

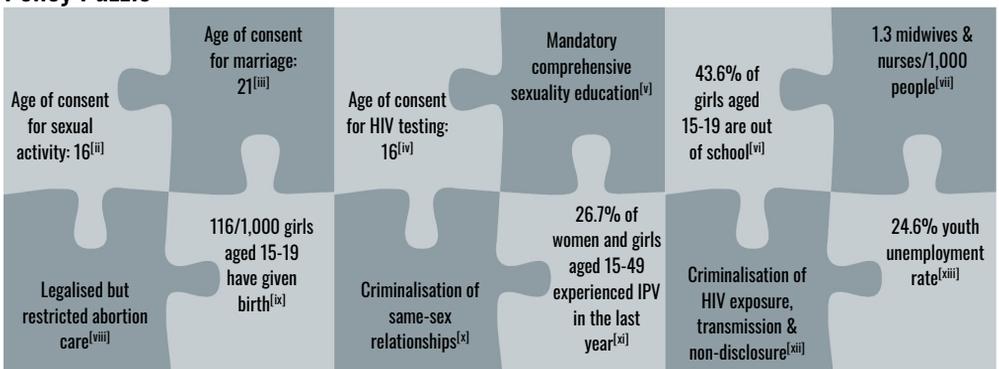
The policy related aspects of the commitments made by the Government of Zambia at the Nairobi Summit in relation to attainment of the four zeros<sup>[1]</sup> focused primarily on the implementation and enforcement of laws and policies, the alignment and coordination of a policy response to ensure multi-sectoral resonance and synergy and increased investments and public-private partnerships in selected areas that will strengthen the longer-term yield of the demographic dividend. In particular, both the 2020-2030 Population Policy, which was adopted prior to the Summit, and the 2014 National Gender Policy, which is currently undergoing review, provide a nuanced policy frame for a number of aspects related to the commitments especially around maternal health. ICPD25 issues are strategically incorporated into 8<sup>th</sup> International Development Plan which will take effect in January 2022 and provides an opportunity for enhancing the current monitoring and evaluation framework. To highlight importance of harmonising sexual and reproductive health and rights policies, the parliamentary committee on Youth, Sport and Child Matters anthologized and tabled a comprehensive review of related legal and policy issues in April 2021. The analysis of current gaps and challenges as well as broad-ranging recommendations serve as a beacon for current and future parliamentarians.

### ICPD25 Commitments<sup>[1]</sup>

At the historic "Nairobi Summit on ICPD25: Accelerating the Promise", Zambia made the following commitments:

