Millennium Development Goals

Progress Report | Zambia | 2013

UNDP

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Status at a Glance

To help direct the focus, this report divides the MDG targets into three categories:

Targets which have been or will be met by 2015

Targets which requires accelerated interventions to be met

Targets which will not be met without significant reforms and investments

Goal	Target	Indicator
MDG 1: **Eradicate Extreme Poverty and Hunger**	**Target 1.A:** Halve, between 1990 and 2015, the proportion of people living in extreme poverty	Proportion of population in extreme poverty (%)
		Poverty Gap Ratio (%)
		Gini Coefficient
	Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	Employment to population ratio
		Proportion of employed people living below the poverty line (%)
	Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Prevalence of underweight children U-5 (%)
MDG 2: **Achieve Universal Primary Education**	**Target 2.A:** Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Primary school net enrolment rate (%)
		Pupils reaching Grade 7 (%)
		Literacy rates: 15-24-year-olds (%)
MDG 3: **Promote Gender Equality**	**Target 3.A:** Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Ratio of girls to boys in primary education
		Ratio of girls to boys in secondary education
		Ratio of girls to boys in tertiary education
		Ratio of literate women to men 15-24-year-olds
		Share of women in wage employment (%)
		Proportion of seats held by women in parliament (%)
MDG 4: **Reduce Child Mortality**	**Target 4.A:** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	U-5 mortality rate (deaths per 1,000 live births)
		Infant mortality rate (deaths per 1,000 live births)
		One-year-olds immunized against measles (%)

Current Data	2015 Target	Will Target be Achieved under the Present Trend?
42.3 (2010)[1]	29	Significant reforms and investments needed
28.0 (2010)[2]	31.1	Yes
0.65 (2010)[3]	0.34	Significant reforms and investments needed
86.9 (2010)[4]		
66.4 (2006)[5]		
13.3 (2010)[6]	12.5	Yes
93.7 (2010)[7]	100	Acceleration required
90.9 (2010)[8]	100	Acceleration required
89 (2010)[9]	100	Significant reforms and investments needed
0.99 (2010)[10]	1	Yes
0.89 (2010)[11]	1	Acceleration required
0.75 (2010)[12]	1	Acceleration required
0.87 (2010)[13]	1	Yes
0.36 (2010)[14]		
11 (2012)[15]	30	Significant reforms and investments needed
138 (2010)[16]	63.6	Significant reforms and investments needed
76 (2010)[17]	35.7	Significant reforms and investments needed
94 (2010)[18]	100	Acceleration required

Goal	Target	Indicator
MDG 5: **Improve Maternal Health**	**Target 5.A:** Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	Maternal mortality ratio (deaths per 100,000 live births)
		Proportion of births attended by skilled health personnel (%)
MDG 6: **Combat HIV&AIDS, Malaria and other Diseases**	**Target 6.A:** Have halted, by 2015, and begun to reverse the spread of HIV&AIDS	HIV prevalence rate (%)
		Proportion of 15-24-year-olds with comprehensive, correct knowledge of HIV&AIDS (%)
		Ratio of school attendance of orphans to non-orphans 10-14-year-olds (%)
	Target 6.B: Achieve, by 2010, universal access to treatment for HIV&AIDS for all those who need it	Proportion of population with advanced HIV infection with access to ARVs (%)
	Target 6.C: Have halted, by 2015, and begun to reverse, the incidence of malaria and other major diseases	New malaria cases per 1,000 population
		Malaria fatality rate per 1,000 population
		Households with ITNs (%)
MDG 7: **Ensure Environmental Sustainability**	**Target 7.A:** Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Land covered by forests (%)
		Land protected to maintain biological diversity (%)
		Carbon dioxide emissions per capita (MT per capita)
		Proportion of population using solid fuels (%)
	Target 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation	Proportion of population without access to an improved water source (%)
		Proportion of population without access to improved sanitation facilities (%)
MDG 8: **Develop a Global Partnership for Development**	**Target 8.A:** Develop further an open, rule-based, predictable, non-discriminatory trading and financial system **Target 8.B:** Address the special needs of the least developed countries	Official development assistance ($ millions)
		Foreign direct investment ($ millions)
		Access to markets in developed countries
		Debt sustainability (% of GDP)
	Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially ICT	Fixed telephones per 100 people
		Mobile phones per 100 people

