Report on the role of Parliamentarians on improving and promoting maternal, newborn, child and adolescents’ health in Zambia.

Thursday 17th July 2023

Venue: Amphitheater, Zambia Parliament
Preamble

Following the invitation from the Speaker of the Zambia Parliament, Honorable Madam Nelly Mutti to the WHO-based Partnership for Maternal Newborn, Child and Adolescents Health (PMNCH), an invitation was extended to the Population Council’s Zambia office to convene and facilitate a seminar for parliamentarians on the theme: The role of parliamentarians on improving and promoting maternal, newborn, child and adolescent health and nutrition in Zambia. Population Council sought the collaboration and support of the WHO Country Office. In developing content for its presentations, the Council, in addition to evidence generated from its research, drew upon national, global and PMNCH’s advocacy literature. This including synthesis of data emanating from research in Zambia, the region and beyond, secondary analysis of Zambia’s Demographic and Health Survey (ZDHS) and census data, to package appropriate literature for informing policy, including that derived from policy documents and regional commitments from the Africa Union, International Union of Parliamentarians (IUP) and UN’s Sustainable Development Goals (SDGs). The PMNCH’s global initiative on the 1.8 billion adolescents was also highlighted. Presentations were subsequently shared with an audience of more than one hundred members of parliament, which included the various parliamentary committees, and their respective Chairs.

Welcome remarks by Mr. Stephen C Kawimbe

- The Seminar began with a prayer and the National Anthem.
- Welcome remarks were given by the Mr. Stephen C Kawimbe (Acting Deputy Clerk-Corporate Affairs) who thanked the Population Council, PMNCH and World Health Organization (WHO) for organizing the event. He also thanked the Members of Parliament (MPs) for making time off their busy schedule to attend and participate in the seminar.

Official opening remarks by Honorable Mr. Frank Moses Moyo

- The official opening speech was given by Honorable Mr. Frank Moses Moyo, MP, second deputy speaker of the National Assembly of Zambia.
- He expressed his delight to being part of the event, whose objective was to sensitize MPs on women, children, and adolescent health issues as well to explore and discuss how legislative and other political roles could come to the fore in advancing issues of women, children and adolescents’ health, including nutrition.
- He highlighted that women’s children’s and adolescent health has greatly suffered around the world due to impacts of the 3 Cs namely Conflict, COVID-19 pandemic, and Climate change.
- He underscored the need to increase national efforts in advancing women, children and adolescents’ health and well-being, which should help fast track achievement of commitments made towards Sustainable Development Goals (SDGs) and the Zambia Eighth National Development plan (8NDP) regarding the health of women, children, and adolescents.
- The honorable deputy speaker also emphasized the importance of prioritizing women, children, and adolescent nutrition as it is the foundation for health and development, which builds human
capital and ensures that current and future generations survive, thrive, and contribute to the prosperity of communities in Zambia.

- He pointed out that in addition to the familiar role of enacting supportive legislation, Parliament has also established, among others, committees on Health, Community Development, and Social Services, to provide oversight on issues pertaining the health of women, children, and adolescents.
- Additionally, he mentioned that parliament had just completed implementing phase two of the Sexual and Reproductive Health and Rights (SRHR) project, aimed at enhancing the capacity of parliamentarians to enable them to advocate for better health outcomes for all, especially women, children, and adolescents. He went on to say following the end of phase 2 of the SRHR project, Parliament has established the Parliamentary caucus on SRHR and Life Skills and Health Education.
- In conclusion he reiterated the importance of the seminar and need to come up with actionable and time bound recommendations so that women, children, and adolescents in Zambia can benefit by achieving tangible positive results with our support for improving health outcomes.

Presentations

**Highlights from the presentation on gaps and needs for improving adolescent health by Nachela Chelwa-Kawimbe (Population Council)**

