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# Assessing Zambia's Preparedness to implement sustainable development goals on Health

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## List of Acronyms

CAGs:	Cluster Advisory Groups
FP:	Family Planning
NDP:	National Development Plan
MoH:	Ministry of Health
MTEF:	Medium Term Expenditure Framework
NDCC:	National development committee
NHSP:	National Health Strategic Plan
SAGs	Sector Advisory Groups
SDGs	Sustainable Development goals
TWG:	Technical Working Group
UNFPA:	United Nations Population Fund
UNDP:	United Nations Development Program
WHO:	World Health Organization

## **Executive summary**

**Background:** In September 2015, all United Nations Members States jointly committed to The Sustainable Development Goals (SDGs). The 2030 agenda for Sustainable Development," entails that; "Governments have the primary responsibility for implementation, follow-up and review, at national level, in relation to the progress being made in implementing the goals over the coming thirteen years". The implementation of SDGs also needs every country to judiciously prioritize, and adapt the goals and targets in accordance with local challenges, capacities and resources available.

**Objective:** The aim of the study was to assess Zambia's preparedness to implement the sustainable development goals on health

**Methods:** A mixed methods design, combining a qualitative Case Study, document review and situation analysis was conducted in August and September 2017. Lusaka district, the capital city of Zambia was purposively selected because most program implementers and policy makers work in the city. Informants from the Ministry of Health were the starting point. A series of document review were conducted at national level. The qualitative Case study design was used to map institutional and stakeholders involved in the implementation of the sustainable development goals. Various Program Directors, Managers, Officers from the institutions referred to by MoH were identified using snowball sampling and interviewed for the qualitative approach. Thematic analysis was used to identify emerging key themes. An analytical framework that utilizes the Strengths, Weaknesses, Opportunities as and Threats (SWOT) approach was also used to guide and understand the findings.

**Results:** We have found that there are already existing systems and structures in place to facilitate the implementation of the SDGs. Most of the policies and documents being used are also carryovers of the Millennium Development Goals, and are being aligned to specific focus areas. The levels of stakeholder engagement and coordination seem to be in place. However, there seem to be some major challenges regarding Zambia's preparedness to implement the SDGs on health. Firstly, there is lack of deliberate leadership structures, specifically tasked to steer, monitor and evaluation of the implementation of the SDGs. Secondly, we have found inadequacy in the domestication and prioritization of the specific indicators on selected SDGs

in line to the Zambian context. Lastly, a central monitoring and evaluation system and strategy is also lacking.

**Discussion and conclusion:** The realignment of the SDGs efforts towards the existing structures and systems is an indication that there are continued efforts to the implementation of the SDGs on health. Incorporating SDGs into national strategic plans also shows a level of commitment to implementing the SDGs in Zambia. However, aligning SDGs to already existing structures can be uninformed. Further, lack of leadership is a challenge to implementation and tracking of progress towards meeting targets of SDGs on health by 2030. Failure to localize the SDGs to local context is a threat to the success of SDGs.

Additionally, in as much as restructuring in the different ministries such as the Ministry of Health may be beneficial, this still restrains continuity because the knowledge levels among the various civil servants vary largely, with others being completely clueless about the targets for the SDGs. Nevertheless, while the Cluster Advisory Groups (CAGs) are a good initiative for coordination of the activities of SDGs, there is need for a move beyond policy pronouncement-to-appropriate action for effective coordination of country efforts to meet the SDGs on health. Setting up a leadership structure that allows the different national coordinating committees to be accountable regarding the manner in which the SDGs are implemented is critical if the SDGs are to be met in 2030. We believe that if this is done, it must be at the highest level of decision making so that accountability is guaranteed.

## **1.0 Background: an overview of Zambia**

Zambia is a landlocked country in Southern Africa which covers a total area of 752,612 square kilometers. As a lower middle-income country with a population of about 13.1 million people [1] and a population growth rate of about 3% per annum, the country has been implementing the Vision 2030 Long-Term Plan since 2006; this is aimed at transforming Zambia into a prosperous middle-income nation by 2030 [2] .

*Economy:* Zambia's economy is primarily driven by the mining, agriculture, construction, transport, and communications sectors. The country has undertaken policy reforms aimed at creating an enabling economic environment, which enhances private-sector participation and ultimately achieves economic growth. Against the backdrop of these policy reforms, the country has achieved consistent positive gross domestic product (GDP) growth over the past decade. The GDP was estimated to have grown by 7.2% in 2005 and 10.3% in 2010 before declining to 5% in 2013 and 2014 and declining further to 2.9% in 2015 [2].

*Governance:* Zambia is a constitutional republic with a relatively stable balance of power between the executive, the legislature, and the judiciary. The president elected by absolute popular vote and has executive powers, must seek re-election after a five-year period, and can serve only two terms [3]. The president is the chief of state and the head of government, and has the authority to select his cabinet. The legislative branch, made up of the national assembly and the judiciary made up of courts (the Supreme Court, constitutional court, the high court, the local court and the small claims court).

*Poverty:* The 2015 Living Conditions and Monitoring Survey (LCMS) results show that the majority of the population is affected by poverty. In 1996, the headcount ratio of the population living below the poverty line was 69 per cent, declining to 61 per cent in 2010 and 54.4 in 2015. Poverty is a predominantly rural phenomenon, with the ratio of the population living below the poverty line in rural areas estimated at 76.6 percent, compared with 23.4% in urban regions. Further, the survey showed that 40.8% of the population were extremely poor (60.8% in rural areas and 12.8% in urban areas) [2].

Unemployment: The current unemployment rate<sup>3</sup> is estimated at 7.8% [1] and this is higher than the global average of 6% (International Labour Organisation, 2013). The problem of unemployment is more prevalent in urban areas and among youth, women, and people with disabilities [2].

## 1.2 Key Health Indicators

Indicator		Baseline	NHSP Targets	Data Sources	Targets				
					2017	2018	2019	2020	2021
Under 5 Mortality Rate	Per 1000 live birth	75	35/1000	ZDHS	67				35
IMR	Per 1000 live birth	45	15	ZDHS		30			15
MMR	Per 100,000 live birth	398	100	ZDHS	350	250	200	150	100
Adult Mortality Rate	Per 1000 population	24	12	ZDHS	21	18	16	14	12
HIV Prevalence in adults aged 15-49 years	%	13.3%	5%	ZDHS		8%			5%
TB Cure rate	%	85	87	HMIS	85.5	86	86.5	86.8	87
Malaria Incidence Rate	Per 1000 population	394	0	HMIS		168	101	15	0

Figure 1: Key Health Performance Indicators [2]

## 1.3 Enabling environment for achieving SDGs: The Millennium Development Goals

Health has been recognized as central to international development for more than 20 years, and major efforts have been made to reduce morbidity and mortality either universally, or through a focus on specific population sub-groups (e.g. “the poor”, “women and children”) [4]. The eight Millennium Development Goals (MDGs), adopted in 2000, included three health-related goals to be met by 2015: reduction in child (under 5 years) mortality (Goal 4); reduction in maternal mortality and access to reproductive health care (Goal 5); and reversing the spread of HIV/AIDS, tuberculosis and malaria (Goal 6). These were instrumental in focusing global resources in low- and middle-income countries. We are globally on track to meet one of the three health goals (MDG 6), but although both child and maternal mortality have declined significantly, we are still not on track to reach their associated targets [5]

The commitments to the MGDs were made at a global level and were assimilated into national policies and implementation plans. In this way, the MDGs helped to focus the development

agenda for most developing countries and prioritize resources to help achieve set goals. To gain an overview of the readiness of Zambia to implement the SDGs and ensure that the country is better prepared, there is a need to draw lessons from the experience of implementing MDGs in health and the achievements made by 2015. Below we present Zambia's progress made thus far in attaining the health specific MDGs.

