



COUNTDOWN TO 2030

Leaving no woman or child behind: health inequalities in Zambia

Background

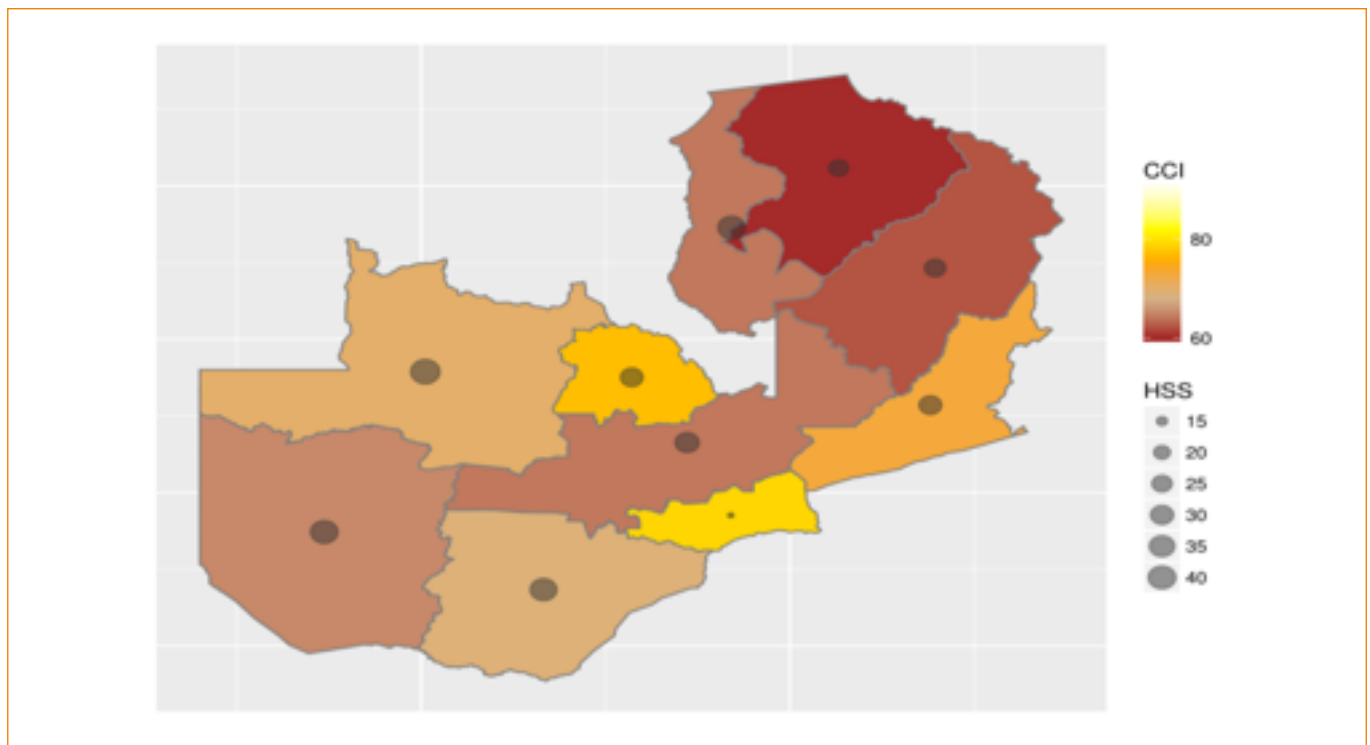
A vital element of the SDGs is to mitigate inequalities and ensure universal coverage effectively. This will facilitate access to lifesaving services for Reproductive, Maternal, Neonatal, and Child Health (RMNCH). In Zambia, coverage for some critical interventions for RMNCH has improved between 2007 and 2013 surveys. However, despite the great

strides made in improving health service delivery, disparities between sub-regions, wealth quintile, and residence persist.

Sub-national inequalities

Fact 1: Lusaka Province has better coverage for RMNCH services with eight in every ten women in 2014 receiving adequate coverage (composite).

Coverage composite index and health systems strength



Northern Province has lagged and is worse performing with six in every ten women in 2014 receiving adequate coverage.

Fact 2: Some sub-regions are more disadvantaged with high under-five mortality ratios

In Zambia, one in every 13 children does not survive to his or her fifth birthday.

Eastern Province is the most affected as one in every nine children does not survive to their fifth birthday.



Recommendation



Zambia should focus its investment in the poorest performing sub-regions and implement the best practices from the lesson learned by the well-performing ones.

Urban vs. Rural inequalities

Fact 3: In Zambia, people in rural areas are not receiving essential RMNCH services. While a skilled provider delivers nine out of 10 women in urban areas, only half of these women receive the same service in rural areas.



Recommendations



- More skilled midwives need to be recruited in rural areas.
- Further, strategies such as providing incentives and adequate supplies such as medicines and equipment need to be implemented to retain health care providers working in rural areas.

Wealth inequalities

Fact 4: In Zambia, the wealthiest people continue to have an advantage in coverage for the RMNCH services compared to the poorest. Notably, urban poor populations are also not able to access the services. Four in every ten women in wealthy urban areas have skilled delivery, but those living in poor urban areas do not have the same services.



Recommendations



- We urge the government to implement the national health insurance scheme. It is a positive stride towards attaining universal health coverage and will provide financial protection and facilitate access to quality, affordable, lifesaving services.

Conclusion

In Zambia, coverage of essential RMNCH services has improved from 2007 to 2014. However, despite the progress made, inequalities remain. If Zambia is to leave no woman and child behind and successfully achieve universal health coverage by 2030, the most vulnerable in the country need to be reached with urgency.

- While "leading" and "lagging" areas correspond to urban-rural divides, the needs of the poor are masked by high coverage averages in urban areas. Strategies that target the poor in urban slums and rural areas are necessary to reduce inequalities.
- In addition, health requires a multi-sector approach and hence coordination of all efforts and support from stakeholders, civil society organizations, and other line ministries to improve equality in RMNCH services to accelerate attainment of UHC.

Finally, there is a need to continually generate evidence to inform decision making, planning, and implementation of strategies to address health inequities actively. One opportunity is through periodic health equity analyses carried out jointly by the Ministry of Health and the University of Zambia, School of Public Health.



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