- Provide equitable and comprehensive quality health services, including sexual and reproductive health so as to ensure a Zambia where there are zero new HIV infections, zero maternal and neonatal deaths, and where young people have opportunities to fulfil their potential.
  - Invest in primary health care, particularly health promotion, and robust and sustainable healthcare financing mechanisms.
  - Reduce preventable maternal deaths from 278 per 100,000 live births in 2018 to less than 70 per 100,000 live births and preventable neonatal deaths from 27 per 1000 live births to 5 per 1000 live births by 2030. We shall achieve this through targeted investments in human capital development and establishing sustainable financing mechanisms for improving maternal and newborn health.
  - Position Family Planning as a key development agenda for Zambia to Harness the Demographic Dividend. This will be achieved by scaling up advocacy on family planning and population and development, integrating and mainstreaming family planning in National Development Plans and other key national strategic frameworks; and increasing domestic financing for family planning in all sectors by 2030.
  - Achieve the 95-95-95 fast-track targets towards ending the AIDS epidemic by 2030 and improving the wellbeing of those infected and affected by HIV and AIDS.
  - Create a conducive environment for inclusive health programming for all and meaningful participation of young people for improved health outcomes. This will be done by addressing policy, legal, and socio-cultural barriers, to sexual reproductive health and rights (SRHR), and investing in human capital development by 2030.
- Attain Vision 2030 making Zambia a prosperous middle-income country where the population enjoys all the facets of a middle-income country by 2030.
  - Promote people centered development in all sectors by integrating population dynamics into development planning at the national and sub-national levels
  - Invest in inclusive governance mechanisms as well as sustainable International Cooperation and Partnerships. This will be achieved by institutionalizing the participation of various population groups such as women, people with disability, and young people in governance processes.
  - Enhance rural industrialization and development by advancing implementation as enshrined in the country's Vision 2030.
  - Promote generation and use of data to achieve sustainable development. This will be achieved by implementation of the 2018 National Statistical Act. We commit to make climate change a core part of economic development. This will be achieved by strengthening Zambia's institutional framework for climate resilience and improve the adaptive capacity of vulnerable communities.
  - In order to provide financing for the outlined commitments, we commit to create fiscal space. This will be done by broadening the tax base, exploring alternative financing mechanisms, and implementation of the debt sustainability strategy.
- Ensuring young people have access to opportunities to develop to their full potential.
  - Increase investment in quality and inclusive education, skills development, vocational training, and entrepreneurship to match the demands of the labour market. This will be achieved by strengthening the industrial hubs to be responsive to the need of young people.
  - Promote meaningful participation of adolescents and young people in national development by including them in development planning and implementation, monitoring and reporting.
  - Invest and empower families and communities to help adolescents and young people to have a positive mind-set on national development issues. this will be achieved through the promotion of national values and principles as enshrined in the national constitution.
- Protect the enjoyment of basic human rights for every citizen regardless of their heritage or location: where the needs of all population groups are met.
  - Eliminate all forms of discrimination.
  - Strengthen equitable access to resources to reach the most vulnerable and key populations. This will be achieved by establishing universal social services within five kilometers radius; to create an enabling environment for social services including addressing legal and socio-cultural barriers (and providing targeted social protection for all populations.
  - Strengthen humanitarian preparedness and response. This will be achieved by strengthening coordination of humanitarian preparedness and response at all levels; decentralizing of humanitarian actions; integrating humanitarian preparedness and response in key national frameworks.

## Policy Puzzle



[1] 1) Zero Unmet Need for Family Planning 2) Zero Preventable Maternal Deaths 3) Zero Gender-Based Violence and Harmful Practices 4) Zero New HIV Infections

## Zero Unmet Need for Family Planning

25% of girls aged 15-19 have an unmet need for family planning (FP), and as such, core aspects of the FP agenda within the Nairobi Summit commitments focused on addressing barriers to sexual and reproductive health and rights (SRHR) as well as access to all-encompassing health education for all Zambians.<sup>[xiv]</sup> The age of consent to sex is 16, and various aspects of comprehensive sexuality education (CSE) are mainstreamed throughout the school curriculum from grades 5 to 12 (approx. 10-18 years old). Unclear policies around parental consent for sexual and reproductive health (SRH) services result in unequal access and unmet need.<sup>[xv]</sup> Additionally, dissonance among varying marriage consent laws, including statutory and customary, results in a failure to protect girls from child marriage. The policy implementation impediment is primarily around teenage pregnancy, and the critical importance of accessible adolescent friendly services especially in rural areas. As of 2019, 116 for every 1,000 girls aged 15-19 have given birth.<sup>[xvi]</sup> While teenage mothers are actively encouraged to return to school, a majority do not despite interventions such as the Keeping Girls in School Initiative which offers bursaries to adolescent girls whose families utilise social cash transfers.<sup>[xvii]</sup> The subsequent lifecourse effects of not empowering girls with education are daunting and generation influencing. The cornerstone of the FP policy and its application to young people in particular is predicated upon the provision of 'age-appropriate' CSE curricula and a rights-based approach to supporting teen mothers as learners. With emotive discourse about the appropriate age at which youth can consent to SRH services, policymakers need to increasingly develop a proactive approach to an issue that has challenged the system for some time.

