (IQ) decline by 2-3 points for every 10 µg/dl lead in early childhood. Experts say that the main objective of a lead control programme in areas like Kabwe should be aimed at the protection of developing fetuses and children under the age of five from exposure.

Kabwe Mine was first owned and mined by Anglo American for close to 80 years. Critics accuse the company of cutting secret deals with government during privatisation to avoid cleaning up the area (See B&R October 2014).

In 1970 when the mine was still in the hands of Anglo, a Professor Lane and Mr C. King were invited to the area to carry out soil analysis at Kasanda Township. Results of this study were kept away from ZCCM as confirmed by a 4 July 1990 letter of Dr J A Charman, who was ZCCM’s industrial environmental advisor (IEA). In it, he asked the chief medical officer (CMO) whether Dr Rawat (the previous CMO at Kabwe Mine) had in his possession results of lead levels for Kasanda

In its October edition, the B&R inquired why Anglo American did not own up to the killer mess they had created in Kabwe. The company chose to be evasive and gave a terse and defiant response. “Since the nationalisation almost 40 years ago,

(we) effectively took these issues into government hands. We are not in a position to comment further about the matter but we certainly don’t believe that Anglo American is in any way responsible for the current situation”. Other critics accuse the giant mining company of “criminal negligence”.

Observers say ZCCM, a government entity that took over administration of Zambia’s mines after Dr Kenneth Kaunda’s nationalisation programme in the late 1960s, only succeeded in worsening the environmental situation. Those observers point out that ZCCM was a huge and inefficient bureaucracy, the main economic driver of the country’s economy, hence making it difficult for the environmental authority to effectively monitor its activities. The country has been built upon copper revenues that did, and still do, account for up to 80% of export earnings.

The Kabwe miners who were subjected to medical checkups if found with high lead-blood levels, were either redeployed or transferred elsewhere. This did not solve the problem for those who remained or for those who could not recover after their transfer. By 1990, the number of personnel who where “leaded out” dramatically increased.

The numbers were also high during the November to February period of 1990, which was normally a low period as a result of rains suppressing the dust. The environmental taskforce expressed concern at the trend and said “the wet season increase reflected the impact of exposure to the current level of in-plant fume and dust” as confirmed by minutes of the committee’s meeting on March 21, 1991.

ZCCM was at the time going through serious financial challenges, which meant environmental issues were put on a back burner. This started showing as far back as 1985 with its inability to invest in new equipment or replace that which was non-functioning.

For example, the electrostatic precipitator, a filtration device that removes fine particles like dust and smoke from the plant, had stopped working in 1985. Dr Charman, wrote a letter on 12 July 1990 to the CMO of Kabwe Trust Hospital, attributing the increase in lead-blood levels to the non-functioning of the precipitator. The machine was subsequently removed from the discharge circuit in 1988.

Certainly there was a lack of money but political battles too found their way into the boardrooms. For instance, when the safety and health conditions of Kasanda residents, just adjacent to the mine plant, were seriously threatened by enormously high lead levels, experts recommended demolishing the houses.

ZCCM on the other hand cited doing so as “politically unacceptable” at the time. The period was 1990 when Dr Kenneth Kaunda’s long stay in power was under threat from the newly formed MMD.

The medical team at Kabwe Trust Hospital had strongly objected to the sale of houses saying they were “wary of declaring the area safe for non-mine occupations”. Dr H. Sensenta, then CMO of Kabwe Trust Hospital, in a letter to the IEA, said the proposed 95% reduction in atmospheric contamination for the area to be safe “seems almost utopian”.

He also raised the issue of cost as a barrier to carrying out tests for everyone including those living outside the mine area.

A single test in 1990 was costing K 400, which was regarded as “too expensive” at the time. He pointed out that the occasional high lead value would cause concern among the residents who might probably then demand the tests be done more routinely.

The chosen route for ZCCM to avoid litigation and costs of carrying out these tests was to conceal the facts to those affected.