- Investing in the various elements of adolescents’ health and wellbeing reaps short-term and long-term rewards, both for the adolescent themselves and for their societies.
- Effective investments are available across most domains of adolescents’ health and well-being. Many health, education and social interventions are both feasible to implement at scale and known to be effective.
- Investments are likely to show high economic and social returns, with benefits more than 10 times of the costs.
- Persistent HIV/SRHR gaps threaten achievements in adolescent health. Compared to other age groups, adolescents and young people are less likely to know their HIV status and achieve viral suppression. Modern contraceptive use among adolescent women falls below FP 2020 targets (58%).
- Among young women (ages 20-24) participating in the Zambia Demographic and Health Survey (ZDHS) 2018, 53% begin childbearing by age 19, 31% marry early before age 18 and 41% reported fewer than 4 antenatal care visits.
- Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth.
- The Small Area Estimations of the 2010 census and 2018 ZDHS predicted the hotspots of adolescent pregnancy to be Kazungula, Shangómbo and Namwala districts.
- In terms of child marriage, although widespread around the country, Mbulungu, Mungwi, Chama, Samfya and Petauke districts recorded the highest predicted probability of child marriage among those less than 18 years of age.
Drivers of teenage pregnancy were identified to be at 3 levels using the socio-ecological model (i) Intrapersonal (Lack of accurate information on SRH, several unanswered SRH questions, Belief that marriage improves one’s social status (ii) Inter-personal (Peer pressure to engage in sexual activity, Gender power dynamics and SGBV) and (iii) Institutional/Organizational (Institutions of service provision are not responsive to needs to young people making access difficult, Weak institutional support for young people in need, Traditional practices still promote early marriage and limited employment opportunities).

Include here the graph she presented, which I developed on the positive and negative trajectories.

Girls development trajectories: *early intervention matters*

**Call to Action: Effective Interventions comprise:-**

- Addressing the cost of schooling, e.g., conditional cash transfers, scholarships, elimination of tuition and fees, free education policy and Providing food in school or as take-home rations;
- Providing academic support, e.g., tutoring, remedial education, integrating technology into curriculum, reducing teacher-pupil ratio through mass recruitment of teachers;
- Linking learners exposed to CSE with sensitized and responsive health services, with providers more receptive to adolescents’ health and wellbeing issues;
- Making schools accessible, e.g., school construction, school transport and through CDF construction of support infrastructure i.e., roads and bridges to facilitate access to schools and provision of clean water, constructing/improving toilets at school.
- Prioritizing sustained advocacy for addressing adolescents’ health and social well-being nationally, with a view to achieving the demographic dividend
Investing in adolescents and their well-being

- Investing in the various elements of **adolescent wellbeing** reaps short term and long term rewards, both for the adolescent themselves and for their societies.
- Effective investments are available across most domains adolescent well being. Many health, education and social interventions are both feasible to implement at scale and effective.
- Investments are likely to show high economic and social returns, with benefits more than 10 times costs

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**Highlights from the presentation on Child health and Nutrition by Dr. Nathan Bakyaita (WHO Country Representative)**

- He highlighted the trends in under five mortality rates per 1000 live births in Zambia since 1990 to 2021 and under five deaths per 1000.
- Demographic profile shows that children under 5 Years are estimated to be 20% of the total population of Zambia.

**Situation analysis - Current status of key child survival indicators against targets**

- Newborn mortality rate is 27 per 1000 live birth and the target by 2026 is to at least reduce to as low as 12 per 1,000 live births.
- Under-five mortality rate is at 61 per 1000 live birth and the target by 2026 is to at least reduce to as low as 25 per 1,000 live births.
- It is estimated that 64% of under-5 Children sleep under insecticide treated net and about 77% of children with fever who took an antimalarial medication took Artemisinin-based combination therapies (ACT).

**Situation analysis - Current status of key child survival indicators against targets (2)**

- It is estimated that 35% of children were stunted and the target is to reduce this to less than 20%.
Seventy eight percent of children with diarrhea received oral rehydration therapy (ORT) and the target is to increase to above 90%. About 34% received a combination of oral rehydration salts (ORS) and zinc, the target is to increase to above 80%.

Immunization key achievements actualized:

- Introduction of vaccines (Rotavirus, Inactivated Polio Vaccine, Human Papilloma Vaccine);
- Deployment of COVID-19 vaccines;
- Strengthening of Immunization governance structures (Zambia Immunization Technical Advisory Committee and Adverse Events Following Immunization (AEFI) Committee);
- Strengthening Immunization, Monitoring and Evaluation systems for real time tracking of C-19 vaccination;
- Expansion of cold chain equipment at all levels;
- Strengthening of Vaccine Safety;
- Strengthen capacities for Vaccine Preventable Diseases Outbreak response;

ECD, IMNCI, Essential Newborn care key achievements actualized:

- Early child development (ECD) multisectoral strategic policy document developed;
- Orientation of the Parliamentary children caucus committee members in ECD;
- Orientation of senior management staff from different line ministries and key partners on ECD;
- ECD multisectoral meetings and held ECD advocacy meetings with Districts Head of Departments;
- Child health week.