## Zero Preventable Maternal Deaths

At the Nairobi Summit, Zambia committed to reducing preventable maternal mortality from 278 to less than 70 per 100,000 through targeted investments in human capital development and establishing financial mechanisms. Current policy guidance includes a focus on women's empowerment as a critical determinant of access to SRH services.<sup>[xviii]</sup> Post-partum hemorrhage is one of the largest causes of preventable maternal deaths and the contributing factors that influence this include delays in getting to the facility and the absence of a skilled health care worker, notably in rural areas.<sup>[xix]</sup> More than 50% of rural Zambian women give birth without a skilled birth attendant present.<sup>[xx]</sup> Harmful practices are high, including those related to unsafe abortion. While the 1972 Termination of Pregnancy (TOP) Act allows for abortion, it is under strict conditions – permitting abortion in order to save a woman's life and to preserve her physical/mental health, in cases of grave fetal anomaly and under socioeconomic grounds.<sup>[xxi]</sup> However, due to stigma, unsafe abortion prevalence remains high, resulting in approximately 6% of annual maternal deaths.<sup>[xxii]</sup> Additionally, the TOP law requires that three physicians, one of whom must be a specialist, sign off on any nonemergency legal abortion.<sup>[xxiii]</sup> In 2017, the Standards and Guidelines for Comprehensive Abortion Care acknowledged the dearth of advanced providers and extended authorization to mid-level practitioners.<sup>[xxiv]</sup> The lack of investment in and comprehensive policy on access to post-abortion care is indicative of anti-abortion sentiment which is fueled by stigma and tradition.

## Zero Gender-Based Violence and Harmful Practices

26.7% of women and girls aged 15-49 have experienced intimate partner violence (IPV) within the last year.<sup>[xxvi]</sup> Accordingly, policy related commitments surrounding the elimination of gender-based violence (GBV) and harmful practices issues at ICPD25 included stamping out discrimination, enhancing vulnerable populations' access to resources and creating an enabling environment for social services. Increasingly, issues around GBV – in which most of the victims and survivors are female- are taking a more central role in policy fora and discussion. Policy attention is largely focused on the consequences of GBV, including in the Anti GBV Act, which ensures that there are shelters and GBV fast track courts in all provinces, but prevention initiatives should be strengthened in both policy and implementation.<sup>[xxvii]</sup> This would necessitate a revision of the Anti GBV Act to ensure that it adequately addresses prevention components or the development of an aligned GBV prevention and mitigation policy. Child marriage also remains an active concern as 17% of girls aged 15-19, are currently married or in a union, despite the fact that the legal age of consent to marriage is 21.<sup>[xxviii]</sup> While ICPD25 commitments which indicate a willingness to develop protections for key populations, the current absence of either laws or policies that specifically safeguard and/or a policy appetite to repeal existing laws which criminalise same sex behavior and sex work reveals the contentiousness and political sensitivity of these issues. The paucity of data around LGBTQ and other vulnerable populations and their experiences of gender and sexual orientation-based violence exacerbates the lack of political will to proactively ensure specific human rights protections including to access services in a non-judgmental manner.

## Zero New HIV Infections

As of 2019, the HIV prevalence rate for Zambians aged 15-49 was down to 11% from 15% in 2016, indicating policies to prevent the spread of HIV have been successfully implemented.<sup>[xxviii],[xxix]</sup> In Nairobi, the Government of Zambia committed to achieving the fast-track targets of 95-95-95 in aims of ending the AIDS epidemic. The 2015-2020 AIDS Response Fast Track Strategy outlines challenges and opportunities for the elimination of new HIV infections in Zambia, while acknowledging that this roadmap should exist as a living document, continually updated as new data are collected.<sup>[xxx]</sup> Many of the programmatic initiatives place emphasis on voluntary medical male circumcision (VMMC) and prevention of mother-to-child-transmission (PMTCT). However, rates of condom usage and STI prevalence remain a concern which is indicative of other systemic implementation issues. Less than 50% of Zambian adults used a condom at last high-risk sex.<sup>[xxxi]</sup> The policy environment around biomedical HIV prevention is largely enabling, but there are gaps – in substance and value – that require policy attention. The key policy related structural prevention barriers pertain to the empowerment of young women and girls, and those facing key populations (notably men who have sex with men, sex workers and transgender people) and their access to HIV prevention. Policy impediments include the criminalisation of HIV transmission, exposure and non-disclosure as enforced through various policies, including Penal Code Act, which do not adequately reflect the evolution of the science of HIV prevention.<sup>[xxxii]</sup>