### **1.3.1 Child Mortality**

Child mortality has declined by almost 30 percent since 1992, but is still unacceptably high. The mortality rate of children under five dropped from 190.7 deaths per 1,000 live births in 1992 to 137.6 per 1000 live births in 2010. Similarly, the mortality rate for infants (death before first birthday) reduced from 107.2 deaths per 1,000 live births in 1992 to 76.2 deaths per 1,000 live births in 2010. Progress in reducing child mortality has been brought about by increases in immunization coverage, exclusive breast-feeding, vitamin and mineral supplementation, and malaria prevention and treatment. These and other interventions must be sustained and accelerated if this goal is to be met beyond 2015 [5, 6].

### **1.3.2 Maternal Health**

The MDG target for maternal mortality was set at 162.3 deaths per 100,000 live births and this was to be achieved by 2015. Overtime, maternal mortality has declined, from 649 deaths per 100,000 live births in 1996 to 483 deaths per 100,000 live births in 2010 [7]. The 162.3 deaths per 100,000 live births MDG target was not met, and currently the Maternal Mortality Ratio is at 398 deaths per 100,000 live births [1]. Major causes of maternal mortality in Zambia include complications arising during pregnancy and birth, such as hemorrhage, septicemia (blood infection), obstructed labor, hypertensive conditions, as well as unsafe abortions [5, 6].

The actual burden of unsafe abortion in Zambia cannot be estimated due to the increasing number of illegal provision services especially to adolescents and older women. Approximately 30% of maternal deaths are attributed to unsafe abortions [8]. Despite having one of the most progressive abortion laws in Africa, Zambia still faces problems of barriers to access to services, moral dilemmas and prejudice against abortions and even among health care providers. Amidst all these factors, unsafe abortions and the complications and even death that result from them continue to take place.

A study conducted by the ministry of finance identified the need to improve quality and access to family planning/contraception as a way to achieve economic growth and harness the demographic dividends [9]. The Contraceptive Prevalence Rate (CPR) reported an increase in Zambia from 34.2% for all methods in 2002 to 49% in 2014. This has been a major improvement, but the contraceptive use for modern methods is still quite low at 35%. Successful interventions that need to be scaled up, include improved use of contraception for birth spacing, prevention of early marriages, improved referral systems and provision of and access to emergency obstetric care, and the deployment of more trained midwives and birth attendants. Investing in mothers' education and nutritional status has a direct impact on the health and well-being of children and households.

### **1.3.3 HIV&AIDS, T.B, malaria and other major diseases**

The number of Zambians infected with HIV has dropped to 14.3 percent of the population. Zambia has therefore already achieved and surpassed the MDG target for HIV prevalence of 15.6 percent. However, prevalence rates in Lusaka, Copperbelt, Southern and Western Provinces remain higher than 14.3 percent. This is of particular concern in Lusaka due to its high population. In addition, HIV incidence (new infections) remains high throughout Zambia, and is alarmingly on the rise among young people. Therefore, the focus must be redirected to prevention, including intensifying prevention of mother-to-child transmission, male circumcision, voluntary counseling and testing, and ART as a preventative measure [5, 6].

Zambia made significant gains in malaria control and prevention up until 2009. However, the drop-off in resources in the health sector has resulted in a reversal of these gains in recent years. With malaria, one cannot take a time-out. Given the weather patterns and eco-systems in Zambia, continuous attention is required to combat malaria. The malaria fatality rate is of particular concern in this regard, as it remains over three times the target. Today, three children die every day of malaria. The distribution and effective use of ITNs and indoor residual spraying must continue. While there has been a concerted effort to treat TB and other infectious diseases, of growing concern in Zambia today is a non-communicable disease. Mortality and loss of productivity due to heart disease, diabetes and hypertension are on the rise, and constitute the next big health challenge the country faces

### 1.3.4 Environmental sustainability

Zambia has observed improvements in the provision of clean water: The proportion of the population without access to an improved water source has decreased from 51 percent in 1990 to 36.9 percent in 2010. However, the proportion of the population without access to improved sanitation facilities is not getting any better. On the contrary, it worsened from 26 percent in 1991 to 67.3 percent in 2010. Zambia is therefore well-off track to achieve the MDG target of 13 percent by 2015. This disturbing trend is partly explained by the increase in informal human settlements without basic sanitation facilities, the high cost of sanitation infrastructure and the low returns to these investments for the private sector, especially in rural areas, partly by a methodology change, presenting a need to address water and sanitation [5, 6].

## 2.0 An update on the implementation of SDGs

Sustainable Development Goals (Related to health) have been isolated in this study and the Zambian government has declared its willingness to meet these targets. Presently, the paradigm in the international community has shifted towards the Sustainable Development Goals as the successor framework to the MDGs [10].

In September 2015, the United Nations held a summit whose focus was on the 2030 Agenda for Sustainable Development, beyond 2015, and the adoption of the Sustainable Development Goals. At the summit, a number of countries around the world committed to aligning their national plans with Agenda 2030 [11]. There are 17 SDGs; No poverty (Goal 1); Zero hunger (Goal 2); Good health and well-being (Goal 3); Quality education (Goal 4); Gender equality (Goal 5); Clean water and sanitation (Goal 6); Affordable and clean energy (Goal 7); Decent work and economic growth (Goal 8); Industry, innovation and infrastructure (Goal 9); Reduced inequalities (Goal 10); Sustainable cities and communities (Goal 11); Responsible consumption and production (Goal 12); Climate action (Goal 13); Life below water (Goal 14); Life on land (Goal 15); Peace, justice and strong institutions (Goal 16) and Partnerships for the goals (Goal 17).

The government and United Nations have signed the Sustainable Development Partnership Framework that will govern the work of the UN in Zambia in support of Zambia's Sustainable Development Goals (SDGs) from 2016 to 2021. The framework will govern the activities of all UN agencies in Zambia in support of Zambia's Sustainable Development priorities. The framework will replace the Zambia – UN Development Assistant Framework (UNDAF 2011 – 2015) which came to an end in December 2015. Having highlighted some of the progress that has been achieved by the Zambian government and other stakeholders, it still remains unclear on how prepared the government is to implement the SDGs. We therefore undertook this study to assess the country's readiness to implement the Sustainable development Goals which focus on improving population health in Zambia.

### **3.0 Objectives**

#### **3.1 Main Objective**

To assess Zambia's preparedness to implement the sustainable development goals on health

#### **3.2 Specific Objectives**

1. Find out major strategies that have been put in place to successfully implement the SDGs and the measures in place to monitor the implementation of SDGs
2. Describe the coordination mechanism in place among the major players in the implementation of SDGs at: National level, Sector level, Provincial level and District level
3. Assess and document the level of stakeholder engagement in the implementation of SDGs
4. List possible challenges if any or anticipated to implementation of the SDGs and make recommendations to improve the implementation process that could help the country to achieve the set targets of SDGs

## 4.0 Methodological Approach

### 4.1 Study Setting

The assessment was undertaken in Lusaka district. Lusaka, the capital city of Zambia was purposively selected because most program implementers and policy makers work in the city.

### 4.2 Study Design

This was a mixed methods design, combining a qualitative Case Study, document review and Situation analysis.

### 4.3 Document Review

A series of document review were conducted at national level to determine Zambia's level of preparedness to implement the sustainable development goals on Health policies, Implementation frameworks, M & E, Strategic Plans (7<sup>th</sup> NDP) and Performance assessment reports.

#### 4.3.1 Selection of documents

##### ***Inclusion criteria***

Documents post MDGs, documents with intention to implement SDGs such as the 7<sup>th</sup> NDP were reviewed.

### 4.4 Qualitative Case Study

The qualitative Case study design was used to map institutional and stakeholders involved in the implementation of the sustainable development goals.

