Options

Policy brief

Sexual and reproductive health and rights 25 years on

Zambia's road to delivering the ICPD Programme of Action

Introduction

The early 1990s marked an unparalleled consensus among national governments on population policy. This shift was most evident in the 1994 International Conference on Population and Development (ICPD), which was hosted by the United Nations in Cairo. ICPD was the largest intergovernmental conference on population and development ever held, with 179 governments and over 11,000 registered participants from governments, UN agencies, civil society and intergovernmental organisations.

The conference resulted in an ambitious 20-year Programme of Action (PoA) – adopted by all participating governments - which recognised women's empowerment and gender equality as the cornerstones of population and development programmes and, for the first time, defined reproductive health in an international policy document. The PoA made the provision of comprehensive reproductive healthcare, including the legalisation of safe abortion, the provision of safe pregnancy and delivery services, and the elimination of harmful practices against women (such as genital cutting and forced marriage), a central feature.

Zambia committed to the ICPD's Programme of Action and formally recognised sexual and reproductive health rights (SRHR) as a fundamental human right in 1994, and subsequently invested in national and community-level programmes to deliver inclusive and equitable SRHR outcomes. These enabled the country to make significant strides in key national SRH indicators.

This year marks the conference's 25th anniversary. As the international community is set to gather at the Nairobi Summit on ICPD25 to mobilise the political will and financial commitments to fully implement the conference's Programme of Action, this policy brief takes stock of Zambia's progress in achieving its SRHR commitments and in creating an enabling policy and funding environment. It also identifies what more needs to be done to fulfill the unmet needs of women and girls and provides insights into how national ownership and stewardship and the development of an enabling environment have resulted in better SRH and family planning outcomes.

An enabling environment for sexual and reproductive health

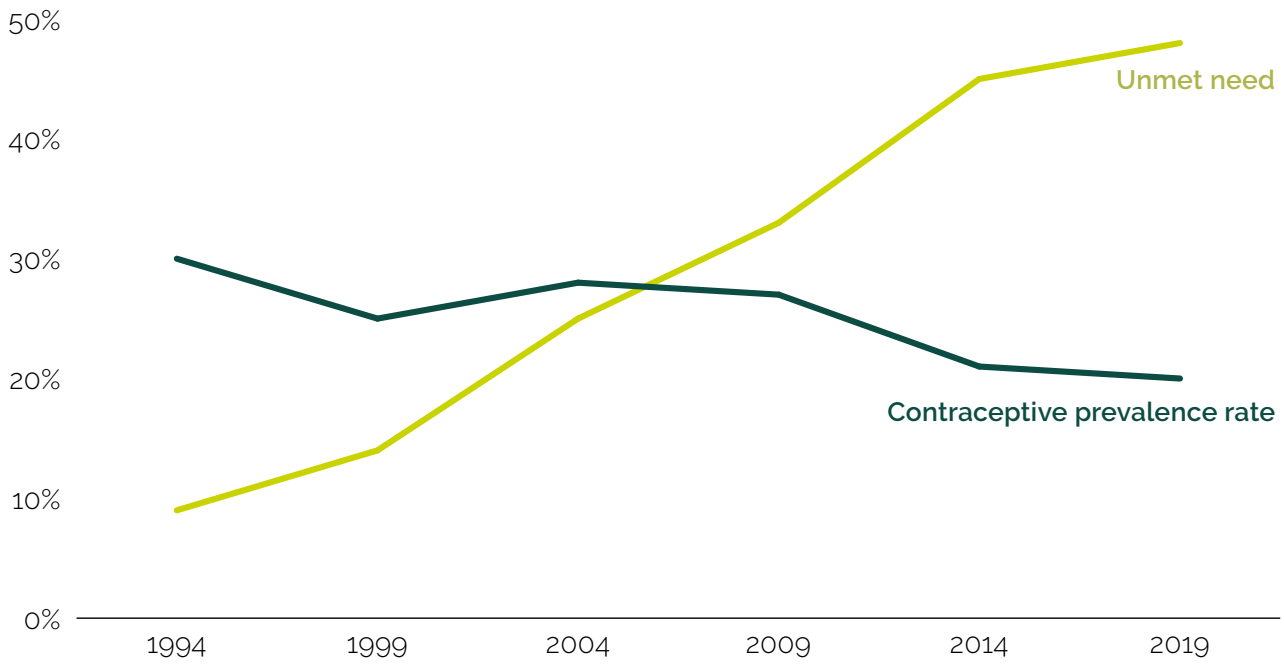
In the past 25 years, the Government of Zambia has driven action to promote and assure SRHR as a fundamental human right and to deliver on ICPD. To do so, in 2006, it embedded SRH at the core of its strategic 'Vision 2030'– a roadmap for Zambia to become 'a prosperous middle-income nation' by 2030. It reinforced this vision by integrating SRHR in all of its National Development Plans, the country's 5-year development blue-prints, including the latest one (2017 to 2021). The government then