## **Ten recommendations on the pathway to meeting the commitments:**

Based on interviews with key stakeholders and a review of core policy documents related to the achievement of the four zeros, the following ten prioritised actions are recommended to ensure that milestones along the pathway to meeting the ICPD25 commitments are met. Parliamentarians in Zambia should continue to foster and strengthen an enabling policy environment by more deliberately utilising their platform and consider the following policy focused actions:

01. Forge an enhanced oversight role on core aspects of **training, curriculum development and implementation** in relation to a number of aspects that would ensure that directives to meet FP, teenage pregnancy and early marriage issues are adequately addressed, including a) increased investment in health workforce training notably around FP and the provision of a diverse range of adolescent friendly services, b) reviewing the pre and in-service health care worker curriculum to ensure that it covers a comprehensive approach that is broader than only medical issues related to FP and teenage pregnancies and c) strengthen teacher training and support to efficiently put CSE (including life skills) into effective practice.
02. Increase the **generation and use of current data to inform strategic policy decision-making** notably around: a) disaggregated teenage (13-19-year-old) pregnancy data, b) size estimates of GBV including among key and vulnerable populations and c) tracking investments in options for youth who are in education, training and work.
03. **Enforce and harmonise legislation, policies and practices** that prevent violence and rights violations against women and girls and other key and vulnerable populations including **clarifying core structural barriers**, such as consent requirements for SRH services, HIV prevention and testing services, as well as aligning legal, statutory and customary marriage laws, and removing laws that criminalise HIV transmission, exposure and non-disclosure.
04. Strengthen investments in and oversight of **multi-sectoral leadership** to inform and address a number of areas related to responsive norms and culture in a) the prevention of and response to GBV, b) community engagement and c) adolescent friendly services.
05. Commission with partners a **national survey** that focuses on understanding a range of abortion related issues that also tracks and generates data around post-abortion care.
06. **Monitor and evaluate** with learners and community representatives the shape and strength of the **current approach to CSE**, which forms the backbone of many initiatives, to discover aspects for renewal and innovation.
07. Review and strengthen Zambia's action in light of the soon to be agreed **2021 Political Declaration on HIV and AIDS** (from the 10 June 2021) which emphasises that GBV, the unequal socioeconomic status of women, structural barriers to women's economic empowerment and insufficient protection of the SRHR of women and girls compromises their ability to protect themselves from HIV infection and aggravates the impact of the AIDS pandemic and increase domestic resource allocation to HIV.
08. Increasingly act on the **policy linkages between SRHR and HIV** by strengthening coordination and policy synchronisation notably around prevention by a) catalysing dual protection policies within all subpopulations, age groups and geographic settings, b) informing revised policy components with the recent scientific evidence showing that virally suppressed individuals have zero transmission risk to their sexual partners, known as U=U and c) identifying and addressing gaps in the continuum of services for preventing HIV infection among women of reproductive age, diagnosing and treating pregnant and breastfeeding women living with HIV and preventing vertical transmission of HIV to children.
09. **Continue to foster parliamentarian champions** through multi-pronged approaches including a) informational workshops introducing key SRHR issues, b) multi-sectoral rapport building across committees and c) increased meaningful participation from community advocates.
10. While the National Youth Policy and Youth Action Plan showcase the importance of addressing issues related to young people, the **engagement of young people in policy** should be strengthened to ensure that there is greater alignment with the demographic dividend by: a) enhanced policy cohesion to ensure that school and university graduates have increased access to the job market and job creation schemes and opportunities and b) creation increased skills development and catalytic on-the-job training and incentivised work experience exposure mechanism especially in rural industrialisation.

## Process & Methodology

The legal and policy review was conducted in April and May 2021 through a detailed perusal of various laws and policies which constitute the framework and development of sexual and reproductive health and rights in Zambia. Semi-structured interviews were conducted with representatives from the UNFPA Zambia office as well as other stakeholders in Zambia to further inform and contextualise the policy review.

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