Current Data	2015 Target	Will Target be Achieved under the Present Trend?
483 (2010)[19]	162.3	Significant reforms and investments needed
46.5 (2007)[20]		
14.3 (2007)[21]	< 15.6	Yes
48 (2007)[22]		
92 (2009)[23]	100	Yes
79 (2007)[24]	80	Yes
330 (2010)[25]	≤ 255	Acceleration required
34 (2010)[26]	11	Acceleration required
64.3 (2010)[27]		
49.9 (2010)[28]		
41 (2007)[29]		
17.4 (2007)[30]		
82.9 (2010)[31]		
36.9 (2010)[32]	25.5	Significant reforms and investments needed
67.3 (2010)[33]	13	Significant reforms and investments needed
480.16 (2011)[34]		
1729.3 (2010)[35]		
11.6 (2011)[36]		
0.8 (2011)[37]		
62.5(2011)[38]		

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Foreword

The 2013 Millennium Development Goals (MDGs) Report for Zambia tracks achievements on the 8 goals and 39 indicators in the context of the country's development. The report is an essential tool for Zambia's leaders, citizens and partners for reviewing the progress of national policies and programmes that address each of the 8 goals. In some of the areas, as highlighted in the report, we see significant achievements. In others, progress remains slow.

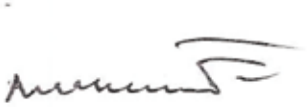
By emphasizing 'triggers for acceleration', government and UNDP, as co-authors of the report, examine what has been tried and tested. This includes looking at lessons learnt for what could 'light a fire' under relevant policies and institutions in order to either increase the momentum or get back on track towards achieving the targets by 2015.

For those targets that have been reached, we have moved the bar up by looking at the next set of challenges. For example, while it is highly commendable that the target for primary school enrolment is close to being met, no country can develop on primary education alone. Zambia now has to improve access, quality, relevance and completion of secondary and tertiary education. Similarly, the country has reduced its HIV prevalence rate to below the target, and did so by 2007. Yet, another challenge is the rate of new HIV infections. This report is therefore not limited to global targets only, but sets new targets according to Zambia's realities – in response to the national commitment and impetus to go even further.

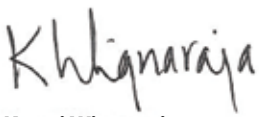
Concerns remain in those areas where Zambia is not on track to achieve its MDG targets. In a country endowed with natural resources, the outlook for MDG 7 (environmental sustainability) is worrying due to the degradation of land, forests, water and wildlife. Similarly, for MDG 1 (reducing poverty and hunger): Zambia has grown economically at an average of 6.5 percent for the past six years, yet cannot show a significant reduction in poverty, inequality and malnutrition in the rural and peri-urban areas most in need of this. Accordingly, national priorities and policies will have to be reset and institutions realigned to gain ground in these areas.

Given the relatively short time remaining, the private sector and civil society will have to play an even greater role in supporting the acceleration initiative, as well as providing feedback on government's efforts towards achieving the MDGs by 2015.

We wish to thank all those who contributed to this report, by providing data, substantiation and comments to help us tighten the analysis, including government partners, particularly the Ministry of Finance's Monitoring and Evaluation Department and the Central Statistical Office; the many readers across government ministries and NGOs; and the UN agencies, particularly WHO, UNICEF, UNFPA, UNAIDS and ILO. We look forward to this report being actively used in the national development dialogue and policy-making process.