Key Challenges for Child Health include:

- Backsliding on immunization coverage and other services and shortage of essential medicines and supplies (esp. for Pneumonia, Malaria & Diarrhea);
- Competing priorities & overwhelmed staff - Polio SIAs & measles outbreaks;
- Inadequate and/or irregular supervision/mentorship/support to pre-service trained health care providers and CBVs;
- Inadequate motivation to retain Community Based Volunteers (CBVs) for implementation of community-based interventions;
- Multiple disease outbreaks shifting focus of resources to response activities;
- Delayed procurement of GRZ funded vaccines resulting in stock outs;
- Inadequate transport for outreach service and supervision/mentorship;
- Limited Private sector engagement for Immunization services.

Advocacy Issues and Best buys for Child Health suggested include:

- Increased financial allocation for commodity security for child health interventions (Immunizations, Nutrition, Child Health, and newborn services);
• Procurement of transport for last mile service delivery (outreach and ambulance services including supervision;
• Strengthen Routine Essential services and health systems;
• Increase Human Resources for Health, particularly for RMNCH services and strengthen community engagement;
• Advocacy to strengthen engagement and collaboration with other sectors for improved health outcomes i.e., transport, chiefs, education etc.

Highlights from the presentation on Gaps and Needs for Improving & Promoting Maternal & Newborn Health by Prof Mbizvo

• Uneven and slow progress on maternal mortality reduction within and between countries, was underscored;
• Inequitable access to SRH services, including maternal care, remains a challenge within Zambia and beyond;
• High unmet need for family planning: estimated 214 million women globally, is also an issue in Zambia. This means there are sexually active women/couples not intending to have a pregnancy, but not on a contraceptive method;
• Morbidity and mortality associated with sexuality and reproduction remains unacceptably high;
• Delayed access to early and urgent care during pregnancy undermines women’s health and wellbeing;
• Unsafe sex predisposing to HIV, STI & risk of unplanned pregnancy is a major risk factor;
• Unsafe abortion rates remain high, contributing to 47,000 deaths annually;
• High rates of teenage and adult unintended pregnancy are a cause of concern;
• Gender inequality and human rights issues impinge on development progress.

A new era of distinct yet overlapping challenges: 3Cs are taking route, inclusive of:

• COVID + Other pandemics: Persisting impacts continue to constrain health systems, education, and economies;
• Conflict + displacement: massive displacement, injury, loss of life compounded by disruption of services and resulting poverty;
• Climate change: Increase in natural disasters and climate emergencies cause displacement and interrupt services and livelihoods.

Gaps and needs in Maternal and Newborn Health:

Community level:

• Low status accorded to women, despite importance of (safe) childbearing, persist;
• Poor understanding of danger signs and complications of pregnancy is wide;
• Previous poor experience of healthcare compromises good health seeking behavior;
• Acceptance of (preventable) maternal and newborn death as unavoidable;
Financial priorities and available resources not targeting maternal and newborn care.

**Operational challenges to access prompt care include:**

- Slow recognition of need for urgent care;
- Distance to health centers and hospitals;
- Unavailability of and high cost of transportation;
- Poor roads and infrastructure to allow urgent attention;
- Geography e.g., mountainous terrain, rivers requiring innovative planning for prompt access to health care.

**At facility level**

- Poor quality Antenatal Care services; coupled with inadequate commodities and supplies;
- Poor supply chain management with perennial stock outs of key commodities required for MNH services;
- Lack of skills in Emergency Obstetrics and Newborn Care (EmONC) among healthcare providers, and related commodities for EmONC;
- Inadequate numbers of skilled birth attendants;
- Inadequate supply of blood and blood products;

**Recommendations**

**At local/central government level**

- Build health facilities as close to the people as possible in line with WHO guidance of 4 Basic (B)EmONC and 1 Comprehensive (C)EmONC facilities for every 500,000 population;
- Improve road infrastructure to ease movement of patients;
- Enhance provision of ambulance services for referral of patients to the next level of care.