operationalised SRHR as a strategic priority by launching the 'Reproductive Health Policy' in 2005, which guaranteed free contraceptive products in public health facilities, and by publishing the 'Zambia Family Planning National Guidelines' and protocols in 2006. In 2006, it also abolished user fees at primary levels of care, which bolstered women's right to access to maternal and reproductive health. From government officials to health care workers, these documents translated the commitments made by the government into actionable recommendations throughout the health system, and enabled them to provide rights-based, quality SRH services and products. This range of efforts between 2005 and 2006 moved SRHR from a niche and stand-alone issue to the centre of the country's development vision.

The 2012 London Summit on Family Planning reinvigorated the Government of Zambia's prioritisation of SRHR, and placed a specific focus on family planning as an essential dimension of it. At the Summit, the government committed to increasing its financing for family planning (FP), reducing the barriers to accessing services and products for adolescents, and scaling up rights-based FP. To achieve this, the government published the 'Zambia Integrated Family Planning Scale Up Plan from 2013 to 2020' in 2014 and enacted the 'Gender Equity and Equality Act', which recognises that *"a woman has a right to adequate sexual and reproductive health"* in 2015. It also launched the 'Reproductive Maternal New-born Child Adolescent Health and Nutrition (RMNCAHN) Communication and Advocacy Strategy (2018-2021)' with the objective of scaling up social behaviour change communication to address poor utilisation of available RMNCAH-N services. This strategy further integrated the ICPD's five pillars of comprehensive reproductive health care (dignity and human rights, place and mobility, governance and accountability, sustainability, dignity and human rights). In 2013, the Government introduced a reproductive health budget line in the 'Yellow Book', which not only demonstrated its prioritisation for reproductive health, but also protected the resources allocated to it.

Through these initiatives and prioritisation, Zambian government has developed a legal and policy environment that protects and promotes sexual and reproductive health as a fundamental right for its citizens, which has led to significant improvements as unmet need has decreased by 10% and contraceptive prevalence rate (CPR) has increased fivefold in the past 25 years.

Figure 1: Trends in CPR and unmet need



Despite these achievements, Zambia's total fertility rate remains 4.7, declining by about two children since ICPD, and progress on unmet need and CPR has slowed since 2014. While maternal mortality was halved in the 20 years from 1999 to 2019, 278 women died due to pregnancy related complications in 2018, leading President to declare maternal and perinatal deaths a public emergency in 2019, which placed SRH at the core of governmental debates and decision-making process.

Another issue is that the country currently remains reliant on donors for financing reproductive and maternal health, which is exacerbated by its inadequate disbursement of funds against annual budget allocation for FP. Despite the removal of user fees, citizens still face significant out of pocket costs due to inadequate funding and stock out of essential commodities. This hinders the ability of the government to put its strategic commitments into practice and limits women's ability to benefit from their right to comprehensive reproductive health.

