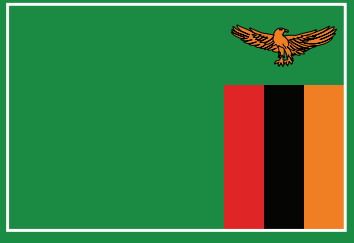
INVESTING IN ZAMBIA'S HEALTH AND DEVELOPMENT

September 2016



WHY FAMILY PLANNING?

Family planning is the most cost-effective way to prevent maternal, infant, and child mortality. It can reduce maternal mortality by reducing the number of unintended pregnancies, the number of unsafe abortions, and the proportion of high-risk births. In Zambia, an increased use of modern methods of contraception averted over 312,000 unintended pregnancies, 60,000 unsafe abortions and over 1000 maternal deaths in 2015.[1] Family planning also is linked to additional long-term health, social, and economic benefits: reduces infant mortality, slows the spread of HIV/AIDS, promotes gender equality, reduces poverty, accelerates socioeconomic development, and protects the environment.

These long-term benefits have the potential to radically change the development trajectory of a country like Zambia where more than 60% of the population lives below the poverty line.[2] Increased economic opportunities and growth can only happen if families have the number of children they can care for and educate to create a highly-skilled workforce.

Zambia's current fertility rate is 5.3 births per woman.[2] If this rate remains unchanged, Zambia's population would reach over 33 million people by 2037. However, if the Government of Zambia makes investments in family planning now, by 2037, total fertility would be reduced from 5.3 to 2.2 births and projected population would be 23 million.[4] These two fertility scenarios have fundamental implications for the education, health, and development sectors.

Box 1: **Government of Zambia's FP2020 Commitments**

OBJECTIVE: TO INCREASE THE CONTRACEPTIVE PREVALENCE RATE FROM 33 PERCENT TO 58 PERCENT

- Double the budgeted amount allocated for family planning commodities and to secure increased funding for family planning through existing donors and new partnerships.
- Strengthen the supply chain for family planning commodities through expansion of the Essential Medicines Logistics Improvement Program and other channels.
- Expand method mix and increase access, particularly for the underserved population. Zambia will allow task shifting to community health assistants and trained community based distributors to increase access for the underserved communities, and initiate new dialogue with religious and traditional leaders and NGOs at local level to generate demand, dispel the myths and 'open up the dialogue' on family planning. Finally, Zambia will utilize sub-district structures to generate demand for family planning.

Source: www.familyplanning2020.org/commitments[3]

Population Projection—Implications for Education[4]

Figure 1: **Number of Primary Schools Required (thousands)**

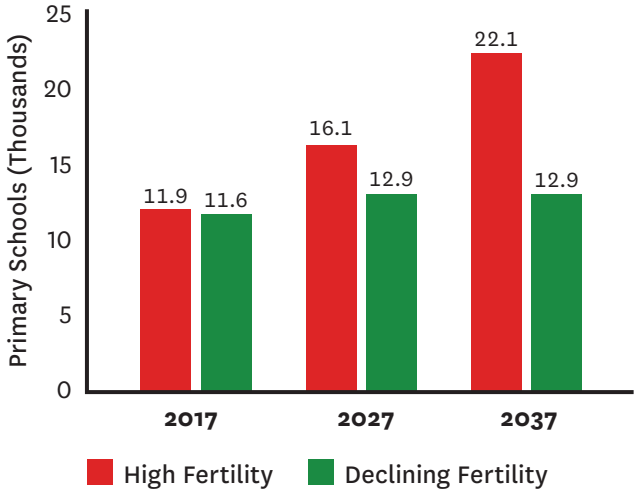
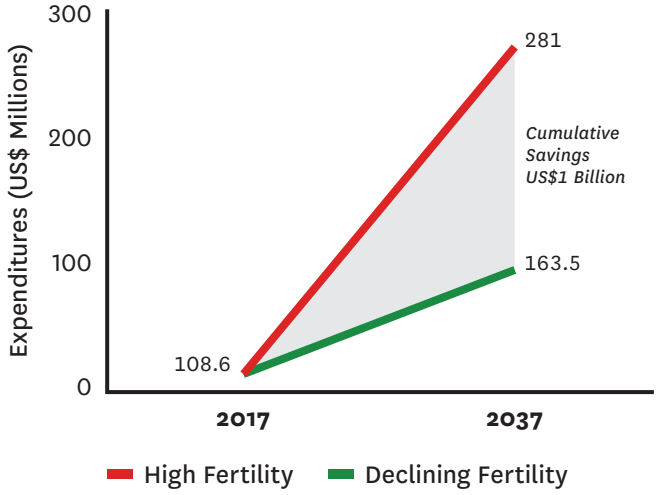


