

III. BACKGROUND

The following provides background information on current Zambian Health issues and the USAID/Zambia Health program.

III. A. The Country Context

Since 1991, Zambia has undergone a political transition from decades of one-party autocracy to multi-party democracy. Fundamental economic liberalization and structural reform programs have accompanied this political transformation. Zambia's political and economic development is constrained by its narrow economic base, historically dependent on copper mining, concentrated ownership of assets, limited foreign and domestic investment, and the legacy of centralized leadership, corruption and high unemployment.

The World Bank estimates Zambia's per capita Gross Domestic Product in 2001 at \$350. External debt stood at \$7.2 billion in December 2001, with debt servicing absorbing a fifth of the Government's budget revenue. The debt is owed primarily to multilateral institutions. In December 2000, Zambia was approved for debt relief under the Enhanced Debt Initiative for the Highly Indebted Poor Countries (HIPC). Zambia's debt stock is likely to remain unsustainable even with HIPC debt relief.

Zambia's social indicators remain very unfavorable due to the high disease burden, with life expectancy now under 40 years. The HIV/AIDS pandemic continues to ravage every sector of Zambia's economy, with productivity being under-cut by an unhealthy workforce, increased absenteeism, caring for the ill and attendance at funerals. The health system is rapidly becoming overwhelmed with the demands of this epidemic.

Zambia plays an important role in advancing U.S. national interests by contributing to greater stability and prosperity in the Southern African region. Zambia, a young democracy, has been a leader in open-market reform, plays a constructive role in regional efforts, and is making progress in curbing the spread of HIV/AIDS.

III. B. Health Sector Overview

III. B.1. Major health issues

While Zambia has seen some positive health trends in recent years, the picture is very mixed and still dominated by the specter of HIV/AIDS. The health problems that present development challenge include:

HIV/AIDS - HIV/AIDS remains an overwhelming development challenge in Zambia. Sixteen percent of Zambian adults are HIV positive. In urban areas, two in five women aged 25-39 are infected. Youth prevalence is much lower but the number of new cases of HIV among youth remains very high. Mother-to-child transmission also contributes significantly to disease burden. Currently, over 20,000 infants are newly infected each year. In addition to those infected, many others feel the impact of HIV/AIDS. By 2002, 15% of children under 15 had lost at least one parent due to AIDS. In the most recent Demographic and Health Survey, 2001/2 (DHS), adult mortality was found to have increased by 17%, comparing the periods 1997-2002 to 1991-1996.

TB - Zambia has one of the highest case-notification rates in the Southern-African region and is in the midst of a serious TB epidemic that shows no signs that it is abating. This

MCH/RH Background Information: 01/14/04

increase is most likely due to the impact of the HIV/AIDS epidemic and subsequent breakdown of TB services. The current TB incidence is estimated at approximately 500 cases per 100,000. The Ministry of Health (MOH) estimates that the number of new TB cases will continue to increase rapidly and reach at least 50,000 per year by 2005. The implementation of the Directly Observed Therapy, Short Course (DOTS) is currently a key priority.

Under-five mortality - Under-five mortality has dropped from 197/1000 in 1996 to 168/1000 in 2001/2. Malaria and HIV/AIDS, compounded by malnutrition, have been the two principal causes of death in this age group. There is speculation that the successful Vitamin A program in Zambia has contributed significantly to the decrease in under-five mortality, despite the high burden of malaria and HIV/AIDS.

Malaria – Malaria incidence has increased at least three-fold over the past two decades and is currently the leading cause of death among children in Zambia, and a major direct and underlying cause of death among adults. The Ministry of Health estimates that, from a population of just over 10 million there are more than 3.5 million malaria clinic out-patient visits and 50,000 deaths per year.

However, the Government's malaria control program is one of the most successful and well-led national programs. In response to the global Roll Back Malaria Initiative, the public and private sectors have collaborated on substantially increasing the availability of subsidized and unsubsidized treated bednets.

Malnutrition – Stunting, found throughout Zambia, has continued to increase and now affects about half of children under-five (47%, up from 40% in 1992). Rates are especially high in northeastern Zambia, where 55% or more of children under-five are stunted. Although mean height for Zambian women is close to average for sub-Saharan Africa, the proportion that are thin are higher than average. Anemia is widespread with 65% of children and 39% of non-pregnant women found to be anemic. Poverty, food insecurity due to HIV/AIDS, unfavorable agricultural policy and production factors, dietary and child feeding practices and disease appear to be the most important factors contributing to malnutrition in Zambia.

