

FAMILY PLANNING 2020 COMMITMENT

GOVT. OF ZAMBIA

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The Government of Zambia updated its commitment at the [Family Planning Summit in London, UK](#) on July 11, 2017:

COMMITMENT OVERVIEW

Zambia is committed to improving sustainable access to family planning and achieving the goals set out in 2012, specifically to increase the modern contraceptive prevalence rate among married women to 58% by 2020.

To accelerate progress towards these targets Zambia commits to addressing policy barriers adversely impacting the delivery of sexual and reproductive health services for adolescents and young people. This will deeper focus on adolescents through cross sectoral working, including collaboration between the Ministries of Health and Education to ensure age appropriate information and services are provided, strengthening data to track results and creating referral systems for appropriate service delivery.

The government and partners will also scale up access to family planning through improving the method mix and strengthening task shifting to community based volunteers to improve availability in hard to reach communities. This will include the scale-up of subcutaneous Depo Medroxyprogesterone Acetate (Sayana Press) to reach all parts of the country by 2020.

These commitments will be made more sustainable through increasing domestic financing, ensuring that by 2020 the government contribution to family planning commodities has increased by at least 50% of the average annual contribution of **US\$1,090,000** between 2013 and 2016 i.e. to a minimum of \$1,500,000 per year.

Anticipated Impact

1. Increased access to family planning services amongst the hardest to reach populations – geographically isolated communities and adolescents and gradual reduced reliance on development partners for sustainable commodities financing.

COMMITMENT 1: The Government of the Republic of Zambia will increase domestic financing for the procurement of contraceptives.

The Government of the Republic of Zambia will increase their minimum contribution to contraceptive commodities to at least \$1m in the 2018 financial year, and ensure that this increases by a minimum of 50%, from the average annual contribution of US\$1,090,000 between 2013 and 2016, to at least \$1.5 Million annually by 2020.

In addition to increasing its financial contribution, the government also commits to improving the predictability and multi-year nature of financing for contraceptive services into the National Health Financing Strategy, the costed National Health Strategic Plan, and the proposed National Social Health Insurance scheme.

Alongside the commitment from the Government of the republic of Zambia, donors also commit to continuing to support the procurement of contraceptive commodities to sustain the gains made so far, with the development of a financial sustainability plan for gradual reduction of donor financing.

Anticipated impact

1. Sustainability in family planning commodity supply to all levels of the health care system. Reduced stock outs and a more predictable and expanded method mix at facility level, increased national ownership.

Proposed actions

Ministry of Health:

1. Incorporate financing for contraceptive commodities in the 2018 budget preparations (July 2017), 2019 (July 2018) and ongoing.
2. Incorporate financing for contraceptive commodities in the national health financing strategy and costed national health strategic plan.
3. Advocate with Ministry of Finance for timely releases of funds to minimize risks of stock outs.

Ministry of Finance:

4. Allocate minimum levels of financing for contraceptive commodities (minimum \$1m in 2018)

Development Partners:

5. DFID Zambia: provide up to £3m for commodity procurement between 2017-2018
6. USAID: provide up to \$3.8m per year for commodity procurement between 2017 – 2020
7. UNFPA: provide up to \$ (to be confirmed, based on the global programs from commodities supply) for commodity procurement between 2017 – 2020

COMMITMENT 2: Zambia commits to addressing policy barriers adversely impacting the delivery of sexual and reproductive health services for adolescents and young people.

The government commits to facilitating an enabling policy environment for rights based sexual and reproductive health service delivery by addressing all policy barriers and exploring best practices across the country.

This will include:

- Deeper focus on adolescents through cross sectoral working, collaboration among the Ministries of Health, Education, Youth & Sport, and Community Development to ensure age appropriate information and services are provided and creating referral systems for appropriate service delivery.
- Addressing the data gap related to adolescents within national information systems

Anticipated Impact

1. Increased access to information and services amongst one of the hardest to reach populations – adolescent girls and young women.
2. Improved ability to track progress in reaching adolescents.
3. Decreases in adolescent pregnancy. Improved method continuation rates in the education system.

Proposed actions

1. The Government of the Republic of Zambia is making the commitment with the Ministry of Health responsible for action.
2. The Ministry of Health will lead cross government collaboration to advance policy directives to remove barriers and enhance access to rights based SRH services for adolescents and young people for rapid progress toward significant demographic dividend.
3. The Ministry of Health will task the HMIS working group to reconvene and pilot/scale up options for improving the relevance and reliability of adolescent data in HMIS, commencing in 2017.

COMMITMENT 3: The government and partners will scale up access to rights based family planning through improving the method mix and strengthening task shifting to community based volunteers to improve availability in hard to reach communities. This will include the scale-up of all methods including BTL and subcutaneous Depo Medroxyprogesterone Acetate (DMPA SC) to reach all parts of the country by 2020.

Anticipated Impact

1. Improved availability of method mix at community and facility level to increase uptake of family planning services, improve FP quality (via method information index), and reduce all-method discontinuation rates.

Proposed actions

1. The Ministry of Health will be responsible for revising guidance on the use of DMPA SC following the completion of the current pilot (2018).
2. The Ministry of Health will be responsible for revising manuals to include provision of DMPA SC for both health facility providers and Community Based Distributors (2019).
3. Other stakeholders will support the revision of training manuals and training of providers in DMPA SC, this will be coordinated through the Family Planning Technical Working Group (2019).
4. The Ministry of Health, USAID and UNFPA will be responsible for procurement of commodities according to the national forecast.

The following text summarizes the commitment made by Dr. Joseph Katema on behalf of the government of Zambia at the London Summit on Family Planning on July 11, 2012.

Zambia will double its budgetary allocation to family planning commodities, striving to eliminate the unmet need for family planning and improve universal coverage through an expanded method mix and increased access, particularly to the underserved population. It will address policy barriers to allow task shifting to community health assistants and trained community based distributors to increase access to the underserved communities. Led by the Ministry of Community Development Mother and Child Health, the government will initiate new dialogue with religious and traditional leaders at local level to generate demand, dispel the myths and 'open up the dialogue' on family planning.

Objective 1. To increase CPR from 33 percent to 58 percent.

POLICY & POLITICAL COMMITMENTS

Zambia will strengthen the supply chain for FP commodities through expansion of the Essential Medicines Logistics Improvement Program and other channels.

FINANCIAL COMMITMENTS

Zambia commits to double the budgeted amount allocated for FP commodities, and to secure increased funding for FP through existing donors and new partnerships.