**Potential role of parliament includes:**

**Budget appropriation**

- Ensuring adequate domestic financial resources are allocated for sexual, reproductive, Women Child and Adolescent Health (WCAH);
- Ensuring domestic funds and aid allocated to WCAH are released and used for the relevant programs;
- Advocate for budget lines in the health budget which are earmarked for the provision of essential sexual, reproductive, WCAH services including for the most vulnerable;
- Support gender-sensitive budgeting as a tool for addressing women’s and girls’ health needs;
- Ensure that parliamentary committees on health and gender equality are adequately resourced and operational;
- Establish a broadly agreed timetable for government to honor commitments under the 2001 Abuja Declaration.
Legislation

- Ensure national health policies and strategies, education of health care workers and research incorporate a gender perspective, and that they take full account of the existing gender differences in health;
- Introduce or amend legislation to guarantee equal access to health services for all women and children without discrimination, and to provide free essential health services for all pregnant women and children;
- Pass laws explicitly criminalizing all forms of violence against women and girls, including forced sterilization, forced and early marriage and female genital mutilation;
- Enact laws to prevent violence and provide support and reparation to survivors;
- Work for age-appropriate, gender-sensitive and evidence-based sex education for all young people;
- Ensure universal access to post-abortion care and to make sure that abortions are safe where they are legal as a means of saving the lives of girls, adolescents and women.

Representation

- Enhance women’s effective participation and leadership at all levels of health governance;
- Advocate for increasing the number and training of midwives, birth attendants and other health care professionals;
- Advocate for provision of accommodation for mothers, near or in the hospital, if necessary, before their delivery;
- Ensure free access to vaccines and medicines to protect WCA from preventable diseases and death;
- Enhance support for education in order to improve long-term health outcomes in general and to promote individuals’ contribution to society.

Oversight (accountability)

- Collaborate and build partnerships with relevant stakeholders towards improved WCAH outcomes;
- Monitor domestic implementation of international, regional & national human rights instruments related to WCAH;
- Establish specialized parliamentary committees on WCAH;
- Ensure a coordinated approach to all matters pertaining to WCAH such as sanitation, the fight against malnutrition, and gender equality etc.;
- Promote the establishment of accurate civil registration systems to register all births and deaths;
- Encourage the development of national information systems that include a gender perspective and data from all health facilities and administrative sources and surveys;
- Cooperate with and act on WHO recommendations on WCAH. E.g., Guidelines For Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries;
• Explore innovative approaches to health service design and delivery to reach WCA in remote areas;
• Work with the government towards the establishment of transparent domestic accountability mechanisms for maternal and child health, e.g., a multi-stakeholder national commission that reports to parliament.

Recommendations at legislative/parliamentary level

• Advocate for full implementation of Sexual and Reproductive Health and Rights (SRHR) Protocols (e.g., Maputo Protocol, AU Continental policy framework, WHO Strategy for Reproductive Health)
• Enhance advocacy for revision of the Termination of Pregnancy (ToP) Act of 1972, for improved access to health abortion care to reduce maternal death from unsafe abortions;
• Advocate for actualization of the Abuja declaration on health financing and other regional commitments. (See figure)

Global consensus on what parliaments can do
## Discussion, Questions and Responses Chaired by Prof Mbizvo

<table>
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<tr>
<th>Questions</th>
<th>Responses</th>
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<tbody>
<tr>
<td>The MP from one of the constituencies in Petauke wanted to understand some of the key drivers of teen pregnancy in Petauke?</td>
<td>There are several factors that contribute to teen pregnancy, but traditional and cultural practices are contributing factors in Petauke. There is need to investigate further on some of the pathways.</td>
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<td>How were statistics on children sleeping under a mosquito net computed?</td>
<td>The statistics were computed from the demographic and health and Malaria surveys which have question on whether the child slept under a mosquito net on the night preceding the survey.</td>
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<td>What are some of the interventions that have been put in place to respond to the Measles outbreak in Solwezi East bordering Democratic Republic of Congo?</td>
<td>There have been some interventions in the area to curtail the spread of the disease like quarantine but there is still need to investigate further on the cause of the outbreak.</td>
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<td>Is stuntedness impacting the academic performance of children in school by looking at the pass rates?</td>
<td>Stunting could be a risk to poor academic performance in children but there are multi-faceted factors that determine educational outcomes i.e., investment.</td>
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<td>How does the use of FP relate to population growth as most MPs believe in the benefits of a huge population, given available land?</td>
<td>FP is a development, health, and human rights issue and not a control mechanism. Therefore, there is need to have a choice on the number of children to have based on one’s choice and ability to give them quality life. It was further highlighted that having children at young age poses a health challenge as well as in multiparous women and so FP provides a choice on whether to start having children, spacing them, and limiting childbearing.</td>
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<td>What practical interventions are being put in place to ensure that mothers and children get the necessary nutritional messaging to avoid stunting this is because the message on the first 1000 days is no longer being as emphasized?</td>
<td>The first 1000 days were critical and right now there is the SUN TA project being implemented in Zambia in select districts to promote growing and uptake of nutritious products</td>
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<td>Why are there still challenges when so much is being done in the fight against GBV i.e., legislation and acts of parliament?</td>
<td>There is usually lack of implementation and it takes a lot of time to shift people’s mindsets and compel some of the norms that they are used to.</td>
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### Comment by the Chairman of the parliamentary Health Committee Dr. Christopher Kalila

- The chairman of the Parliamentary Health Committee highlighted that the National Assembly is committed to promoting the health of mothers, children, and adolescents as well as their rights and he stated the importance of the need to revisit the Termination of Pregnancy (ToP) Act of
1972, but without opening the pandora box, which could give opportunity to negative voices that disregard the health of women victims of unsafe abortions.