#### 4.4.1 Target population

Informants from the Ministry of Health were the starting point. Various Program Directors, Managers, Officers from the institutions referred to by MoH were identified and interviewed. The selected institutions were informed by IDIs and these include; ***Governmental institutions:*** Ministry of community Development, Ministry of Mines, Energy and Water Development, Ministry of Local Government and Housing, Ministry of Gender, Ministry of Land, Natural Resources and Environmental Protection.

***Non-Governmental and Quasi-Governmental:*** Academic and Research Institutions: Both government and private academic institutions were targeted. Researchers in strategic areas such as: Nutrition, Maternal and neonatal, Adolescent Sexual and reproductive health, infectious diseases, infectious diseases, (TB, malaria, AIDs, Hepatitis, waterborne diseases)

vaccines and cold chain, Non-communicable and neglected tropical diseases, water and sanitation, environmental health (air, water, soil pollution), Disaster Management Unit, Police (violence and war related deaths, road traffic accidents), CSO (Births and deaths, registration), Mental Health (Substance abuse), Family planning and, contraception, Health economics (expenditures on health and health insurance) were interviewed.

#### **4.4.2 Sampling**

Snowball sampling was used to identify the informants and to increase access to individuals and organizations that were otherwise not well known.

#### **4.4.3 Data collection**

In-Depth and Key- Informant Interviews were conducted.

#### **4.4.4 Data management and analysis**

Qualitative data analysis approach was used. Recorded data were transcribed verbatim. The transcribed word documents were then exported into QSR NVIVO 13 software for data processing. The exported data was coded and thematic analysis was used to identify emerging key sub-themes and major themes. SWOT analysis was used to understand the findings.

## **5.0 Results**

## 5.1 Document review

In this section, Key Zambian health policies and their capacity to address the SDGs provisions were assessed. A total of eight policies were mapped, including; *the Vision 2030, 7NDP, NHSP, Reproductive Health Policy, National Standard Guidelines for Adolescent friendly services, Family Planning Services (Integrated family planning scale-up plan) and National Standards and guidelines for adolescent youth friendly services*. Data was extracted from the policies using an excel sheet (Table 2), on policy objectives and focus, proposed interventions, coordination mechanisms, monitoring and evaluation, and whether or not the proposed policy activities addressed the SDGs on health.

Most of the documents that have been cited were the main documents used in the health sector. Apart from the 7<sup>th</sup> National Development Plan and the National Health Sector Strategic Plan, the other documents were drafted and launched before the SDG agenda. Most of the documents were influenced by the Millennium Development Goals. As such, they do not look into implementation of SDGs directly, but they do so indirectly, because the thinking around the two global targets are quite similar-that is-to ensure we have a healthy population.

For example, even though the Reproductive Health Policy was developed in 2000 before the SDGs, the key objectives in the policy are indeed in line with the sustainable development goals. They are responsive to the specific targets in the sustainable development goals on reproductive health (target 3.7) as well as targets that look into nutrition, infectious diseases, health services and human resources for health. The 7<sup>th</sup> NDP however, makes mention of these SDGs and calls upon other partners to come in and assist the government in achieving the SDGs.

*“Additional direction for this strategic plan was further provided through key international and national policies and goals, which include the Sustainable Development Goals (SDGs), Abuja Declaration, Zambia Vision 2030, Seventh National Development Plan (7NDP), and National Health Policy. The outcomes and targets in this plan are consistent with the targets and goals in these policies. In particular, the NHSP specifically includes strategies and high impact interventions that aim to speed up the achievement of the health-related SDGs.” NHSP 2017-2021*

Across documents, various partners have been encouraged to work with the government to implement the policies and guidelines. Some of the partners include, NGOs, FBOs, parliamentarians, line ministries and other sectors as well. With regards to the actual partners

that have been engaged, the various national, provincial and district mechanisms in place have been tasked to address the different local health needs and guarantee the involvement different stakeholders in improving community health. To this effect, the 7NDP emphasizes the movement from sector wide to multisector approach to solving health problems of the communities. This approach ensures that participation of key sectors in improving the underlying determinants of health.

The implication of this is that the stakeholders and partners engaged vary across districts depending on the local health needs as well as which districts the partners decide to work in. some of the partners engaged in drafting the standards and guidelines for adolescent friendly services include Zambia Integrated Systems Strengthening Programme (ZISSP), USAID, World Health Organisation (WHO), United Nations Population Fund (UNFPA), Ministry of Youth and Sport, University of Zambia, Counselling Unit, Planned Parenthood Association of Zambia (PPAZ), and Africa Directions, Youth Vision Zambia (YVZ), Save the Children, Marie Stopes Zambia and Population Council. This is one example of a collaboration by various partners, stakeholders and sectors in responding to adolescent health needs.

Regarding coordination, Monitoring and Evaluation, the systems in place are relatively similar across most of the national documents; national, provincial, district and health centre mechanisms that have been set up in order to monitor implementation of these policies and guidelines.

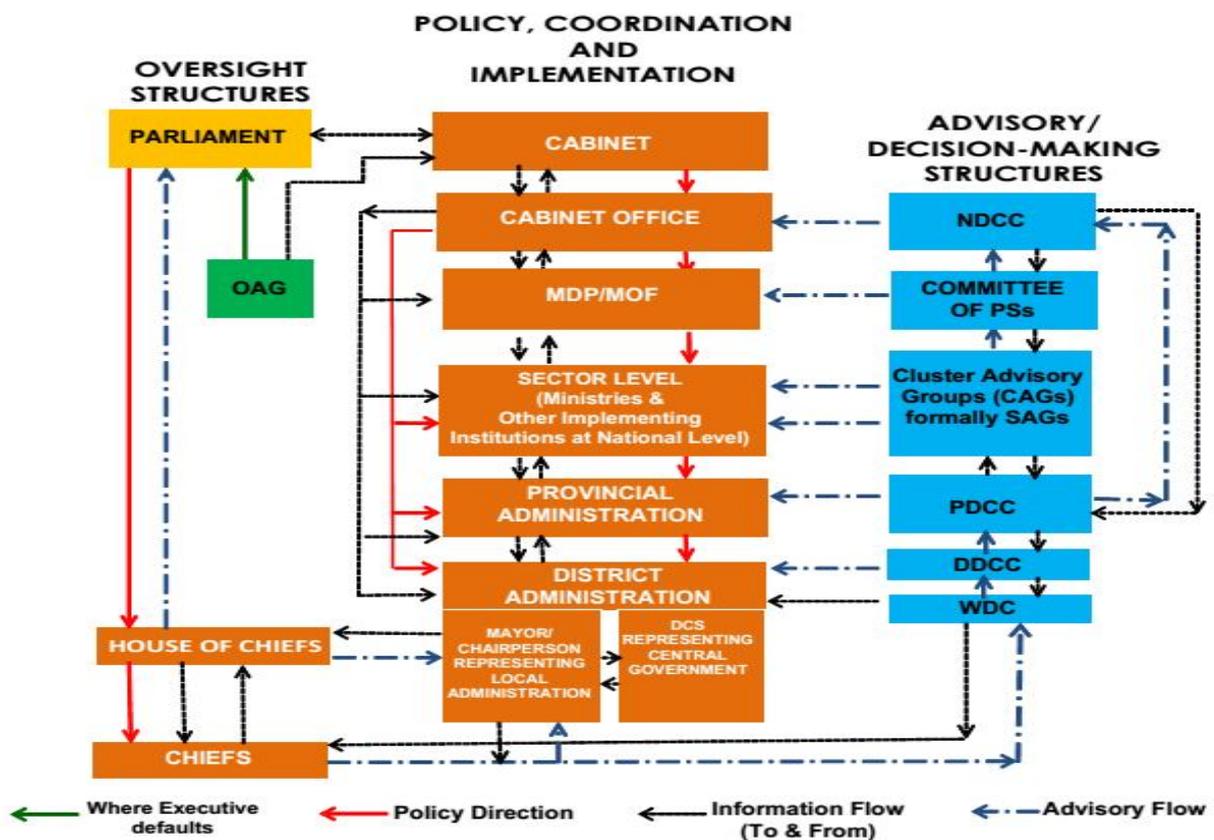
*“These indicators, which are important for measuring the sector’s performance, are consistent with 7NDP indicators and have been informed by the country’s long-term vision and strategic direction (Vision 2030 and SDGs). These indicators will also form the basis of M&E of the NHSP 2017-2021” NHSP, 2017-2021*