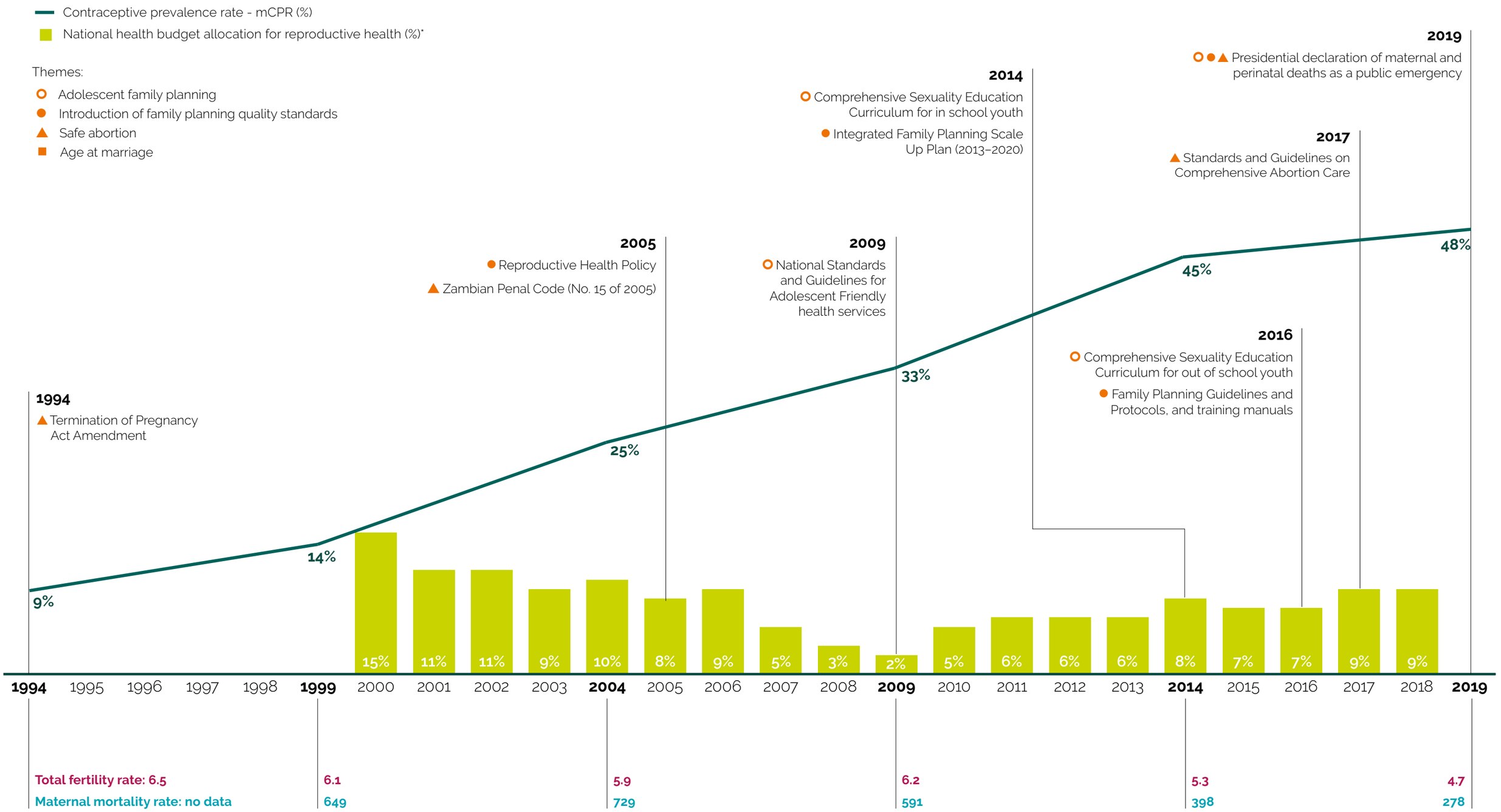
Policy recommendations

- Ensure health budget allocations result in timely disbursement of funding needs to strengthen high quality service provision and equitable for the most vulnerable populations, including persons with disabilities
- Develop innovative public health financing mechanisms and health care partnerships with multilateral institutions and the private sector to accelerate investment in the five pillars of the demographic dividend (family planning, education, health, economic reforms and governance)
- Ensure adequate public investment in family planning to improve health outcomes for women and girls, and to drive the attainment of the demographic dividends

Table 1: Overview of key SRHR/FP policies, laws and decrees

Year	Policy
2005	Reproductive Health Policy
2006	Zambia Family Planning National Guidelines (reviewed in 2016)
2014	Zambia Integrated Family Planning Scale up Plan (2013-2020)
2015	The 'life begins at conception' clause was proposed in the draft Bill of Rights in 2015 – it was not passed at the time, but the possibility of a referendum of it remains
2015	Amendment of Penal Code (No. 15 of 2005) to allow girls under the age of 16 who were raped and defiled to access safe abortion
2017	Zambia National Health Strategic Plan (2017-2021)
2017	Revision of Standards and Guidelines on Comprehensive Abortion Care (CAC)
2018	Reproductive Maternal New-born Child Adolescent Health and Nutrition (RMNCAHN) Communication and Advocacy Strategy (2018-2021)

The road to delivering the ICPD Plan of Action



*No data for 1994–1999.