Honourable Alexander Chikwanda, MP
Minister of Finance



Kanni Wignaraja
United Nations Resident Coordinator/
UNDP Resident Representative

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
CFCs	Chlorofluorocarbons
CSO	Central Statistical Office
FDI	Foreign Direct Investment
FISP	Farmers Input Support Programme
GDP	Gross Domestic Product
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
IMF	International Monetary Fund
IRS	Indoor Residual Spraying
ITNs	Insecticide-Treated Mosquito Nets
LCMS	Living Conditions Monitoring Survey
MDG	Millennium Development Goal
MDGR	Millennium Development Goals Report
MOE	Ministry of Education
MOH	Ministry of Health
MT	Metric Tons
ODP	Ozone Depletion Potential
OECD	Organization for Economic Cooperation and Development
ODA	Official Development Agency
PAGE	Programme for the Advancement of Girls' Education
PMTCT	Prevention of Mother to Child Transmission
PPP	Purchasing Power Parity
REDD	Reducing Emissions from Deforestation and Forest Degradation
SADC	Southern African Development Community
SIM	(Cellular Phone) Subscriber Identity Module
SNDP	Sixth National Development Plan
TB	Tuberculosis
TEVETA	Technical Education, Vocational and Entrepreneurship Training Authority
U-5	Under 5 years of age
UN	United Nations
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WTO	World Trade Organization
ZDHS	Zambia Demographic and Health Survey
ZICTA	Zambia Information and Communications Technology Authority

Executive Summary

The 2013 Millennium Development Goals Report for Zambia provides an opportunity for the country to reflect upon and assess its progress towards achieving the eight Millennium Development Goals (MDGs). With the 2015 deadline approaching, Zambia's progress on many of the MDG targets is encouraging. Nonetheless, the country is still confronted by challenges that hold back key policy and institutional reforms, and consequently the overall pace of implementation. Issues of policy direction and consistency, as well as institutional capacities to deliver, must therefore underpin efforts to both accelerate and widen progress.

In this regard, particular attention must be paid to lessons learnt as well as interventions required to fast-track the attainment of the MDGs in Zambia. This year's report has therefore identified selected 'triggers for acceleration' that will help gain ground as well as sustain progress achieved so far for the MDGs. These triggers have been identified based on available data and trend analysis, a review of ongoing national policies and programmes, and lessons learnt at both national and global level.

It is important to point out that many targets have seen movement in the right direction. Gains have been made for HIV and TB prevalence, underweight children, and gender equality in primary school. In some areas, however, the pace of improvement has been slow. Yet with political commitment and the right policy and investment choices, the pace can be accelerated dramatically before 2015. Other targets have seen some reversal, including those for improved sanitation, some areas of environmental sustainability, and gender equality in political representation. Here, there is a need for special measures.

Finally, MDG targets per se do not take into consideration some of the underlying causes of lack of progress. These causal factors, which drive poverty, inequality, unsustainability and non-inclusive development, are the cornerstones of the United Nations Millennium Declaration, which set out the foundation for the MDGs. If these factors are not addressed, achieving the MDG targets becomes a hollow victory.

MDG 1: Extreme poverty is decreasing but at a very slow pace

Extreme poverty has reduced from 58 percent in 1991 to 42.3 percent in 2010. However, Zambia is still far from reaching the MDG goal of 29 percent by 2015. Yet, the past twenty years have seen improvements, and the depth of poverty in urban areas has diminished: Copperbelt Province has already reached its MDG target, and Lusaka Province is very close to doing the same. In contrast, the rural provinces of Luapula, Western, Eastern and Northern remain very distant from their goals. Deliberate efforts to bring these outlying provinces back on track will be needed. Zambia, with a Gini coefficient of 0.65, is among the most unequal countries of the world today. Specific attention to these growing disparities must be high on the agenda of policy makers.

