Accelerating maternal, newborn, and child health in Zambia

Stronger collaboration, greater accountability

PATH

Zambia has made tremendous progress in reducing maternal and child mortality, yet approximately three mothers and 78 children under five years still die every day. Bold leadership and sustained investment are urgently needed to end these preventable deaths.

Over the past two decades, Zambia has cut maternal and under-five child deaths by 75 percent and reduced neonatal mortality rates by more than half. These gains are a testament to strong political will and smart investments in essential health services for mothers and children. Despite these significant strides, far too many mothers, newborns, and small children in Zambia still die every day from preventable causes.

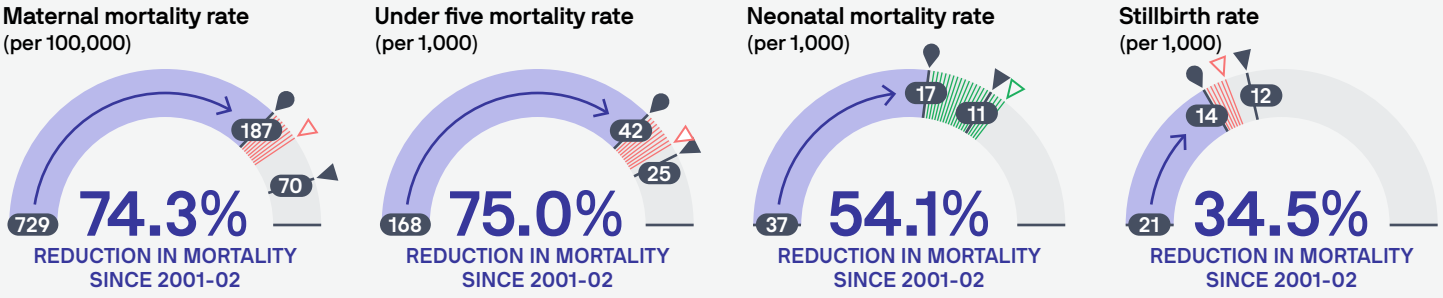
Whether a mother or her young children survive is too often shaped by where they live. Children born in Zambia today are eight times more likely to die before their fifth birthday than children born in high-income countries. And while a young woman in Zambia today is significantly less likely to die due to maternal causes than she was 25 years ago, her risk is still more than 60 times higher than that of her peers in high-income countries.

These disparities are not inevitable. Zambia has already shown that remarkable progress is possible, and it remains steadfast in its commitment to improving health outcomes for women and children. But with just five years to go, Zambia is off track to meet its commitment to the Sustainable Development Goal (SDG) 3 target for maternal mortality, and it is unlikely to reach the targets for newborn and under-five child mortality at its current pace. Zambia's progress toward this goal is illustrated below (Figure 1).

As the global funding landscape continues to shift, protecting decades of progress and continuing to build toward a healthier future will require tackling persistent bottlenecks, strengthening civil society advocacy, and coordinating leadership across sectors. What's needed now is bold, sustained political will to ensure that every mother, newborn, and child survives and thrives.

FIGURE 1. **Tracking Zambia's lifesaving commitment to mothers and children.**

Over the last 25 years, Zambia has made remarkable progress in reducing preventable maternal and child deaths.



- 2024 mortality
- 2030 projected mortality
- SDG 2030 goal

Note: Child under-five and neonatal mortality numbers for both years are sourced from the Zambia Demographic Health Survey (ZDHS) 2024. Maternal mortality figures are sourced from the ZDHS reports for 2001–02 and 2024. As the ZDHS does not report on stillbirth rates, the stillbirth points are sourced from the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Percentage changed and 2030 projections are calculations run by PATH (see Appendix) based on the data included in the ZDHS and UN IGME sources used.

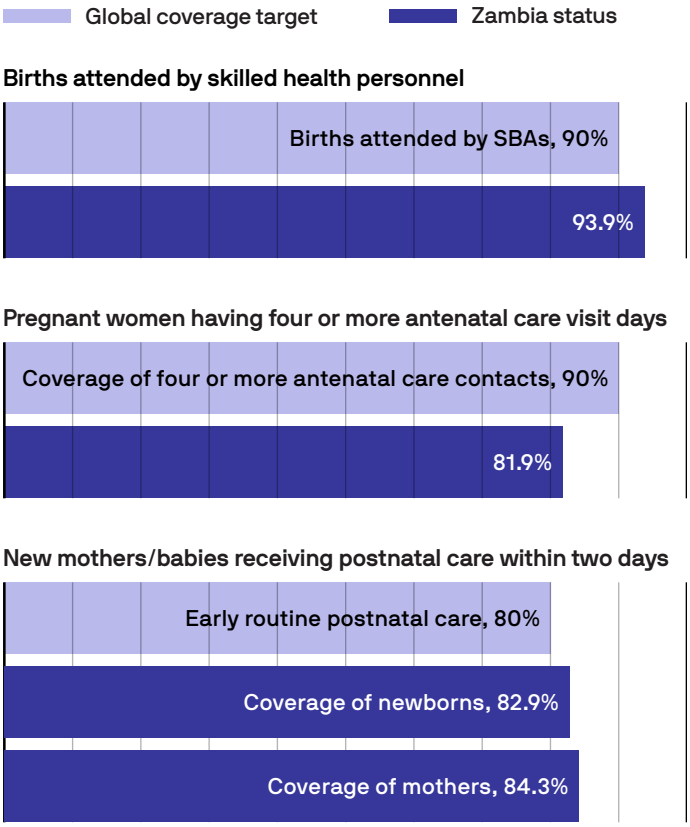
The landscape: Regional and socioeconomic health disparities persist for women and children in Zambia.