“The populace is ever increasingly becoming aware of environmental pollution and it will need [sic. lead?] only to a plethora of litigations unless the company indemnifies itself before the sale of the township for non-mine occupation,” warned Dr Sensenta. The sale of houses was a matter of intense discussion way before the mine closed in 1994.

Soil samples collected in areas close to the mine, such as Chowa and Kasanda, had an average of 3,000 parts per metre (ppm). This was of great concern because it was way beyond the recommended limit of 350 ppm for residential sites.

Despite this, there was no escape route for the people of Kabwe. Previously, it was thought that only giant rape, the vegetable, was absorbing lead in significant quantities, but it was clear with the visit of Dr Hertzman that virtually all vegetables grown in Chowa and Kasanda were “1-2 orders of magnitude higher in lead than is acceptable”.

Environmental experts say perhaps there was a lack of closure from ZCCM about the extent of



Hidden documents reveal the shame of Kabwe’s toxic deaths Cont...

the environmental damage caused by 100 years of mining. Some say the bureaucratic caveat of this entity has had a number of far-reaching consequences.

An example was when the mine closed, the environmental aspect was only given serious attention because it was one of the requirements of the World Bank to release funds for cleaning up the area.

Government succeeded in borrowing US\$ 50 million from the World Bank to set up the Copperbelt Environment Project (CEP) to clean up environmental impacts in all mining areas after Anglo and others withdrew their investment from the country. Part of that loan was to be used for cleaning up the lead and zinc pollution in Kabwe, where so many people suffered from lead poisoning from the mining operation.

However, a source familiar with both ZCCM and CEP operations said the project was not properly executed due to bureaucratic procedures within government. The estimated capital cost for the first three years of rehabilitation and decommissioning activities for Kabwe was estimated at US\$ 4.6 million.

Attempting to dodge addressing the issue appears to be the decided position of government through ZCCM-IH. Concerted efforts by the B&R to speak to them have remained fruitless.

The writer wanted, among other things, to know whether ZCCM, under the CEP, achieved its objectives at Kabwe and why the dumpsite has opened up for mining activities, seemingly disregarding the health impact this might have for people living in close proximity. With this revelation, will ZCCM-IH continue with the stance it has taken of being a silent bystander when the lives of children are at stake?

In August last year, the Zambia Environmental Management Agency (ZEMA) gave clearance to London-based Berkeley Mineral Resources (BMR), owners of the Kabwe lead and copper mine since 2008, to start extracting minerals from the lead-contaminated tailings.

Experts fear that disturbing the almost compact dumpsite will worsen the problem of lead poisoning that has plagued Kabwe for many years and is implicated in hundreds, if not thousands, of deaths. They argue that ZEMA’s decision to allow Berkeley to go ahead with the project was made without the full knowledge and information, as revealed in the B&R’s earlier story.

The waste dump covers about 1 square kilometre. It contains almost eight million tonnes of heavy metals, mainly of lead and zinc. The dump has a maximum height of eight metres and is very close to Kasanda Township and the Great North Road.

As part of a decommissioning plan, an electric wire fence was to be erected around the place to prevent artisans from carrying out any mining activities there. Another proposed measure was to not allow people build houses near the dumpsite. Neither of these measures was effectively implemented.

Some legal experts say what happened in Kabwe would attract “liabilities of a criminal nature” if it were in other parts of the world. They say the town is still a high-risk place to allow any mining activities without successfully dealing with past environmental liabilities. Many point to the fact that companies like Anglo would have

been compelled to deal with their past environmental messes, the same way government would have done for its 12-year ownership of the mine. Anglo still retained a 30% stake in ZCCM, under its subsidiary, Zambia Copper Investment (ZCI) until the time the mine closed in 1994.

Whether or not there will be justice remains an open question.

This story was first published in the 2014 edition of the Bulletin and Record magazine.



kabwe mine dump kids scavenging



lead in the soil from the now closed lead mine

A School Project, Multiple Contracts, and Public Concern

By Doris Chifunda | Radio Luswepo – Mbala

At Chisafwa Primary School in Lwandi Ward, Mbala District, children continue learning beside an unfinished classroom block that was meant to ease overcrowding using Constituency Development Fund (CDF) resources.