Figure 2: **Expenditure on Primary Schools Required (US $ millions)**



Under the two fertility scenarios **(Figures 1 and 2)**, continued high fertility would require more than 11,900 schools by 2017; more than 16,000 by 2027, and more than 22,000 by 2037. On the other hand, successful family planning interventions would culminate in the need for about 11,600 schools by 2017 and 12,900 schools by both 2027 and 2037. In a lower fertility scenario, about 9,000 fewer schools would be needed by 2037, thus saving the Zambian government significant resources.[4]

Population Projection—Implications for Health[4]

Figure 3: **Number of Nurses Required (thousands)**

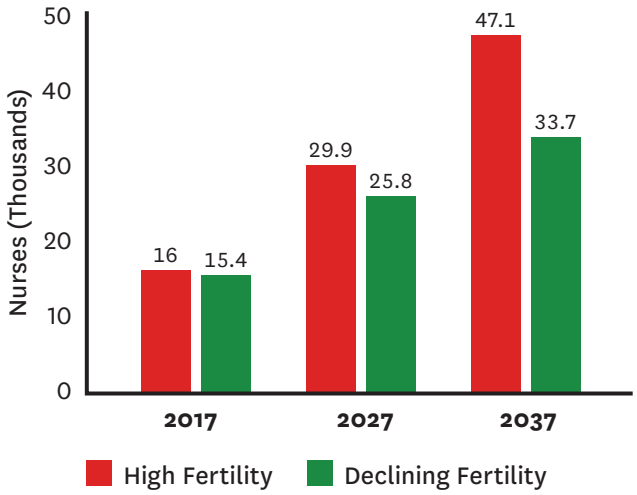
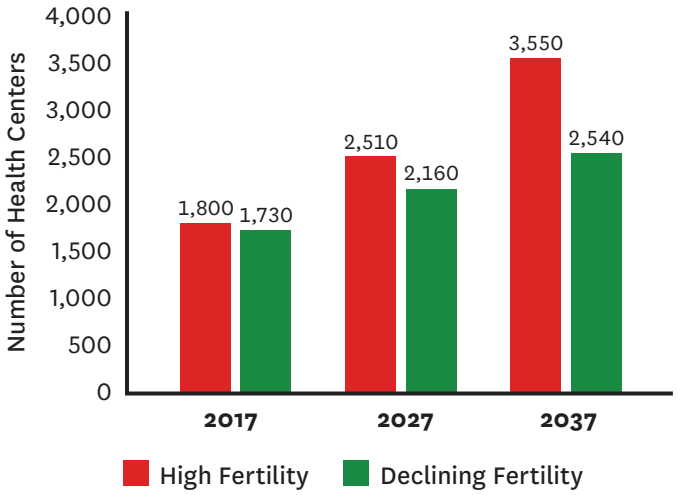


Figure 4: **Number of Health Centres Required**

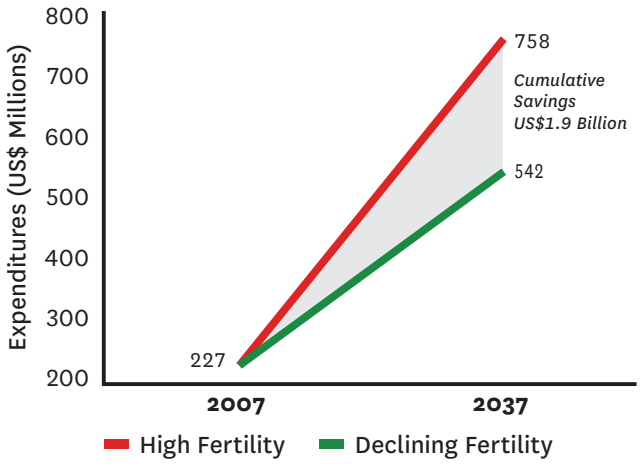


High fertility is also projected to result in increased demand for human resources for health **(Figure 3)**. The number of nurses needed would be more than 29,900 in 2027 and 47,100 in 2037.[4] By contrast, declining fertility is projected to result in reduced need for nurses—25,800 by 2027 and 33,700 by 2037. In a lower fertility scenario, family planning would result in saving resources equivalent to employing 13,400 nurses by 2037. The savings in resources is even greater when one considers that nurses are not the only cadre of professionals required to deliver healthcare services.

In terms of infrastructure, a decline in fertility would result in reducing the number of health centres required by more than 1,000 health facilities by 2037 **(Figure 4)**.[4] This does not take into consideration the potential reductions in associated infrastructure support systems such as medical equipment, staff houses, and roads.

