



Improving the health of women and newborns in Zambia

To ensure that mothers can safely deliver their babies and give their children a healthy start at life, policymakers must prioritize equitable access to high-quality health care and lifesaving interventions. Civil society organizations, along with communities and key health stakeholders, play a critical role in advocating for policies and programs that improve maternal and newborn health—and hold governments accountable for their commitments.

The government of Zambia has demonstrated significant commitment to maternal and newborn health, launching a number of national health strategies and policies in recent years aimed at guaranteeing a safe and healthy pregnancy and childbirth. Additional advocacy is needed, however, to ensure that these new policies are resourced and implemented and that current policies are updated to integrate new interventions and best practices for mothers and newborns into existing health services. Together,

advocates and policymakers can make sure that Zambia fulfills its promises to women and their babies.

A VOICE FOR MOTHERS AND NEWBORNS

PATH's advocacy and policy program plays an integral role in ensuring that policies are developed and implemented to meet the health needs of the most vulnerable populations. Working alongside decision-makers and key partners in Zambia, PATH advocates at the national level for increased resource allocations and evidence-based policy changes to accelerate the development and delivery of maternal and newborn health interventions. As chair of the Zambia Alliance for Maternal, Neonatal, and Child Health (MNCH Alliance), PATH also works with civil society organizations to develop shared policy priorities and coordinate joint advocacy for equitable access to maternal and newborn health services.

INCREASING THE BUDGET FOR MATERNAL AND NEWBORN HEALTH

Adequate, sustainable funding is critical to ensuring that mothers and newborns receive high-quality health care. In 2001, African Union member states—including Zambia—pledged to increase government spending for health to at least 15% of the national budget. Since then, Zambia's annual health expenditures have fluctuated, but in 2014, just 9.9% of the national budget was allocated to health.¹

To ensure that Zambia delivers on its commitments, PATH and partners are advocating for robust government investment in maternal, newborn, and child health (MNCH). By generating evidence on the social and economic returns of health budgets, as well as forging policy dialogue with decision-makers, PATH will engage the Ministry of Health (MOH) in the budget process, and encourage key MOH officials to vocally support increased funding for MNCH during budget negotiations with the Ministry of Finance and Parliament.

IMPLEMENTING NEWBORN HEALTH POLICIES

The translation of political commitments into adequate resource allocation also impacts national-level health policies. Recently, PATH and partners successfully advocated for a series of targeted newborn health policies—the Newborn Health Care Scale Up Framework, revised Integrated Management of Childhood Illness standards that included neonatal guidelines, and a set of Essential Newborn Care Guidelines—which were launched by the government of Zambia in 2013 and 2014. Though these policies outline specific actions to save newborns' lives, the work is far from over.

Now, PATH and partners are working with the government to develop a costed national Newborn Health (NBH) Scale-Up Plan, which will operationalize Zambia's recent newborn-related policies and identify the resource needs for implementation. The NBH Scale-Up Plan includes the package of community- and home-based care that should be provided for newborns, as well as high-impact interventions to address the leading causes of death within the first 28 days of life. It also promotes linkages with maternal and child health strategies, plans, and programs. The approval of this plan by the government of Zambia is a critical step toward the implementation and financing of policy commitments made to improve newborn health.

EXPANDING TESTING AND TREATMENT FOR CONGENITAL SYPHILIS

In an effort to further reduce newborn morbidity and mortality, PATH is advocating for the elimination of congenital syphilis, an infection that can cause premature birth, low birth weight, birth defects, stillbirth, and even newborn death when passed from mother to child during pregnancy. Although effective testing and treatment for syphilis exist, the continued prevalence of syphilis in Zambia is concerning; in 2008, the World Health Organization (WHO) estimated that approximately 19,000 pregnant women in Zambia had active syphilis.² Though 96% of pregnant women attended antenatal care (ANC) at least once, less than half were tested for syphilis.^{3,4} With the right policies and practices, however, Zambia can significantly improve health outcomes for newborns.

New rapid syphilis tests (RSTs) are low-cost, easy to use, and can produce accurate results within minutes in health facilities—even those without laboratory services. When health care workers test pregnant women during ANC, those with positive results can be treated with the inexpensive drug benzathine penicillin, which cures syphilis and helps prevent transmission to newborns. Policy and funding gaps, however, hinder the widespread use of RSTs to test pregnant women.

To reach decision-makers who can ensure an enabling policy environment and adequate budget allocation



to scale up RSTs for pregnant women in ANC settings, PATH revitalized Zambia's Sexually Transmitted Infection (STI) Technical Working Group (TWG). Members of the STI TWG, which include government officials, technical experts, and nongovernmental organizations, agreed to form a subgroup to focus specifically on the elimination of congenital syphilis. Through PATH's leadership on the Congenital Syphilis Working Group and the support of the MOH, advocates will ensure that congenital syphilis is recognized in broader national policies and programs related to STIs, as well as reproductive, maternal, and newborn health, so that no woman or baby goes untested or untreated.

ENSURING SAFE MOTHERHOOD AND DELIVERY THROUGH POLICY CHANGE

PATH is also collaborating with the government to revise Zambia's Safe Motherhood Guidelines, which guide service providers and public health programmers to care for mothers and their newborns. Recognizing the important commitments of the government to newborn health in recently launched policies, PATH is advocating for the inclusion of newborn health best practices and critical interventions in these guidelines, including a focus on interventions to eliminate congenital syphilis and the availability and accessibility of essential commodities. This will set the stage for health care providers to be equipped with practical, proven tools and skills to intensify the fight against maternal and newborn mortality.

THE ADVOCACY AHEAD

Zambia continues to make headway in adopting policies to increase access to high-quality health care. To achieve the Sustainable Development Goals targets of ending preventable newborn death and reducing maternal mortality by 2030, however, it will be crucial for the government to focus on policy implementation, financing, and alignment so that health interventions are fully scaled-up. Through advocacy and partnership, PATH and other key stakeholders will hold the government accountable to the promises it has made to its mothers and newborns—and ensure that every mother and newborn has access to the highest possible standards of health and well-being.

REFERENCES

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