Table 1 and Figure 1 give more information about the coordination mechanisms in place across the various documents. The level of coordination was cited to ensure that all development benchmarks set in the plans are contextualized within sector/cluster, provincial, district and sub-district plans

**Table 1: Coordination mechanisms**

Level	Coordinating Structure	Remarks
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Local	Ward Development Committees (WDCs)	Undertake planning, M&E activities in relation to projects that will be planned at that level
District	District Development Coordinating Committees (DDCCs)	Districts design their own plans and M&E systems
Province	Provincial Development Coordinating Committees (PDCCs), Provincial Planning Unit	Play an oversight role on the implementation of district plans
<b>Level</b>	<b>Structure</b>	<b>Responsibilities</b>
Sector	Cluster Advisory Groups (CAGs) (replace Sector Advisory Groups (SAGs))	Address each of the developmental outcomes of the Plan at all levels
Central	National Development Coordinating Committee (NDCC)	Oversight role



**Figure 1:** Policy coordination and implementation mechanism of the 7NDP

Though the Vision 2030, gives a snapshot of key health targets to be met by the year 2030 as Zambia aspires to be a middle income, the document does not clearly state how monitoring and evaluation of progress towards the targets will be achieved. However, the series of NDPs including the 7NDP together with the NHSP do clearly stipulate their M&E frameworks (table

1), whilst highlighting key input from international agreements such as the SDG agenda and Abuja and Ouagadougou Declarations. Further, the 7NDP prioritizes health as key to human development and therefore proposes addressing health using a much broader and wider lens that takes on board everyone.

The NHSP moves a step further as key health sector policy document in operationalizing efforts towards the attainment of SDGs in the next five years. It places much emphasis on strengthening health promotion using a primary healthcare approach. It further, seeks to improve services delivery by strengthening of curative, rehabilitative and palliative healthcare services.

## 5.2 Qualitative Case Study

This section provides details of the key stakeholders' perspectives regarding Zambia's preparedness to implement the SDGs on health. We report on the key thematic areas including the existing strategies to implement the SDGs, key partners in implementation, intention to implement, lessons learnt from the MDGs, possible challenges and opportunities and key recommendations.

### 5.2.1 Strategies to implement sustainable development goals in health

Interviews with stakeholders revealed there are a number of strategies in place to successfully implement the SDGs. These strategies include developing key policy guidelines, implementation frameworks, and realignment of existing health strategies and reprioritization of resources. The other strategy that was mostly reported involved embracing a multisector approach to attaining sustainable health for populations, as opposed to the sectorial approach. However, it came out that in as much as these strategies are present, they could not exactly be linked to specific SDG targets, as they rather seemed to be a continuation of similar process conducted in the MDGs. Below we report on some of these key strategies;

### 5.2.2 Key policy documents

The major national documents guiding the implementation of the SDGs on health comprised of the vision 2030, the seventh national development plan (7NDP, 2017-2022) and the National health strategic plan (NHSP, 2017-2022). Other policies included the adolescent and reproductive health policy (2017-2022) and IDSR guideline and TB/HIV guidelines.

*The MoH is looking at the overall picture of Zambia and where we want to be in 2030. When you look at the vision 2030, we have a series of five year strategic plans, and currently Zambia is looking at the 7NDP, from which the Ministry of Health developed the five-year Strategic Plan.*

#### *Seventh national development plan (7NDP)*

The participants reported that the key document for implementation of all the SDGs is the 7NDP. It was reviewed that development of the 7NDP was done at the same time that the SDGs agenda was launched, which allowed Zambia to incorporate some of the major priority areas being addressed in the SDGs. The 7NDP operationalizes key activities that address SDGs in a series of five year plans and highlights critical performance indicators (KPIs) that should be used for monitoring progress. Specifically, it was conveyed that the 7NDP consists of a pillar on human development that aimed at improving the health of the citizenry.

*For Zambia, the opportunity to incorporate the SDGs in national development was done through the 7NDP since we started developing it almost at the same time as the SDGs were ending. As country, we have effectively incorporated the SDGs in the 7NDP.*

#### *National health strategic plan (NHSP)*

This document was stated to further streamline some of the key activities that have been planned for in the 7NDP, whilst also addressing the SDGs on health. Also, it was reported that some of the indicators to be used in monitoring implementation of this plan were adapted from the world health SDG road map.

#### *Implementation frameworks*

Not many implementation frameworks were reported, though some participants indicated that medium-term expenditure frameworks (MTEF) were used, which were developed by operationalizing key priority areas marked for action in the NHSP. These usually provided guidance on the activities to be conducted in short-term intervals of between one-two years. Further, they provide detailed information on baseline and end-line activities using a log and implementation framework, which indicates the various indicators being monitored.

*Currently, we are looking at the medium term medium term expenditure frameworks (MTEF). Those ones they are actually developed from the NHSP, but they are for shorter*

*periods like three years. Under this plan we have a detailed log framework and implementation framework, that indicates both the baseline indicators and where we want to be in the next one or two years.*

### **5.2.3 Realignment of strategies to accommodate SDGs**

The key stakeholders reported that government has moved from using a sector approach towards attaining good health for the population to a multisector approach. This approach seeks to make sure that health is looked at as whole and all stakeholders are involved in the creation of healthy and productive communities. The 7NDP is centered on this approach.

The ministry of health (MoH) has been restructured to focus on various key areas that impact on the health of the communities which include reinforcing health promotion, rehabilitation, curative and palliative care. In this regard, the ministry has assigned these key areas to specific directorates within its structure, consisting; health promotion, environmental health and social determinants, policy and planning and clinical care.

There has also been creation of the national public health institute (ZNPHI), which is taking a lead role in epidemiological research and surveillance. Furthermore, Policy directions like the test and treat were also reported as realigned strategies with a core focus on reducing the burden of HIV/AIDs in the Zambian population.

*There is now a directorate of health promotion, social determinants and environmental health. Those are the guys that make sure that promote disease prevention.*

*There is also the national public health institute which is taking key lead in most of the public health related issues, including health promotion.*

### **5.2.4 Reprioritization of resources to accommodate SDGs**

The government has been making efforts to have more health services offered to the communities as close as possible. It was indicated that government efforts to ensure key health services were distributed across the country included further investment in construction of children and cancer hospitals, training and deployment of health personnel to these facilities. All these activities were said to be key priority areas during the implementation of both 7NDP and NHSP over the next five years.

*The minister recently announced that during the implementation of the strategic plan, there will construction of more children and cancers hospitals, ensuring that health services are brought as close as possible to the people. That's on health service delivery*

### **5.2.5 Major players in Implementation of SDGs**

The major player in implementing the SDGs on health, according to the respondents is the government, which works hand-in-hand with other partners. It was reported that they the partners worked within the established government framework. Various partners starting from the community to governmental/ministries and non-governmental organs, and multilateral organizations were reported to engage in the implementation of SDGs. Some of the key areas of cooperation reported included water and sanitation, education and poverty alleviation programs that ultimately improved the health of communities. Among the key players are the UN agencies (UNICEF, UNDP, UNFPA, WHO and ILO), cooperating like CDC, USAID, PEPFAR and other multilateral agencies like the World Bank, African development bank and department for international development (Dfid). The civil society was also reported to play major role in championing the SDGs agenda.