Human resources for healthcare and infrastructure combined affect total healthcare costs. **Figure 5** below illustrates that a high fertility rate would result in increased annual health expenditures of up to US $758 million dollars while a lower fertility rate would result in savings of more than US $216 million by 2037.[4]

Figure 5: **Annual Health Expenditures (US $ millions)**



"REAL PROGRESS IN HUMAN DEVELOPMENT IS NOT LIMITED TO ENLARGING PEOPLE'S CRITICAL CHOICES, BUT ALSO THEIR ABILITY TO BE EDUCATED, BE HEALTHY, HAVE A REASONABLE STANDARD OF LIVING, AND FEEL SAFE".

UNDP 2014 Global Human Development Report 2014[5]

With more than 60 percent of its population in poverty, Zambia needs to ensure that sustained economic growth is able to lift people out of poverty. A slower rate of population growth would give the government adequate time to provide infrastructure (housing, schools, roads, health facilities, etc.) to meet the needs of a growing population. Making family planning a national priority would help achieve this goal.

FAMILY PLANNING AND ZAMBIA: WALKING THE TALK

Zambia has demonstrated significant government commitment to expanding family planning programs. While the maternal mortality rate has declined from 649 deaths per 100,000 live births in 1996 to 398 in 2013, challenges remain. The total fertility rate has only declined by about one child since 1992 from 6.5 births per woman to 5.3 births.[2] Despite an initial promising start, domestic investment in family planning has since declined instead of doubling as per Zambia's Family Planning 2020 commitment **(Box 1)**. The reasons for this are varied. The family planning budget increased by 70% in 2013 compared to 2012 in absolute numbers. However, fluctuations in the local currency meant that when allocations and expenditures were converted into dollars, government investments overall declined due to the reduced purchasing power of the kwacha (ZMW). The eight-year scale-up plan was made under the assumption of a 5.4:1 exchange rate between the kwacha and U.S. dollar. In 2015, the exchange rate changed to more than 11 ZMW to one U.S. dollar.[6]

Adolescent and youth sexual and reproductive health remains a particular challenge. Childbearing begins early in Zambia, with more than one-third of young women giving birth by age 18 and more than half giving birth by age 20. According to the Ministry of Education, every year 16,378 girls leave school early due to pregnancy.[7] This is a major social and health issue for Zambia. Early motherhood has healthcare implications for both mother and child and an early start to childbearing greatly reduces women's educational and economic opportunities.

A PROMISING POLICY ENVIRONMENT

Zambia has several policy documents which outline commitments to family planning. These include Zambia's Costed Implementation Plan, the National Population Policy, and the National Health Strategic Plan **(Table 1).**[9–13] While these policy documents are promising, implementation of these plans is uncoordinated, thus making sustained progress on family planning challenging.

Table 1: Zambia's National Policy Commitments

Policy Document	Family Planning Commitment
The National Population Policy[8]	• Integrate population variables, reproductive health (including family planning), gender, and HIV/AIDS into development planning and programme implementation processes, especially in education, health, and agriculture. • Reduce the incidence of morbidity and mortality, particularly maternal, infant, and child mortality. • Reduce the high level of fertility, particularly adolescent fertility. • Improve sexual and reproductive health (including family planning) so as to encourage a manageable family size.
National Health Strategic Plan (NHSP) 2011 to 2015[9]	• Increase access to integrated reproductive health and fam¬ily planning services and thereby reduce maternal mortality ratio (MMR) from 591 per 100,000 live births in 2007 to 159 by 2020.
Integrated Family Planning Scale-up Plan 2013-2020 (Costed Implementation Plan)[10]	• Increase access to integrated family planning services and reduce the maternal mortality ratio (MMR) from 591 per 100,000 live births in 2007 to 159 by 2020; • Increase the contraceptive prevalence rate for modern methods from 32.7% to 58% by the year 2020 (women currently married or in union); • Reduce unmet need for contraception from 27% in 2007 to 19% by 2015, and 14% by 2020; and • Reduce teenage pregnancy from 28% in 2007 to 18% by 2020.
National Strategy to end Child marriages (2016 to 2021)[11]	• Strengthen multi-sectoral responses in reducing children's vulnerability to marriage; • Facilitate the development and review of policies and legislation; • Facilitate positive change in attitudes, behaviours, beliefs and practices; • Facilitate the provision of child-sensitive services; • Mobilize resources
Vision 2030[12]	• Pledge to use resources gained as a result of debt cancellation for Family Planning.
Sustainable Development Goals (SDGs)[13]	• Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

ZAMBIA's ACHIEVEMENTS

Zambia has developed an **investment framework** for the Integrated Family Planning Scale-up Plan (2013-2020).