Guided by the government's efforts in health policy reforms, infrastructure expansion, and targeted programs—including efforts to address financial barriers—Zambia has significantly improved access to maternal, newborn, and child health (MNCH) services. Ninety-eight percent of women giving birth in Zambia access antenatal care at least once during their pregnancies, and more than 90 percent of women deliver in a health facility and receive assistance during childbirth from a skilled provider.

However, important gaps at the national level remain. Stillbirths, which are often preventable with quality antenatal and intrapartum care, are not currently being systematically tracked, creating a critical blind spot in measuring impact and progress. Teen pregnancy rates have remained relatively unchanged over the past decade, with very young mothers often facing higher risks of complications, neonatal death, and long-term socioeconomic disadvantage. And while antenatal and skilled delivery care are being used by more than 90 percent of women, postnatal care within the first 48 hours, when mothers and newborns are most vulnerable, remains inadequate, reaching fewer than 85 percent of women.

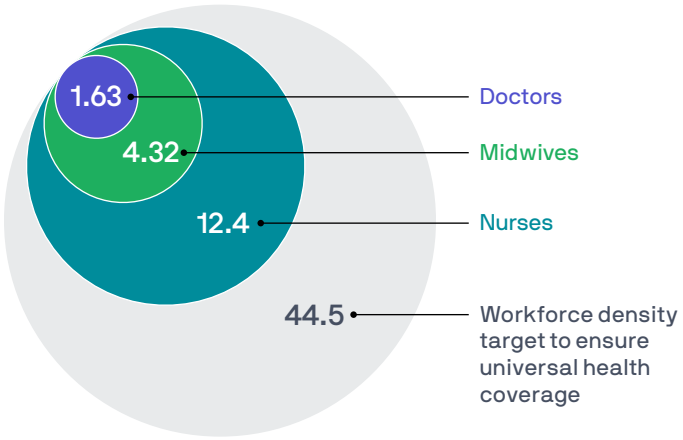
Regional disparities further constrain progress. Women in Luapula Province reported some of the highest access to critical maternal health care services, with nearly all women giving birth with a skilled attendant (97.8 percent), delivering in a health facility (98.2 percent), and most receiving postnatal care within 48 hours of giving birth (93.5 percent). In contrast, in Western Province, only about 8 in 10 women have skilled birth attendance (81.5 percent) or deliver in a health facility (80.6 percent), and even fewer receive postnatal care within the first two days (73.5 percent). Thus, women in Western Province are roughly 15–20 percent less likely to access these essential services than women in Luapula Province.

FIGURE 2. **At a glance: Maternal, newborn, and child health indicators in Zambia.**



Note: All data is from the ZDHS 2024.

FIGURE 3. **Health workforce coverage in Zambia, per 10,000 people.**



Source: World Health Organization National Health Workforce Accounts Data Portal

The challenge: Gaps in financing, workforce, and implementation threaten lasting impact.

Zambia's progress is fragile, as preventable maternal and child deaths continue to pose an urgent, often overlooked crisis. While solutions are well known and within reach, their realization requires sustained political will, increased investment, and stronger accountability across all levels of the health system. Key challenges include:

Policy implementation

Zambia has established robust maternal health policies with clear national priorities for improving health outcomes, such as the National Health Strategic Plan (2022–2026); the National Health Insurance Scheme; and the National Maternal, Neonatal, and Child Health (MNCH) Roadmap. However, ongoing challenges remain in translating these policies into action, including a lack of community representation in policy development and monitoring, insufficient integration of MNCH into broader primary health care systems, and inconsistent service quality across health facilities.