*There are also, the cooperating partners that help government when it comes to funding and human resources. For example, the UN group, UNFPA, UNICEF, UNCR and ILO. Also, we have other multilateral players such as the world and African development bank. We have different civil society groups that have various mandates to champion SDGs in certain sectors.*

### **5.2.6 Level of stakeholder engagement**

The MDGs were said to have set a foundation for government engagement with various cooperating partners. Within government, cabinet and inter-ministerial meetings allowed for other key economic sectors to participate in the SGD health agenda. Though most of the participants were satisfied with the current engagement efforts, it was however reported that most of the common people did not understand their role in attainment of SDGs. It was therefore, suggested that awareness efforts be intensified so that even the people at the lowest levels understand their role in attaining the SDGs on health.

*The MDGs set a very good precedence in terms of partnerships with other stakeholders like the civil society and the general population. That is still ongoing engagement and*

*there is a lot collaboration. For example, the issue of child marriages, government has engaged the chiefs together with the civil society and development partners to talks about child marriages and the effects on child mortality in their communities*

### **5.2.7 Monitoring mechanisms**

To monitor the progress towards attaining SDGs, various mechanisms at national, provincial and district levels were reported by the stakeholders. For example, the national epidemic preparedness and control meetings which are chaired by ministers of local government, environmental health, water and sanitation allow for tracking of progress towards these key sectors and how they contribute to health. National, provincial and district development committees/integrated meetings also played a key role in tracking progress towards certain health indicators like maternal and infant mortality. Further, it was also reported that there is a parliamentary caucus has been specifically set up to monitor progress towards certain SDGs.

*MoH of has its own way of tracking indicators. On quotably basis we have what we call provincial and district integrated meetings. These meetings review key performance indicators. For example, in maternal health, how are we doing in antenatal and postnatal care, institutional deliveries and maternal deaths? These are some of the indicators that are highlighted in the SDGs. We want to make sure that women are not dying. HIV is also discussed.*

### **5.2.8 Coordination of activities**

The coordination mechanism reported, included the technical working groups (TWGs) comprising of various partners, that have been formed at national level, to ensure that they share information of the key activities that they are engaged with regards to SDGs on health. Also, cluster advisory groups (CAGs), were also said to have been recently put in place to track progress towards the attainment of the SDGs. These CAGs were said to be composed of people from various sectors, whose core activity has been identified to impact on a given SDG indicator.

*The monitoring framework for both the 7NDP and SDGs consists of the cluster advisory groups. In the past plans we had the sector advisory groups, which were limited in scope, as they consisted only players from that sector. Currently, we using a multisector approach, as opposed to sectors, we are looking at clusters. So, each development pillar has identified players that contribute to that outcome. These clusters include both people from non-state and state organizations.*

### 5.2.9 Intention to implement SDGs

All the key stakeholders reported that there was commitment on the part of government to domesticate and implement the SDGs. Government had taken leadership in ensuring that key areas of the SDGs are the priority target in the 7NDP. Also, the SDG agenda falls in line with the long term national goal of the vision 2030. Further, it was stated that Zambia ascribing to the SDGs was not only because, she is a member state of the UN, but it all falls within the greater aspirations of the country in attaining development and improving the population of the masses by 2030.

*The issues identified in the SDGs are the issues we also identify as a country as key to moving the country forward. So, it not agreeing because we want to please the UN, but it's because that exactly what needs to be done.*

### 5.2.10 Lessons learnt from the MDGs

Some of the key lessons of the MDGs included inadequate publicity and understanding from the common people on the ground. It was reported that, much of publicity around MDGs came started late during implementation, which negatively affected progress towards the set targets. Also, target setting and matching that with the required level of investment was another challenge. It was indicated that when certain targets we set, they did not correspond with the required level of investment, and hence they could not be met. Another lesson was the lack of clarity on how they had to be integrated into government programs.

*The MDGs were really not known in the initial stages. Most people focused on the MDGs when it was really late. I also felt there was unclear ways of integrating the MDGs into government programmes.*

*Some lessons come from the setting up of targets because some of the targets depend on the level of investment. For example, maternal mortality, you to extent you may think you have dealt with it but the main issue is that didn't have the correct numbers.*

### 5.2.11 Possible challenges to implementing SDGs

Some of the foreseeable challenges to implementing the SDGs on health revolved around the availability of resources to implement the planned programs. In this regard, some challenges are likely to arise in the future as Zambia is currently implementing an economic recovery package, which could affect resource allocation to priority activities. Further, it was said that

existence of fragmented health information systems would also make monitoring progress towards the SDGs challenging. Another challenge is the lack of adequate data capturing and reporting statistical systems that could report progress towards the SDGs in real time. For instance, impact of programmes, data usually comes from national health surveys conducted by the central statistical office, which are usually done during intervals of not less than five years. This entails that programmes may not track progress in real time until after the five-year period.

*Other challenges some of these monitoring tool are done every five years, like the surveys. So, we have to depend on routine data from the facilities which leaves much to be desired.*

## **5.2.12 Recommendations for smooth implementation of SDGs**

### **Enhance SDGs publicity**

The participants reported that there was need to create greater awareness about the SGGs so that people involved in the actual implementation at the ground level were able to understand their role properly. Though we are in the second year of implementation, there had not been much publicity.

*In terms of public awareness with regards of the SDGs, there is stills a lot to be done. We are currently in the second year of implementation, but there has not been much publicity. But even again for the MDGs, most of the awareness came a few years into implementation.*

### **Develop comprehensive M&E policy**

There are opportunities to strengthen implementation of SDGs, through the development and implementation of the M&E policy by the ministry of national development planning. This policy though not yet approved by the cabinet, will entail having of M&E departments in districts and government units at all levels, which will strengthen monitoring of the 7NDP and ultimately the SDGs.

*The aim of the M&E policy is to support the implementation of the 7NDP, which in the long run supports the SDGs.*

### **Strengthened statistical systems**

It was reported that there was need to strengthen data collection, analysis and storage systems across all the sectors to ensure that we are able to accurately monitor progress towards that SDGs, and be availed with timely data for effective decision making.

*The monitoring of SDGs has to be supported by strong statistical systems, especially in the deferent sectors. Because it's the only way we can monitor if whether we are succeeding or not in meeting these SDGs, is only if we have strong statistical systems in education, health, and agriculture to collect this data, consolidate and analyze it on a regular basis, and give information on what is obtaining on the ground.*

### **Enhanced coordination**

The key stakeholders reported the need for enhanced coordination amongst the different sectors. Strengthening coordination is critical in making effective use of both time and resources, hence the already established mechanisms of coordination to be made more effective and responsive to the SDGs agenda.

*I think coordination is one of the areas that requires strengthening. In as much as I said that government takes the lead, the coordination among the different players has to be strengthened. There instances where there is very little coordination, time and resources are wasted. But also, this new multisector approach entails trying to maximize the impact of resources.*

## 6.0 Discussion and Conclusion

This research was aimed at assessing Zambia's preparedness to implement the sustainable development goals on health. We have found that there are **already existing systems and structures** in place to facilitate the implementation of the SDGs. Secondly there also exists **policies and documents** although most of them are also carryovers of the Millennium Development Goals, but are being aligned to specific focus areas of the SDGs. Thirdly we observed the levels of **stakeholder engagement and coordination** seem to be in place despite varying levels of engagement observed. However, although, these observations suggest presence of preparedness systems being in place, this study has also revealed some major challenges regarding Zambia's overall preparedness to implement the SDGs on health. Firstly, there is lack of **dedicated leadership**, specifically tasked to steer, monitor and evaluation of the implementation of the SDGs. Secondly, we have found **inadequacies in localization and prioritization of the SDGs** so as to align the indicators to the Zambian context. Thirdly there is **near-lack of a central monitoring and evaluation system** to track progress across sectors. Notwithstanding the presence of CAGs. To better discuss and examine these findings further, we have used the SWOT (Strengths, Weaknesses, Opportunities as and Threats) lens.