Improvements in coverage through an expanded method mix and increased access, particularly to underserved populations: Family planning options require varying levels of training to deliver care. Long-acting and reversible contraceptives (LARCS) require more training and typically involve midwives. The distribution of midwives favours urban populations. The purposeful selection and training of health workers to deliver LARCs with a deliberate intention to improve their availability in rural areas thus becomes an equity issue.

The Ministry of Community Development Mother and Child Health (MCDMCH) developed a national training database for health workers trained in LARCs. Over 500 health workers were trained in delivering LARCs in 2014. Currently, more than 40% of facilities have at least one person trained on LARCs.[10]

Addressing policy barriers to allow task shifting to community health assistants and trained community-based distributors to increase access to underserved communities: The Ministry of Health issued policy guidance in support of community-based distributors (CBDs) delivering injectable contraceptives. Community health assistants and community-based distributors have been trained in providing long-acting reversible contraceptives. Workforce supervision however, needs strengthening.

Reductions in maternal and under-five mortality: Maternal mortality declined from 649 deaths per 100,000 live births in 1996 to 398 in 2013. Under-five mortality declined from 191 deaths per 1000 live births in 1992 to 75 deaths per 1 000 live births in 2013/14.[14]

Development of a family planning scorecard by key members of the family planning technical working group: The Family Planning Annual Score Card is a mechanism for joint monitoring to ensure accountability, broad-based ownership and partnership in meeting Zambia's FP2020 aspirations. The scorecard is inspired by the idea that "what gets measured gets done." The scorecard monitors financing, demand creation, family planning commodities, service delivery, the policy environment and measures of equity as building blocks for the realization of Zambia's family planning goals.

Enhanced provincial logistics support: Pharmacists have been placed in provincial offices to track family planning supplies. Supply chain strengthening for family planning commodities has continued in a strong partnership between John Snow Inc. (JSI) and the Ministry of Health with respect to quantification.

Increased coordination: A national annual family planning review meeting was held in 2015. All 106 districts were involved. This platform has the potential to ensure close monitoring of key family planning indicators, exchange of good practices and greater coordination.

38,000 in-service teachers equipped with basic knowledge and skills to deliver effective comprehensive sexuality education in the classroom in 2015 (UNFPA 2016).[1]

Initiating new dialogue with religious and traditional leaders at the local level to generate demand, dispel myths and encourage a dialogue on family planning: In 2015, the government working with the Churches Health association of Zambia engaged in a dialogue on the status of family planning in Zambia and how the church could bring its comparative advantage to bear in improving family planning outcomes. The government has also engaged traditional leaders through the Ministry of Chiefs and Traditional Affairs.

MOVING FORWARD

The graduation of Zambia from a low income to lower middle income status means that the country is expected to graduate from donor dependency. Local resources from government allocations for family planning as a proportion of health support—even in the face of currency fluctuations will need to increase. Zambia should strive to improve its commodity security by deliberately setting aside and ensuring prudent use of resources for family planning commodities. Greater investments in adolescent sexual and reproductive health will be critical to addressing the national teenage pregnancy crisis. The increased coordination among relevant ministries and the development of a costed inter-ministerial work plan are important first steps. However, these efforts must be built upon to ensure that Zambian youth have the skills, education and opportunities to embark on the path to a more prosperous economic future for themselves and their country.

Next Steps

- **Make family planning a critical and central issue in the seventh National Development Plan:** Family planning touches all aspects of development. The principle policy direction for the country is derived from five-year development plans. It will be important for Zambia to set clear guidance on what must be achieved in family planning over the course of the next five years.
- **Include explicit family planning indicators in the next NHSP:** Sector development plans detail steps needed to achieve national development plan ambitions. The inclusion of family planning indicators in the 2017 to 2021 plan will ensure that family planning is prioritized. This inclusion will also embed family planning programming failures or successes in specific institutions as opposed to generalised assessments of performance.
- **Rebrand Family Planning:** The traditional concept of family planning represents a service for married women only. As a result, men, young people and single adults often do not see themselves as family planning users. Additionally, many women's first encounter with family planning services happens after they have their first pregnancy.

  This interpretation of family planning suggests the need for a new paradigm that will apply to all Zambians of reproductive age. The engagement of youth and adolescents will be a strong pillar in ensuring that appropriate information is made available to prepare young people for their sexual and reproductive lives. A family planning communications strategy is necessary to achieve this outcome.
- **Improve Demand Creation:** The inclusion of family planning in the education curricula is an important step towards demand creation. Communication about family planning is however conspicuously absent at health facilities and in the community. Health promoters know that information alone does not result in behaviour adoption or change. The high rate of teenage pregnancy in an education system that has a family planning module is testimony to the need to increase investments in innovative and engaging sexual and reproductive health education.

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