Young people's sexual and reproductive health rights

A key objective of ICPD was to *"meet the special needs of adolescents and youth, especially young women"*. However, in Zambia, the government's investment and progress in SRHR is not proportional for young people. The country continues to have one of the highest child marriage rates in the world, with 31% of women aged 20-24 years marrying by the age of 18. The Zambian President's appointment as the African Union Commission Champion for ending child marriage in 2017 raised the political visibility of the issue.

However, the country's dual legal system, which recognises both statutory and customary laws, continues to hinder progress. Despite the child marriage being unlawful under statutory law, it continues to be permitted under customary law after a girl begins puberty: while the country's National Gender Policy defines 'child marriage' as a marriage with anyone younger than 18 years and a 2012 amendment to the Penal Code prohibits 'defilement or intercourse' with anyone younger than 16, these laws are circumvented due to the constitutional exceptions given to customary marriage. Despite the continued lack of legal clarity, the government continues to drive policy reform to tackle the issue and has developed a 'National Strategy on Ending Child Marriage' and a 'National Advocacy and Communication Strategy (2018 - 2021)' with the objective of reducing child marriage by 40% by 2021.

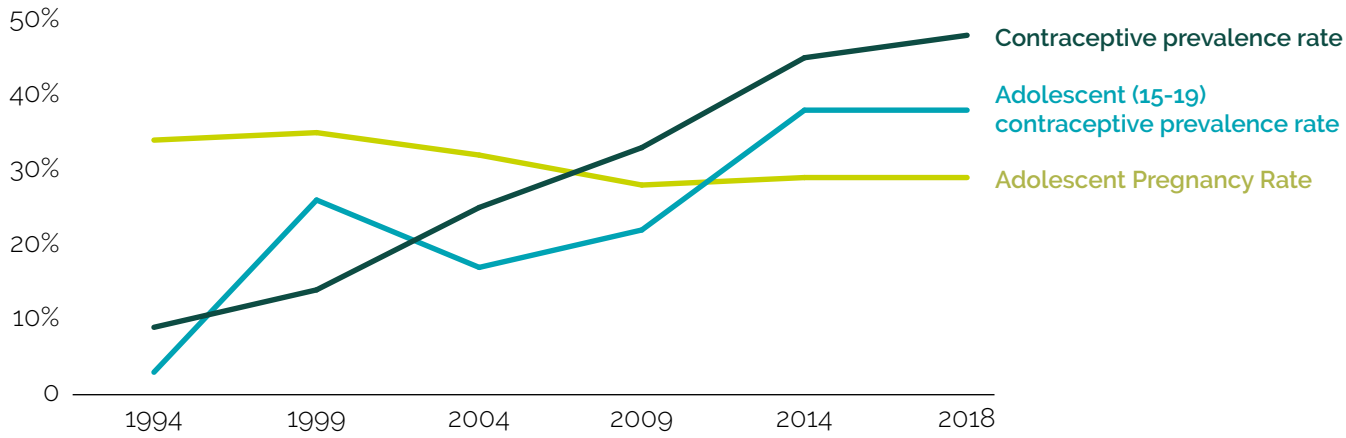
Child marriage, adolescent pregnancy and maternal mortality are intrinsically linked. The 2013 Millennium Development Progress Report refers to child marriage as one of the triggers of maternal mortality, with an estimated 38 mothers dying each month due to pregnancy and child birth related complications in Zambia. This disproportionally affects adolescent mothers: according to the 2018 Zambian Demographic Health Survey, 29% of women aged 15 to 19 had begun childbearing at the time of the survey.

To address this and provide adolescents with access to SRH information and services, the government amended its 'Education Act' to include comprehensive sexuality education (CSE) in public school curriculums in 2011. This resulted in the development and roll out of CSE curricula for in and out of school youth in 2014 and 2016 respectively. However, the provision of contraceptives on school grounds remains prohibited, limiting the effectiveness of these changes in the curriculum.