Maternal Mortality – Maternal mortality increased from 649/100,000 live births in 1996 to 729/100,000 in 2001/02. Although the vast majority of Zambian women, 93% of pregnant women, receive some antenatal care, the quality is poor and many interventions are not delivered. Most deliveries are not attended by a medically trained health professional and emergency obstetric care is not widely available, especially in rural areas. Lack of access to such care, limited MCH outreach services and the scarcity of post abortion care services also contribute to the high maternal mortality rate.

Sexually Transmitted Infections (STI) - The 2000 Health Facilities Survey found that sexually transmitted infections (STIs) are a common and serious public health problem in Zambia. Despite the fact that STIs account for 10% of out patient care and 10-15% of ANC attendees test positive for syphilis, health clinic attendees are continually receiving inadequate care. Many patients attending health clinical care facilities for STI treatment are not receiving appropriate case management and are not being provided with appropriate drugs due to stock outages of the drugs.

MCH/RH Background Information: 01/14/04

Family Planning: While family planning and use of modern contraceptive methods have become more widespread, the total fertility rate (TFR) remains high and has declined only slightly to 5.9 live births per woman in 2001/2 compared with 6.1 in 1996. The overall contraceptive prevalence rate (CPR) for modern methods is 23% (urban 39%, rural 14%). Of the methods available in Zambia, (oral contraceptives, IUD, injectables - Depo-Provera and Noristerat, implants, diaphragm and male/female condoms), oral contraceptive pills continue to be most popular method of contraception. Most young people, especially those unmarried, have little or no access to family planning services or interventions.

DHS data show that 27% of adults of reproductive age have unmet need for family planning, the same proportion as in 1996, and that the unmet need for birth spacing is greater than the unmet need for limiting the number of children -17% and 11%, respectively. Rural women have a higher unmet need for family planning - 29% - than urban women -26%, and there are wide provincial disparities in unmet need, which is highest in the Southern and Central Provinces.

III.B.2. The National Health Strategic Plan, 2001 -2005 (NHSP) and the Sector-Wide Approach

The National Health Strategic Plan, 2001 – 2005 (NHSP) provides the framework for the government's health program and for cooperating partner assistance to the sector, including that of USAID. The vision of the NHSP is “to provide Zambians with equity of access to cost-effective quality health care as close to the family as possible.” Areas of focus of the NHSP include: public health priorities (including malaria, HIV/AIDS, integrated reproductive health and child health); a sector-wide approach; improving access to clinical care; the district as key intervention level; gender and health; hospital-sector reform; health care financing; and support functions (including human resources, drugs and infrastructure).

The government is committed to a “Sector-Wide Approach” (SWAp) actively involving bilateral and multilateral partners in collective planning and oversight of the sector. Central to the SWAp concept is the government's desire that cooperating partner support be provided directly through pooled funding arrangements which provide resources for district health services and hospitals. There are plans to soon expand these arrangements to include drugs, human resources and other areas. Many cooperating partners contribute to the pooled funding and several provide the bulk of their health sector support in this manner. A few, including USAID, continue to provide most of their support directly to program activities.

As part of the implementation of the health reform, the Government of Zambia has made the semi-autonomous body, the Central Board of Health (CBOH), responsible for implementing health services and devolving significant decision-making authority to the District Health Management Teams (DHMTs) and their local health boards, District Health Boards, (DHBs). Provincial Health Offices (PHOs) are part of the CBoH and provide technical support to districts. Each provincial office is staffed with technical specialists and headed by a provincial director. At the community level, Neighborhood

MCH/RH Background Information: 01/14/04

Health Committees (NHCs) are active in many areas, serving as an important link between formal health services and the populations they serve.

III.C. USAID/Zambia Support to the Health Sector - 1998-2003

USAID/Zambia's prior Country Strategic Plan (CSP) (1998-2003) had four Strategic Objectives in the areas of agricultural and private sector (SO1), education (SO2), population, health and nutrition (SO3) and democracy and governance (SO4).

