



Comparative Medicine in Zambia: A Brief Report on Regional Healthcare Paradigms,

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Abstract

Comparative analyses of healthcare paradigms within Zambia have been sparse, with regional obstetric and gynaecological practices frequently examined in isolation. A synthesis of these regional variations is needed to inform coherent national planning. This brief report aimed to synthesise and compare documented healthcare paradigms for obstetric and gynaecological services across Zambia's regions. It sought to identify prevailing models, key challenges, and shifts in approach. A narrative synthesis was conducted using available Zambian policy documents, programme reports, and published literature. Data were analysed thematically to compare structural, procedural, and philosophical paradigms across regional health systems. A persistent reliance on a centralised, hospital-focused model in urban provinces contrasted with more community-based, task-shifting approaches in rural regions. A majority of documented interventions in rural areas emphasised community health worker programmes, whereas urban reports focused on specialist service expansion. Significant regional disparities in obstetric and gynaecological care paradigms persist in Zambia. The adaptation of healthcare delivery models is strongly influenced by local infrastructure and workforce density, rather than a unified national strategy. Future national health strategies should formally recognise and plan for these regional paradigm differences. Policymakers should support the evaluation and intentional integration of successful community-based models from rural areas into urban outreach programmes. comparative medicine, healthcare systems, obstetrics, gynaecology, Zambia, regional health, paradigms This report provides a novel synthesis of regional healthcare paradigms within a single African nation, offering a framework for more nuanced national health planning in obstetrics and gynaecology.

Keywords: *Comparative medicine, Sub-Saharan Africa, Healthcare paradigms, Regional variation, Obstetric practices, Gynaecological services*



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