The one-by-two classroom block, valued at approximately K623,000, was awarded to a contractor in 2022 and was reportedly 80% paid for before completion. Despite visible progress on site, the contract was later terminated, raising questions among residents about decision-making and the use of public funds.

Concerns deepened when the Mbala Municipal Council appeared before the Parliamentary Public Accounts Committee (PAC). The committee flagged allegations that funds under the Disaster Management and Mitigation Unit (DMMU) were improperly redirected to complete the Chisafwa project, a move PAC described as a violation of CDF guidelines.

Although the Mbala Town Clerk disputed PAC’s findings and promised corrective measures, residents were later informed that a new contractor had already moved on site. The council engineer confirmed the project had been re-awarded, reportedly to a company linked to the same administrators behind the original contractor.

The former contractor, ward councilor, and Mbala Member of Parliament have all raised concerns, while the Auditor-General’s report points to failures in procedure during the awarding, termination, and re-awarding of the contract.

This story was produced by Radio Luswepo in Mbala district and fact-checked by MakanDay.

Access the full report in the comments section.

<https://makanday.org/a-school-project-multiple-contracts.../>



NEW RADIO INVESTIGATION | NGUBA TRADING AREA, KALOMO

By Kebby Sianjame | Voice of Kalomo | Kalomo District

For years, traders at Nguba trading area built their livelihoods on land they were promised a chance to own. When Kalomo Town Council announced the demarcation of 50 business plots, hope spread quickly.

But what followed left many long-serving traders shut out.

In this radio documentary by Kalomo Community Radio, traders raise serious questions about:

- A K500 interview fee
- Familiar traders rejected while unknown applicants walked away with offer letters
- Allegations that powerful businessmen used proxies to secure plots
- A process advertised mainly on Facebook, in a largely rural community.

As construction begins on disputed plots, long-time traders say they are being pushed out of the very place they helped build.

Is this a lawful process, or a case of public land quietly captured by the powerful?

This story was produced by Voice of Kalomo and fact-checked by MakanDay Centre for Investigative Journalism.

Listen to the full documentary and decide for yourself.

<https://makanday.org/new-radio-investigation-nguba.../>



Chingola Man Jailed Three Years Over Viral Threat Video

By Ndumba Bismark & Beverly Busange | Chingola

A Chingola Magistrate Court has sentenced 41-year-old Matthews Mutambo of Chiwempala Township, popularly known as “Macheni Macheni”, to three years’ imprisonment.

According to court proceedings, on March 12 2025, Mutambo recorded a video while drinking beer at the infamous Two Kallies Bar in Chabanyama in Chingola. The video, now widely circulated on Facebook and TikTok and partially shown in this broadcast, was recorded by a bar owner, Bibian Mwansa.

In the footage, Mutambo claimed to lead a group he referred to as the “M23 rebel group” and “Boko Haram,” and allegedly threatened to exchange fire with Zambia National Service (ZNS) officers and police officers manning Sensele Mine.

Delivering judgment on February 4, Magistrate Shadreck Chanda said the court had analysed the video and found its contents capable of instilling fear among residents of Chiwempala and surrounding areas. The court further observed that the video contributed to unrest and rioting among youths, particularly in the Chiwempala and Chabanyama communities.

The court stated that the offence is punishable under Zambian law.

During mitigation, Mutambo told the court that he is on antiretroviral therapy (ARVs), has six children, runs a business with no one to manage it in his absence, and is constructing a house currently at window level.

However, in sentencing, Magistrate Chanda ruled

that Mutambo’s actions were not committed under the influence of alcohol but were premeditated. He was sentenced to 36 months’ imprisonment effective from the date of his arrest.

What is perhaps most alarming, however, is the silence. Governments across the region, including Zambia’s, have said little. Public debate remains muted. Official scrutiny is limited.

Meanwhile, young Africans continue to be drawn into opaque systems linked to a foreign war whose risks they do not fully grasp.