### 6.1 Strengths

The study findings reveal that they are already systems in place to implement the SDGs, such as the enabling policy environment as shown by the two-recent national documents (7NDP and NHSP). These are key documents providing direction towards attainment of SDGs and the vision 2030 over the next five years. Further, most structures built during the MDG era, have been carried forward, implying that as a country, we are only aligning efforts towards what we have already been doing, indicating that we continue to implement the SDGs on health similar to way we did in the MDGs.

We can, however, not forgo the fact they are deliberate efforts by the Zambian government to initiate, various innovations that can help to make quicker progress towards attainment of SDGs. For example, restructuring of the ministry-through various directorates-to give more emphasis on a multi sector public health approach to improve local health is but one of them. Having structures already in place means that there is no need to set up any new structures. This has cost saving implications because there is no need to hire new personnel and there is

a foundation upon which the implementation lies and so there is stability. Finally, incorporating SDGs into national strategic plans shows a level of commitment to implementing the SDGs in Zambia.

## 6.2 Weaknesses

Aligning SDGs to already existing targets can be uninformed. Whilst the study findings indicate a paradigm shift in national planning from sector to multisector approach through CAGs, the monitoring and evaluation towards SDG attainment still remain weak. Principal monitoring tools that include data collection and analysis systems are inadequate to provide timely data for opportune decision making and tracking of progress towards the SDGs. Existing systems rely mostly on the CSO data, which conducts surveys after a period of not less than five-ten years. Stakeholder consultation in creating an implementation plan for the SDGs was limited as some of the stakeholders were not aware of the plans to implement SDGs that the government has shown in its latest strategic plans.

Every success story has had a strategy, and appropriate leadership to drive it. Leadership remains a challenge with regards to implementation and tracking of progress towards meeting of the SDGs on health. There is no single body to document implementation of key SDG strategies and monitor progress. There is, therefore, need to have one single institution to lead both efforts to implement and also monitoring and evaluation of progress.

## 6.3 Opportunities

Whilst the CAGs are a good initiative, there is need to move beyond policy pronouncement-to-appropriate action for effective coordination of country efforts to meet the SDGs on health. This entails strengthening the coordination capacity of the CAGs and ensuring that they are supported in the entire SDG process. Further, there ought to be mechanisms to track progress and efforts of coordination by designated bodies. The already existing structures call for or create an enabling environment for stakeholder collaboration on implementation of the different SDGs. This creates an opportunity for other stakeholders such as civils society and other governments to come in and strengthen the existing structures to implement the different SDGs

## 6.4 Threats

The findings further reveal that they are efforts to domesticate certain SDG indicators in Zambia. However, there is no clarity regarding how they are domesticated and their prioritization over the next five years. This implies a challenge in terms matching scarce resources with required programmatic efforts, or else we continue to fire fight- but not with the intention to tackle SDGs, and after 10 years we measure the impact of defragmented interventions and efforts. Another key finding within the Zambian context is how restructuring of key institutions in the SDGs agenda also affects continuing of local efforts towards implementation. Key institutions may have to devise strategies to ensure discussions and continuity even in times of staff turnover is ensured.

Inadequate localization creates confusion because there is no connection with the local targets and feasibility due to the context. For example, the Vision 2030 and the SDG target for MMR (*Reduce the maternal mortality ratio from the current 729 to 180 per 100,000 live births by 2030 70 for SDGs*) and Under Five Mortality (*Reduce the under-five mortality rate from the current 168 to 50 per 1000 live births by 2030, 25 for SDGs*) are quite different because the Vision 2030 is more localized than the SDGs, but because of the global thinking, these more achievable targets based on the context have been overtaken by the SDGs. The different global frameworks such as the SDGs, MDGs sound very similar. The fact that they do leaves little room for zeal during implementation because the targets sound old and cyclical.

Finally, while restructuring in the different ministries such as the ministry of health is beneficial, this still restrains continuity because the knowledge levels among the various civil servants vary largely. While some key informants were well vested in issues of SDGs, others were completely clueless, showing that the information was not widely publicized within the ministry.

This gap in knowledge further cements the role of independent think tanks such as;

Zambia Institute of for Policy Analysis and Research (ZIPAR) and Institute of Economic and Social Research (INESOR), whose main focus is health policy research to work closely with the

government and other implementing partners to ensure that SDGs are attained. Suffice to say, they are various other organizations including think tanks in Zambia, that specialize in conducting research and policy analysis in order to provide objective, credible and timely policy advice to support the policy process. These institutions cover a wide range of policy thematic areas including health, agriculture, economic development, and natural resources and environment. However, their capacity to engage with the government on domestication, implementation and monitoring of SDGs still remains weak. There is need therefore to strengthen their capacity to guide government policy on implementation, monitoring and evaluation of SDGs on health.

### 6.5 Study Limitations and strengths

The major constraint in this study was time allocated to data collection and report writing. In addition, setting up appointment and actually meeting the key informants was a challenge as these are policy makers and implementers with busy schedules. However, the triangulation approach used in this study was important to yield robust findings on Zambia's preparedness to implement the SDGs on health that were consistent in both arms of the study.

### 6.6 Recommendations

In view of the foregoing, we hereby recommend the following

#### 1. General

- a. *Domestication process*:- In general, the findings suggest need for low-income countries efforts to domesticate and implement SDGs on health are supported and systems be put in place that for all that are in similar situations, a community of sharing and learning from other is available in order to avoid re-inventing the wheel. This learning and sharing process could start by examining country efforts where MDGs were achieved so as to learn what works and in what contexts
- b. Regional think tank to document, monitor and evaluate the implementation process with a view to provide learning silos for sharing of information on what works and doesn't regionally

#### 2. Specifically for Zambia

- a. *Strengthening existing structures*:-There is a need to strengthen the country's efforts on aligning documents and policies of both the MDGs and National Development Plans as a new approach towards implementation of the SDGs. The process could utilize existing gap and potential bottleneck analyses tools in order to make the resulting documents to be operationally easier and resilient enough to avoid known emergent barriers to implementation.
- b. *Leadership*:- We hereby advocate that deliberate and strong leadership structures be put in countries so as to have dedicated peoples accountable in the SDG implementation and monitoring process. Such an effort means guaranteeing steady progress towards attainment of SDGs on health and this must be based on robust and opportune data collections and reporting systems, that allow for timely interventions to improve efforts that help in the attainment of the SDG goals.
- c. *Human Resource for SDG*:-We hereby recommend a system where a core group of Human Resource with critical knowledge base on SDG work be created and supported. This is because there is also a need to continuously strengthen the implementation of the SDGs even when there are staff transfers in the different ministries and the entire cabinet as well. This will help to set up a leadership structure that allows the different national coordinating committees to be accountable regarding the manner in which the SDGs are implemented irrespective of differential staff mobility.
- d. *The Four Ones approach*: The concept and rationale that birthed the Three Ones principle in the HIV prevention response efforts highlighted the need for a unifying national strategic framework, one national coordinating body and a cohesive monitoring and evaluation framework. However, late on we observed that the civil society of People Living with HIV/AIDS (PLHIV) were seen as the fulcrum of achieving the bottom lines of adherence and retention of any successful HIV program, their involvement and participation were thus viewed to be as important, valid and authentic pivots towards the quest to end AIDS. Given that the Three Ones had been implemented with varied success in HIV prevention efforts, we hereby recommend a similar approach in SDG implementation at country level especially in the six countries under the ACHEST consideration for support.

However and further to this, we also propose this to change to Four Ones so that we include the creation of a fully functional and well-structured civil network of Advocacy as a Fourth One that supports, facilitates and galvanizes a robust civil society support network in advocacy. We believe that this will triangulate with the three other key principles and ensure that the bottom lines are kept in the front burner that guarantees community participation and representation as the SDGs are being implemented at country level. In addition this will also corroborate with the work of the HAS that has been focused until now on one aspect of the SDGs that addresses issues surrounding Sexual and Reproductive Health Rights in the region. That particular work will thus be implemented under the SDG overall implementation strategy. In doing so we believe the creation of the advocacy platform will be accelerated.