Other policy developments to improve gaps in adolescent SRHRincluded the government's 'National Youth Policy (2015-2019)' and 'Adolescent Health Strategy (2017-2021)' which outlined measures to mitigate incidences of teenage pregnancy and unsafe abortion. These were developed through a multisectoral approach and in partnership with civil society. The government also amended the Zambian Penal Code (No. 15 of 2005) to allow girls under the age of 16 who have been raped and defiled to access safe abortion, and in 2017, Zambia revised its standards and guidelines on 'Comprehensive Abortion Care (CAC)' to remove the need for third party consent for girls under the age of 16. The 2016 revision of the 'Zambia Family Planning National Guidelines' also reduced the administrative barriers for young people to access FP by removing third-party consent for women and girls seeking family planning services and lowering the age of consent to 16, which is the age of sexual consent.

Despite the government's policy efforts and the addition of an adolescent health budget line, adolescent access to SRH services is hindered by a lack of alignment between legal systems, an over-reliance on donors for the implementation of financing of adolescent SRH programmes, and a lack of harmonisation on the age of consent across policies and health programmes. This has been exacerbated by strong moral and traditional beliefs related to adolescent sexuality. This has led to slower and more stalled progress on key SRHR indicators for young people. Over 25 years, the rate of adolescent pregnancy has only decreased by 5%, despite a significant rise in adolescent contraceptive prevalence rate.

Figure 2: Adolescent SRHR/FP trends



Policy recommendations

Create a conducive environment for inclusive health programming for all, and improve adolescent health outcomes by:

- Harmonising the age of consent for adolescent access to SRH services, and training health care providers in adolescent-friendly health services to provide non-judgemental health services
- Strengthening and scaling-up implementation of CSE for both in-and-out of school youth with adequate referral to services to improve access to information and services as well as to reduce teenage pregnancies
- Improving the disaggregation of health data, especially for adolescent indicators, to effectively implement and monitor interventions.

Table 2: Child marriage laws, policies and decrees

Year	Policy
2009	National Standards and Guidelines for Adolescent-Friendly Health Services
2011	Amendment of Education Act to include Comprehensive Sexuality Education (CSE) public school curriculums
2012	Amendment to Penal Code Act No. 1 to prohibit defilement or intercourse with anyone younger than 16
2015	National Youth Policy (2015-2019)
2017	Adolescent Health Strategy (2017-2021)
2017	Zambia's President is appointed African Union Commission Champion for ending child marriage
2018	National Advocacy and Communication Strategy (2018–2021) on ending Child Marriage in Zambia

Conclusion and recommendations

Zambia has succeeded in creating an enabling policy and institutional environment which has acted as a major driving force in improving sexual and reproductive health as well as family planning performance indicators. The political will since adopting ICPD has been key in allowing the government to deliver on its commitments. Progress has been further accelerated by a multisectoral approach and partnership involving civil society, private sector and multilateral partners who have contributed to the implementation of strategies and approaches.

Despite this good performance, strong moral and traditional beliefs around adolescent sexuality have greatly impacted on progress to reduce teenage pregnancy and child marriage rates, and to improve adolescent health service access.

Despite an increase in funding for SRH/FP, actual disbursement of funds has fallen short of the budget allocation and actual resource needs a comprehensive implementation of SRH/FP programming would require due to the government's prioritisation using domestic resources for debt servicing and wages. This has been exacerbated by the reduced fiscal space.as domestic resources are used to mostly cover debt servicing and civil servant wages.

Policy recommendations

- Develop and implement domestic resource mobilisation (DRM) strategies to adequately fund sexual and reproductive health/family planning programmes and service delivery. The introduction of the national health insurance scheme and greater private sector engagement provide opportunities to mobilise domestic resources.
- Invest in family planning as a key driver for the harnessing the demographic dividends and making savings for Zambia which can be reinvested in economic growth. Use opportunities during the budget planning cycle to advocate and make the case for increased allocations to sexual and reproductive health and family planning. Additionally, leverage opportunities during the year provided at action plan quarterly review meetings (including at district level) to lobby for reprioritisation of the budget and increased investments in SRHR/FP.

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