Financing

Zambia has demonstrated clear political commitment to improving health outcomes for mothers and children, but financing shortfalls persist. Achieving Zambia's MNCH targets requires adequate and sustained financing, not only for emergency obstetric and newborn care but also for high-quality, accessible, and affordable primary health care services, as primary care provides access to critical services such as antenatal and postnatal care, skilled birth attendance, family planning, immunizations, and essential newborn care. Though the national budget for the health sector has grown year over year, from 9.1 billion ZMW in 2021 to 23.1 billion ZMW in 2025, it remains insufficient for meeting the country's needs; at 10.7 percent of the overall budget, it falls short of meeting the 15 percent target set in the Abuja Declaration. The country remains heavily dependent on donor funding, which poses a significant challenge to its immediate sustainability as global aid continues to shrink. Additionally, financing bottlenecks prevent vital health resources from reaching frontline facilities where they are urgently needed.

Health care workforce

Zambia faces a critical shortage of skilled health workers, exacerbating issues of equitable access to care. Staffing levels remain insufficient (Figure 3), with doctor- and nurse-to-patient ratios more than double the recommended levels.

According to WHO, a threshold of 44.5 doctors, nurses, and midwives per 10,000 people is needed to ensure universal health coverage. Meeting less than 75 percent of that goal, Zambia must prioritize scaling its workforce to ensure that every mother and child can get the care they need (see Figure 3).

The call to action: Deliver impact through coordinated leadership, investment, and evidence-based action.

With strong policy foundations and proven interventions, Uganda has a powerful opportunity to safeguard decades of progress, close gaps, and ensure that every mother and child survives and thrives. Investing in MNCH yields high returns—not only by saving lives and reducing long-term health costs, but also by strengthening families, boosting productivity, and advancing national development. To realize this opportunity, policymakers, funders, and advocates each play a critical role to drive progress for mothers and children.

Policymakers—Executive/Parliament

- **Strengthen and sustain political will.** Maintain high-level political commitment to MNCH by fully financing and implementing the National MNCH Roadmap (2022–2026) and Presidential Directive (May 2024), committing to the World Health Assembly MNCH Resolution, and ensuring streamlined, government-led coordination of health platforms, data systems, and review mechanisms.
- **Strengthen data-driven accountability.** Align multi-stakeholder efforts around national priorities using robust, timely data to track progress, ensure accountability, achieve milestones, and address gaps identified in the national plans. Improve measurement systems to ensure critical indicators are not going unmonitored.
- **Invest in stronger MNCH systems.** Increase and diversify investment in MNCH by mobilizing domestic resources, maximizing donor investments including Global Financing Facility funds, ensuring resources reach primary health care facilities, leveraging innovative financing, and partnering with the private sector for impact and sustainability. Prioritize funding for essential MNCH commodities and the health workforce needed to deliver quality care.
- **Expand access to quality, equitable care.** Strengthen and scale up proven interventions and approaches such as emergency obstetric care, skilled birth attendance and postnatal care, and kangaroo care, especially in underserved regions. Allocate more resources to recruit, train, and retain health care workers and

essential personnel. Enhance community-based MNCH initiatives, particularly those improving facility quality and addressing poverty and gender inequality to ensure that no mother or newborn is left behind. Improve collaboration with civil society, professional associations, and other stakeholders such as parents and women to ensure that solutions and impact are aligned with local priorities.

Funders

- **Increase and sustain funding for scalable MNCH solutions.** Commit to funding the continuum of MNCH care, including prenatal, postnatal, and emergency obstetric care, while supporting health systems strengthening needs, such as workforce training, supply chains, and infrastructure. Prioritize innovative, scalable approaches, including bundles of care, and align support with government-identified priorities for greater sustainability and impact.
- **Support locally led solutions.** Direct funding to local organizations, frontline health workers, and community-based interventions, such as midwifery programs, that are best positioned to understand and address community needs.
- **Invest in advocacy.** Build the capacity of civil society, youth, and women-led groups to advocate for increased domestic funding, policy implementation, and accountability for MNCH. Funding for advocacy efforts is essential to ensure MNCH remains a top priority.

Advocates

- **Drive accountability.** Hold the government accountable to its MNCH commitments—particularly under the National MNCH Roadmap (2022–2026)—by leveraging existing tools and instruments. See PATH's Advocacy Resource Hub for examples.
- **Strengthen alignment through collaboration and evidence.** Foster multisectoral partnerships among government, civil society organizations, donors, and the private sector to align efforts and maximize impact. Use data and research to push for evidence-based policies and targeted MNCH investments.
- **Elevate community voices.** Champion the leadership and participation of women, parents, and communities in decision-making, while fostering demand for quality MNCH services that reflect local priorities.

Acknowledgements

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Endnote

Daily estimated deaths, mortality rate reduction, risk comparisons against high-income countries, and 2030 projections were calculated by PATH based on publicly available, official data sources; for full methodology, see Appendix: Metrics and calculations for MNCH advocacy briefs (Excel spreadsheet).

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