The video, once treated by some as bravado, ultimately became central evidence in court, raising broader questions about online incitement, youth mobilisation, and the intersection between digital platforms and urban insecurity on the Copperbelt.



Illegal ARV Sales a ‘Health Security Risk’, Officials Warn

Health officials and advocates warn that diversion of life-saving HIV medication in illegal mining areas could fuel drug resistance, increase transmission, and undermine years of national progress.

By *MakanDay*

LUSAKA — The illegal sale of antiretroviral (ARV) drugs in mining communities has sparked serious concern among health advocates, regulators and government officials, who warn that the practice threatens to reverse Zambia’s gains in the fight against HIV.

The concerns were raised during a public discussion forum organised by MakanDay Centre for Investigative Journalism in Lusaka, following an investigation into the diversion and street sale of life-saving HIV medication in illegal mining areas.

The forum was attended by health science students from the University of Zambia (UNZA), Chreso University and Lusaka Appex Medical University, who actively engaged panellists with questions on regulation, access to treatment, drug resistance and the long-term public health implications of ARV diversion.

Duba Sakala, an HIV advocate with the

Kawama HIV Foundation, said the revelations struck a deeply personal chord.

“Looking at the illegal sale of ARVs, it makes me feel sad, because I am looking at myself,” Sakala said. “I experienced treatment failure before. It was the earlier days of my ART, I didn’t really understand how the drugs were doing and how they were helping me out and at some point, I stopped taking my medication and I experienced treatment failure because of that.”

She said reading about ARVs being sold on the street raised fears about the potential consequences for patients who are not properly monitored.

“So, reading this story made me go back to that time and I am thinking how many of those people are going to experience treatment failure or other complications because they are just buying drugs on the street,” she said.

Sakala also expressed concern over reports that ARVs are being removed from their original

packaging and repackaged in plastic bags.

“Now, if you see the way ARVs are packaged, there are always those silicon linings that are supposed to preserve the ARVs,” she said. “For a person like me living with HIV, I need to go for my medicals once a year, so they need to check how my liver is functioning, how my viral load is, how my CD4 count is.”

She warned that individuals buying medication informally may not undergo routine medical checks and may not know the impact the drugs are having on their bodies.

She warned that individuals buying medication informally may not undergo routine medical checks and may not know the impact the drugs are having on their bodies.

Government officials acknowledged the seriousness of the issue.

“At great cost the government and partners have invested much in the fight against HIV, and

when we get such reports, it is sad, but we have responded to this,” said Bwalya Agrippa Simunyola, Chief Pharmacist and Coordinator of the Taskforce on the Theft of Medicine at the Ministry of Health.

Simunyola added that the situation is further complicated in areas where illegal mining activities attract undocumented populations.

“When you talk about an illegality, if someone is a prohibited immigrant, or they just sneaked into the country, you don’t expect them to register for health services, and that is our worry,” he said.

He noted that Zambia has made significant progress in achieving high levels of viral suppression among patients, reducing HIV transmission rates. However, he warned that people living outside formal systems of care could undermine those gains.

“If you have people coming in illegally and they’re not on treatment

and in these areas prostitution is on the rise, this is something of great concern,” he said.

Don Mwangana, Principal Investigations Officer at the Zambia Medicines Regulatory Authority (ZAMRA), said Zambia has made significant strides since ART was first introduced.

“When you look at where we are coming from when ART was first introduced in the country and look at where we are now, significant progress has been made,” Mwangana said.

He stressed that ARVs are not ordinary commodities.

“These are life-saving medications. What is the cost of resistance? It means the drugs that we are using now will not be effective in future. It means people will have to go to third-line, fourth-line treatment and these are very expensive,” he said.

Mwangana also highlighted logistical challenges in addressing illegal sales in remote mining areas.

“There are a lot more resources required to address illegal sale of ARVs in illegal mining sites, because when it is raining those areas are impassable,” he said.

He described the situation as a broader health security threat.

“What is happening in these communities as we read from the (MakanDay) report is actually a health security risk, in my view, because there will be an increase in the viral load and there will be an increase in community transmission of HIV,” Mwangana said.