- He thanked Population Council for reminding them of some of the gaps that need to be addressed and he later called upon the Council and WHO to be part of the launch of the health strategic plan which highlights some strategies on how to reduce teenage pregnancy and end child marriage.

**Follow-up Actions**

- Advocate for full implementation of Sexual and Reproductive Health and Rights (SRHR) Protocols (e.g., Maputo Protocol, AU Continental policy framework, WHO Strategy for Reproductive Health)

- Enhance advocacy for revision of the Termination of Pregnancy (ToP) Act of 1972, for improved access to health abortion care to reduce maternal death from unsafe abortions;

- Advocate for laws that explicitly criminalize all forms of violence against women and girls, including forced sterilization, forced and early marriage and female genital mutilation;

- Champion the adoption and scale-up of interventions that have demonstrated their effectiveness in enhancing the health of women, children, and adolescents;

- Advocate for the Increased allocation for commodity security for child health interventions.

“Increasingly we should be looking at sexual and reproductive rights as a matter of justice” **Martin Chungong, Secretary General IPU, PMNCH Accountability Breakfast, 2022, UN**
Closing remarks by Mr. Harry Kamboni MP,

- The closing speech was given by honorable Harry Kamboni MP.
- He expressed what a great honor and privilege it was to be given the opportunity to close the seminar, on behalf of the Rt Hon Speaker.
- He pointed out that the seminar was organized in fulfilment of Strategic Objective Number 1 of the National Assembly Strategic Plan 2022-2026 aimed at strengthening the core functions of MPs, by making them more responsive to people’s aspirations, including the need to have acceptable health and nutrition requirements for all citizens.
- He noted that through this seminar, Parliamentarians have been capacitated to effectively contribute to the realization of the global goals on Universal Health Coverage and quality nutrition for all.
- He highlighted that the seminar was a strong reminder to legislators, of their role which is deeply entrenched in upholding human rights and protecting vulnerable groupings, such as women, children, and adolescents.
- He hoped that the resolutions of the seminar will be actioned through their collective and individual roles as parliamentarians.
- He expressed his sincere gratitude to the Population Council of Zambia, for the technical support rendered towards making the seminar a reality.

ANNEX

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Session Lead</th>
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<tbody>
<tr>
<td>8:30-9:00</td>
<td>Registration</td>
<td>National Assembly</td>
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<tr>
<td>9:00-9:20</td>
<td>Welcome Remarks</td>
<td>Mr. Stephen C Kawimbe (Acting Deputy Clerk-Corporate Affairs)</td>
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<td>National Anthem</td>
<td>Prof. Mbizvo (Pop Council)</td>
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<td>Prayer</td>
<td>Dr. Nathan Bakyaita (WHO)</td>
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<td>Welcome remarks</td>
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<td>Introductions</td>
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<td>Objectives of meeting</td>
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<td>9:20-9:40</td>
<td>Speech by the Second Deputy Speaker of the National Assembly</td>
<td>Hon. Moses F Moyo, MP</td>
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<td>9:40-10:00</td>
<td>Presentation</td>
<td>Nachela Chelwa-Kawimbe (Pop Council)</td>
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<td>Gaps and needs for improving adolescent health</td>
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<td>10:00-10:20</td>
<td>Presentation</td>
<td>Dr. Nathan Bakyaita (WHO)</td>
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<td>Child health and nutrition</td>
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<td>10:20-10:40</td>
<td>Break</td>
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| 10:40-11:00 | Presentation  
Gaps and needs for improving maternal newborn health | Prof. Mbizvo (Pop Council) and Dr Nyirenda (WHO) |
| 11:00-11:30 | Discussion  
Potential role and way forward for Parliamentarians | Prof Mike Mbizvo (Pop Council) |
| 11:30-12:00 | Discussion, Q&A, and way forward | All                                             |
| 12:00     | End of program                             |                                                 |