Notwithstanding the highlighted country challenges facing the SDG implementation process in Zambia, the strengths and opportunities to strengthen the processes immensely outweigh the weaknesses and threat suggesting an urgent need to immediately take advantage of the situation and help the country prepare the implementation operationalization process. This calls for Think Tanks and Lobby and Accountability Groups to begin engaging the country to move forward. This may include among other considering how legislative tools can be used to persuade a country response. These recommendations suggestion will contribute to this effort and ultimately help stakeholders participate to build the country's efforts to curb burden of diseases and improve the quality of people of Zambia

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Annex 1: Policy Mapping Grid

Policy Document /Period	Strategic aims on health	If Policy Addresses SDGs on Health	Key Policy Strategies and programs	Coordination Mechanisms	Monitoring & Evaluation
<p><b>Vision 2030/ 2000-2030</b></p>	<ul style="list-style-type: none"> <li>• To provide secure access to safe potable water sources and improved sanitation facilities to 100 percent of the population in both urban and rural areas</li> <li>• To provide equitable access to quality health care to all by 2030</li> <li>• To decelerate the annual population growth rate from its 2005 rate of 2.9 percent to a rate</li> </ul>	<p>Yes, some goals directly address the SDGs, while others do so indirectly</p>	<ul style="list-style-type: none"> <li>• Creating the environment and investment climate consistent with the socio-economic development objectives,</li> <li>• Stop the spread of HIV/AIDS, tuberculosis and malaria, by Stepping up the implementation of HIV/AIDS, tuberculosis and malaria prevention, treatment and care interventions, especially for women and children.</li> <li>• Eliminate gender inequalities in social economic development</li> <li>• Maintain efficiency, effectiveness, transparency and accountability in private and public financial management</li> </ul>	<p>Not Clear</p>	<p>Not Clear</p>