USAID/Zambia's Population, Health and Nutrition (PHN) program was aimed at ensuring "increased use of child health, reproductive health and HIV/AIDS interventions". To this end, its strategic approach was comprised of five activity areas: (1) demand creation; (2) development of community partnerships; (3) development of private sector partnerships; (4) improved performance of the health care system; and (5) support of policy and systems strengthening. Through FY 2003, these activities were carried out primarily under SO3, geared to support improved primary health care in the decentralized GRZ system. The overall technical focus of the USAID PHN program was HIV/AIDS, child health and nutrition, malaria, reproductive health and safe motherhood.

Activities were planned and implemented in close partnership with the GRZ's national bodies, PHOs, DHMTs, the private sector and non-governmental (NGO) and faith-based organizations. Taking all sectors into account, USAID/Zambia supported health activities in all of Zambia's nine provinces. At the central level, USAID/Zambia participated actively in several national Technical Working Groups (TWGs), including those on STI, IEC, Reproductive Health, PMTCT, VCT and Care and Health Care Financing.

Bilateral Support - USAID/Zambia's major bilateral activities within its PHN program included (1) Social Marketing; (2) Behavior Change Communications; (3) Health Services Strengthening; (4) Health Systems Development and (5) Provision of Health Services to Underserved/Hard to Reach Areas. Four of USAID/Zambia's bilateral implementing partners primarily provided support at the central level (MOH/CBOH) for national activities, while also targeting 12 "demonstration districts". A fifth partner sub-granted to four faith-based NGOs to provide community-based primary health care services to underserved areas in four districts.

Central Funding - A large portion of the Mission's support was programmed through centrally-funded mechanisms. These programs complemented the bilateral programs by providing specialized technical assistance and program implementation in key areas such as child survival, HIV/AIDS prevention and service delivery, drug management and logistics, safe motherhood, reproductive health and support for orphans and vulnerable children (OVCs).

Participation in the SWAP - In addition to the Mission's bilateral and centrally-funded programs, USAID/Zambia strongly supported the GRZ's sector-wide approach to health. USAID/Zambia's contribution to the "District Basket" of up to \$2 million per year for health services at the district level and below was covered through a Sector Program Assistance agreement (SPA) 1999-2004. Funds were released to the basket depending on the achievement of previously negotiated health sector performance targets.

III.D. USAID/Zambia's Country Strategic Plan - 2004-2010

USAID/Zambia's current Country Strategic Plan (CSP) (2004-2010) has five Strategic Objectives in the areas of agricultural and private sector (SO5), education (SO6), population, health and nutrition (SO7), democracy and governance (SO8) and multisectoral HIV/AIDS prevention and mitigation (SO9).

The new Strategic Objective (SO7), "Improved Health Status of Zambians", supports the GRZ's national health development strategy as described in the NHSP. SO7 is supporting the health sector through three Intermediate Results (IRs):

- IR 7.1, Zambians Taking Action for Health
- IR 7.2, Achievement & Maintenance of High Coverage for Key Health Interventions
- IR 7.3, Health Services Strengthened

MCH/RH Background Information: 01/14/04

In order to ensure that USAID funded technical assistance and program support achieves the greatest impact, the Mission and all implementing partners agree that the following principles are guiding our activities in Zambia:

Principles of Conduct

1. We are here to support the implementation of the Zambian health reforms vision : access to cost effective and quality services, as close to the family as possible.
2. We strive to improve the existing services and systems and not to create parallel ones. We commit ourselves to listening to the needs of government and civil society and we try to respond to those needs.
3. We strive to ensure maximum ownership of the programs we initiate together with our institutional partners - be they public or private-, so that sustainable results and strengthened leadership are two of their key outcomes.
4. We will ensure that our Zambian partner institutions take the lead in calling meetings, in hosting disseminations, and in issuing reports.
5. We endorse the concept of advisors working in the background without need for visible recognition.
6. We pay special attention to the need for transparent information with regard to program costs to be given to our partner institutions.
7. We will be cost effective in the use of USAID funds so that Zambia will benefit maximally from our project resources.
8. We will spare no efforts in coordinating effectively amongst ourselves so that none of our interventions results in needless duplication.
9. We will continuously keep our focus on results and on impact so that our aid will have real impact on Zambian lives.
10. We will foster innovation, mindful of the different contexts that may call for stability or continuity, and we will expect innovative approaches to be cutting edge, primarily within the contexts in which they will be embedded. Our mistakes will be there to learn from, and not to be repeated.