Kunyima Lifumbela, Executive Director of Trides24 Foundation Zambia, an HIV advocacy organisation, warned that allowing ARVs to be sold illegally risks undoing years of progress.

“If ARVs are being sold in illegal mining sites, we are taking steps back in the response to HIV treatment,” she said, adding that addressing issues of access to proper treatment remains critical.

Throughout the discussion, students from UNZA, Chreso and Appex University pressed panellists on enforcement mechanisms, public awareness, and how future health professionals can contribute to safeguarding the integrity of Zambia’s HIV response.

The forum concluded with calls for stronger oversight, increased resources, and coordinated action among health authorities, regulators, civil society and communities to curb the illegal diversion of life-saving medication and protect public health gains.



Comment

When Life-Saving Medicines Become a Black Market Commodity

Antiretroviral drugs are not ordinary commodities. They are life-saving medicines.

For more than two decades, Zambia has invested heavily in expanding access to HIV treatment. Government, civil society and cooperating partners have worked to ensure that antiretroviral therapy (ART) is widely available, free and accessible. Viral suppression rates have improved. Transmission has declined. Lives have been stabilised.

And yet, in some illegal mining communities, ARVs are reportedly being sold on the street.

This is not merely a regulatory violation. It is a public health danger.

At a recent public discussion convened by MakanDay Centre for Investigative Journalism, regulators and advocates

described the illegal sale of ARVs as a “health security risk.”

That phrase is not exaggerated. When patients buy medication informally — repackaged in plastic bags, stripped from original containers, and taken without medical supervision, the consequences ripple far beyond the individual.

Duba Sakala, an HIV advocate, spoke from personal experience. She recalled experiencing treatment failure in the early days of her ART journey. It happened when she stopped taking her medication without understanding the consequences. Her reflection was haunting: how many people purchasing ARVs on the street may experience similar failures?

Treatment failure does not only affect one patient. It can lead to rising viral

loads and greater transmission within communities. Worse still, inconsistent or improper use of ARVs fuels drug resistance. As regulators have warned, resistance means the medicines currently working will no longer be effective.

Patients are then pushed onto third- or fourth-line treatments, options that are significantly more expensive and harder to sustain nationally.

What is at stake is not only individual health, but years of progress. Zambia’s HIV response has achieved high viral suppression rates precisely because treatment is structured, monitored and supported by regular medical reviews. Patients undergo laboratory tests to monitor liver function, CD4 counts and viral load levels. These safeguards disappear when drugs are purchased informally.

Complicating matters further is the environment in which these sales are occurring.

Illegal mining sites often host transient populations, including undocumented

individuals who may not be registered within the formal health system. As officials noted, if individuals are not engaged in treatment programmes, the broader public health gains Zambia has achieved become vulnerable.

This is why the issue demands more than enforcement alone.

It requires stronger oversight in high-risk zones. It requires addressing access gaps that may push individuals toward informal markets. It requires coordination between health authorities, regulators and local leadership. And it requires sustained public awareness about the dangers of purchasing life-saving medication outside formal systems.



Investigative reporting played a crucial role in bringing this issue to light. But exposure is only the beginning. Translating evidence into institutional response and public dialogue is equally vital.

When ARVs enter the black market, we are not witnessing petty opportunism. We are witnessing a breach in the frontline of public health defence.

And if we are serious about ending HIV as a public health threat, we cannot afford to take steps backward.

Life-saving medicines must remain exactly that, life-saving, protected and accountable.



From Our Public Discussion under the theme: Illegal Sale of ARVs & Other Medicines in Illegal Mining Areas

Date: Thursday, 12 February 2026

Panellists: Mr. Bwalya Agripa Simunyola, Chief Pharmacist and Coordinator Task Force on Theft of Medicines from the Ministry of Health.

Mr. Don .S. Mwangana, Principal Investigations Officer from the Zambia Medicines Regulatory Authority (ZAMRA)

Ms. Kunyima Lifumbela Banda, Executive Director fot Tides24 Foundation Zambia