<p><b>Seventh National Development Plan / 2017-2021</b></p>	<ul style="list-style-type: none"> <li>• The plan prioritizes investment in health and education to;</li> <li>• Enhance quality of human capital</li> <li>• Accelerate economic growth, and</li> <li>• Promote job creation</li> <li>• Promote investments in water resources development</li> <li>• Address emerging and cross-cutting issues, such as gender, disability, biodiversity, climate change, etc.</li> </ul>	<p>Not really. They plan to address them more directly in the 5-year sector plan.</p>	<ul style="list-style-type: none"> <li>• Strengthen public health programmes including MNCH, immunization, school health, SRH&amp;R, etc.</li> <li>• Expand capacity to increase access to quality health care through Infrastructure improvement, medical commodities supply, health care financing improvement</li> <li>• Enhance food security and nutrition through Health &amp; nutrition advocacy, food and nutrition research, food and nutrition legislation reforms, etc.</li> <li>• Promote private sector participation in health care delivery</li> <li>• Accelerate human resource outputs, recruitment and retention</li> </ul>	<p>Coordination is done at five main levels:</p> <ul style="list-style-type: none"> <li>• National level through ministry of national development planning, which aim at enhancing synergies between sectors.</li> <li>• Sectoral level, through cluster advisory groups (CAGs).</li> <li>• Provincial level, provides oversight role on the implementation of district plans to ensure that districts are working progressively towards meeting the national targets.</li> <li>• District level, coordinate programmes and projects that are devolved to the districts</li> <li>• Ward Development Committees, coordinate sub-district level planning, monitoring and evaluation.</li> </ul>	<p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• Through budget execution reports; tracking of output indicators (monthly and quarterly); key performance indicators (annually)</li> </ul> <p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• Plan implementation and impacts will be evaluated at mid-term and at end-term</li> <li>• Involve an analysis of both process and impact, to generate evidence to inform the development</li> <li>• Research and academic institutions will be key stakeholders to provide complementary policy and programme evaluations and strategic research.</li> </ul>
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<p><b>National Health policy 2012-</b></p>	<ul style="list-style-type: none"> <li>• Create awareness through family health promotion</li> <li>• Promote multi-sectoral collaboration involving such sectors as Education, Agriculture, Water, Private Sector, including not for profit and faith based organizations</li> <li>• Ensure that the health services are equitably available and accessible to all</li> <li>• Train and make available competent and adequate number of human resources for health.</li> <li>• Ensure the availability of drugs, reagents and medical supplies and infrastructures.</li> <li>• Promote traditional medicine and alternative healing system and regulate the practice.</li> <li>• Ensure that the health sector is financed through diverse, sustainable, equitable and cost effective financing mechanisms.</li> </ul>	<p>Yes, most of the aims directly address the SDGs</p>	<ul style="list-style-type: none"> <li>• Strengthen capacity in enforcement of environmental and occupational health policies and legislation.</li> <li>• Promote and strengthen the provision of adequate and safe water and appropriate sanitary facilities in urban and rural areas.</li> <li>• Promote nutrition</li> <li>• Promote health promotion and education</li> <li>• Improve maternal new born and child health (MNCH) services by strengthening SRPH programmes, and access to vaccines</li> <li>• Enhance timely provision and access to essential medicines and medical supplies,</li> <li>• Strengthen human resource management.</li> <li>• Enhance healthcare financing through: social health insurance scheme and guaranteeing free quality services.</li> </ul>	<ul style="list-style-type: none"> <li>• MoH takes the overall responsibility for coordinating and ensuring successful Implementation. However, several other players will be involved in the implementation including: <ul style="list-style-type: none"> <li>• The Executive and Legislature</li> <li>• Disaster Management and Mitigation Unit</li> <li>• Line Ministries</li> <li>• The Faith-based Health Sector/CHAZ</li> <li>• The Private Sector</li> <li>• Traditional and Alternative Health Services</li> <li>• Civil Society</li> <li>• Cooperating Partners (CPs)</li> <li>• Communities</li> </ul> </li> </ul>	<p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• MoH will harmonise sector performance indicators and use these as the basis for the joint reviews.</li> <li>• Indicators will include: sector performance benchmarks, output and process indicators</li> <li>• The HMIS, FAMS, IFMIS and other routine systems will be the major tools for data collection.</li> </ul> <p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• The policy shall be implemented through the successive NHSPs. shall have a mid-term review after five years and a final term review after ten years.</li> <li>• The mid-term assessment will focus on progress made in the implementation of the NHSP and assess the appropriateness of the overall strategic direction.</li> </ul>
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<p><b>Zambia Reproductive Health policy/ 2000-</b></p>	<ul style="list-style-type: none"> <li>•To ensure the provision of quality Integrated Safe Motherhood Services</li> <li>• To ensure that procurement of FP commodities are made on a sustainable basis</li> <li>•To ensure that the nutritional status of women, and adolescent girls in particular is improved</li> <li>•To increase accessibility and availability of affordable Youth Friendly Health Services</li> <li>• To strengthen the prevention and effective management of STI/HIV/AIDS.</li> <li>•To ensure the provision of quality reproductive health services at all levels of health systems</li> <li>• To strengthen diagnosis and management of all related reproductive health cancers at all levels of health care system ( cancer of the cervix, breast and prostate)</li> <li>•To enhance the knowledge and establish evidence based practice for the population on factors affecting Reproductive Health by undertaking research data collection and usage of the findings.</li> </ul>	<p>Yes, indirectly address some of the SDGs because the policy was developed before the SDGs, after the MDGs. However, key target areas in the policy and the SDGs are similar.</p>	<p>The policy seeks to enhance Zambia's reproductive health by encouraging and implementing various programs in the following areas</p> <ul style="list-style-type: none"> <li>• Reproductive health Information</li> <li>• Safe motherhood</li> <li>• Family planning</li> <li>• Maternal Nutrition</li> <li>• Adolescent health and development</li> <li>• STIs/ HIV/AIDS</li> <li>• Abortion</li> <li>• Infertility</li> <li>• Health service delivery</li> <li>• To strengthen diagnosis and management of all related reproductive health cancers at all levels of health care system (cancer of the cervix, breast and prostate)</li> </ul>	<ul style="list-style-type: none"> <li>•The Inter-Agency Technical Committee on Population and Development (ITCP) through the Reproductive Health Sub-Committee shall reinforce the institutional capacities for programme design, development, coordination, monitoring and evaluation of implementation of the policy.</li> <li>•All Party-Parliamentary Group on Population and Development will play a key advocacy role in implementation of the Reproductive Health policy.</li> <li>• Cooperating partners and Donor agencies and international non-governmental organizations will continue to play a vital role in providing support to the</li> </ul>	<p>The policy had major institutional frameworks suggested but some of them have been replaced or restructured.</p> <ul style="list-style-type: none"> <li>• MINISTRY OF HEALTH – to coordinate, evaluate and monitor the implementation of the policy.</li> <li>• CENTRAL BOARD OF HEALTH - (has since been done away with but replaced with other technical working groups at the MoH.</li> <li>• REPRODUCTIVE HEALTH UNIT – (has since been incorporated into the Directorate of Public Health and Research)</li> <li>• PROVINCIAL HEALTH OFFICES The policy implementation coordination</li> <li>• DISTRICT HEALTH MANAGEMENT TEAM (DHMT) these are now District Health Offices. But they still oversee implementation of the policy</li> </ul>
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<p><b>Family Planning Services (Integrated family planning scale-up plan) / 2013-2020</b></p>	<ul style="list-style-type: none"> <li>• To strengthen demand for FP services</li> <li>• Effectively target and serve adolescent and youths with quality accessible sexual and reproductive health services</li> <li>• Build capabilities of providers and increase the health system capacity to deliver high quality contraceptive services</li> <li>• Increase coverage and access to quality Integrated FP services</li> <li>• To strengthen the central, provincial and district level FP structures to better coordinate and monitor government and partner activities, in order to deliver services efficiently</li> <li>• Increase access to Integrated family planning services</li> </ul>	<p>The goals and strategies in the document indirectly address the SDG</p>	<ul style="list-style-type: none"> <li>• Develop and roll out evidence-based, multimedia advocacy and demand generation campaigns for behavior change. <ul style="list-style-type: none"> <li>• Integrate FP/Sexual Reproductive health into school health</li> <li>• Training of trainers and health care providers, including pre services cadres in comprehensive FP</li> <li>• Procurement of FP commodities</li> <li>• Assure the quality of contraceptives</li> <li>• Build FP commodity logistics capacity at all levels</li> <li>• Include FP in relevant policies</li> <li>• Create a consortium of advocates for FP</li> <li>• Revise the guidelines to address task shifting</li> <li>• Advocate for increased funding for FP from donors and government</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Use of technical working group (TWG) which includes a variety of donors, partners, private sector members and other branches of government. <ul style="list-style-type: none"> <li>• Using a simplified roadmap, a supervision tool to ensure efficient implementation of the plan</li> <li>• Governance structures for improved management of FP at every level of the national health system</li> </ul> </li> </ul>	<p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• Hold quarterly review meetings at district and provincial levels by FP coordinators</li> <li>• FP TWG which meets every quarter to review topics related to FP, including policies and procedures</li> </ul> <p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• Develop supervision tools including data collection tool</li> <li>• Conduct supervisory visits for FP</li> <li>• Regularly review progress and scale up successes</li> </ul>
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<p><b>National Standards and guidelines for adolescent youth friendly services</b></p> <p><b>Standards and guidelines for adolescent youth friendly services/ 2009-</b></p>	<ul style="list-style-type: none"> <li>•Optimal Sexual and Reproductive Health for the adolescent</li> <li>•Optimal Nutrition and healthy lifestyle among adolescent</li> <li>•Reduce Adolescent Drug and alcohol use</li> <li>•Reduce Violence (All Forms) against adolescents</li> <li>•Mental Health</li> </ul>	<p>Like the Reproductive Health policy, the NSGAFS’s aims do not address directly some of the SDGs because it was developed before the SDGs, after the MDGs. However, key target areas in the policy and the SDGs are similar</p>	<p>Provides 6 main standard statements, and identifies a standard in each, required to offer essential adolescent health services (include basic and comprehensive health package, adolescent pregnancy package and STI/HIV package)</p> <p>namely;</p> <ol style="list-style-type: none"> <li>1. Planning Standard:</li> <li>2. Policies and Procedures Standard:</li> <li>3. Training Standard:</li> <li>4. Service provision standards:</li> <li>5. Implementation and Management standard:</li> <li>6. Quality Assurance and Monitoring and Evaluation Standard</li> </ol>	<p>Government line ministries and departments, civil society and private sector organizations, involved in the implementation of the various aspects of ADH, to support the implementation of these standards and guidelines in our health facilities.</p>	<ul style="list-style-type: none"> <li>• MOH-National Level Actions – overall monitoring of all implementation, seeing to it that all the plans run smoothly and on time.</li> <li>• PROVINCIAL-level Actions- monitoring and identifying of gaps and coordinate stakeholders.</li> <li>• DISTRICT-Level Action-monitoring and providing technical support to the health facilities</li> <li>• SERVICE DELIVERY POINT-implementation of guidelines and strategies.</li> </ul>
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<p><b>Zambia National Health Strategic Plan 2017-2021</b></p>	<ul style="list-style-type: none"> <li>• To have empowered communities taking responsibility for improving their own health</li> <li>• To reduce under and over nutrition and improve clinical nutrition</li> <li>• To eliminate local malaria infection in Zambia by 2021</li> <li>• To halt and begin to reverse the spread of HIV/AIDS and STIs</li> <li>• To strengthen routine, community and facility-based surveillance systems</li> <li>• To reduce the morbidity and mortality due to non-communicable diseases by 2021</li> <li>• Achieving Universal Health Coverage through safe, affordable, accessible, and timely hospital services by 2021</li> <li>• To eliminate causes of preventable or avoidable blindness by 2021</li> <li>• To provide adequate emergency and mobile health service in a timely manner</li> <li>• To contribute to the improvement of the health status of the people of Zambia by providing safe, efficient, and sustainable diagnostic services able to meet the needs of the health care system</li> </ul>	<p>Yes, the NHSP specifically includes strategies and high impact interventions that aim to speed up the achievement of the health-related SDGs.</p>	<ul style="list-style-type: none"> <li>• Community health interventions that strengthen multi-sectoral collaboration, community linkages and coordination to address social determinants on health</li> <li>• Enhanced micronutrient supplementation, Scale up FP services, Scale up cervical cancer screening, increased immunization coverage, increased availability, access, and utilization of quality newborn and perinatal health care and provision of high-impact nutrition-direct interventions</li> <li>• Provide affordable, and timely diagnostic, surgery, obstetrics and anesthesia, emergency and mobile health, blood transfusion, ear-nose-through, nursing and midwifery, pharmaceuticals and medical supplies, leadership and governance and appropriate healthcare financing services.</li> </ul>	<ul style="list-style-type: none"> <li>• To be implemented through national annual work plans developed jointly by the MOH and all CPs within the structure of the Medium-Term Expenditure Framework (MTEF). At the decentralized level, District Health Offices (DHOs) under the Councils will produce annual, costed, action plans in collaboration with the MOH</li> </ul>	<ul style="list-style-type: none"> <li>• Joint Health Sector Annual Review (JAR) will be undertaken to look at annual and periodic performance indicators as well as process indicators. Furthermore, the 2017-2021 NHSP will be evaluated at mid-term (in 2019) and adjusted accordingly. A final assessment of the NHSP will be conducted in 2021 in order to inform the development of the 2022-2026 strategic plan</li> </ul>
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