MDG 2: Universal primary education is within reach

Zambia has made steady progress on primary school enrolment, which has increased from 80 percent in 1990 to 93 7 percent in 2010. The improvement can be linked to the boost in primary education infrastructure and the introduction of free education. Similarly, progress has been made in improving primary school completion rates. The proportion of pupils reaching Grade 7 has increased from 64 percent in 1990 to 90.9 percent in 2010. Disaggregation by sex shows that the improvement was higher for girls. However, concerns remain on the quality of education received, as well as the enrolment and completion rates in secondary school subsequently.

MDG 3: Gender equality and the empowerment of women require special measures

The good news is that Zambia is on track to achieve gender parity in primary school enrolment as well as in literacy among 15-24-year-olds.The Programme for Advancement of Girls' Education introduced in 1994 has provided effective advocacy and support in this regard.

However, accelerated intervention is required if gender parity is to be achieved in secondary and tertiary education. In addition, the country has moved backwards on women's participation in government in both local councils (6 percent) and parliament (11 percent). Zambia will have to introduce special measures to even come close to the MDG target of 30 percent women in parliament – or the AU/SADC target of 50 percent.

MDG 4: Child mortality remains high

Child mortality has declined by almost 30 percent since 1992, but is still unacceptable high. The mortality rate of children under five dropped from 190.7 deaths per 1,000 live births in 1992 to 137.6 per 1000 live births in 2010. Similarly, the mortality rate for infants (death before first birthday) reduced from 107.2 deaths per 1,000 live births in 1992 to 76.2 deaths per 1,000 live births in 2010. Progress in reducing child mortality has been brought about by increases in immunization coverage, exclusive breast-feeding, vitamin and mineral supplementation, and malaria prevention and treatment. These and other interventions must be sustained and accelerated if this goal is to be met by 2015.

MDG 5: Improving maternal health requires renewed emphasis

Thirty-eight mothers die each month due to complications of pregnancy or childbirth. Although maternal mortality in Zambia has been falling, the decline is insufficient to reach the 2015 target of 162.3 deaths per 100,000 live births. The number of women dying during pregnancy and childbirth has decreased from 649 per 100,000 live births in 1997 to 483 in 2010. Interventions that have been successful, and need to be scaled up, include improved use of contraception for birth spacing, prevention of early marriages, improved referral systems and provision of and access to emergency obstetric care, and the deployment of more trained midwives and birth attendants. Investing in mothers' education and nutritional status has a direct impact on the health and well-being of children and households.

MDGs Explained

The Millennium Development Goals are based on the Millennium Declaration, signed by 189 countries - including 147 heads of State and Government - in September 2000, and from further agreement by member states at the 2005 World Summit.

To assess progress on the commitment made in the Millennium Declaration over the period from 1990 to 2015, relevant targets and indicators were agreed upon. The goals and their targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment - at the national and global levels alike - which is conducive to development and the elimination of poverty".[1]

The official list of MDG indicators can be found on http://mdgs.un.org/unsd/mdg/host.aspx?Content=indicators/officiallist.htm.

Kindly note that certain targets and indicators are not included in this report due to unavailability of data in Zambia.

MDG 6: Gains on HIV&AIDS, malaria and other major diseases must not be lost

The number of Zambians infected with HIV has dropped to 14.3 percent of the population. Zambia has therefore already achieved and surpassed the MDG target for HIV prevalence of 15.6 percent. However, prevalence rates in Lusaka, Copperbelt, Southern and Western Provinces remain higher than 14.3 percent. This is of particular concern in Lusaka due to its high population. In addition, HIV incidence (new infections) remains high throughout Zambia, and is alarmingly on the rise among young people. Therefore, the focus must be redirected to prevention, including intensifying prevention of mother-to-child transmission, male circumcision, voluntary counselling and testing, and ART as a preventative measure. The fact that HIV incidence is consistently higher in women than in men demonstrates that the underlying causes of income and gender inequality need to be addressed as well. Concerns are also raised with regards to the sustainability of the response, as cooperating partners fund approximately 87 percent of HIV&AIDS interventions.[39] The move to a sustainable model of domestic financing for HIV&AIDS is a necessary national priority.

Zambia made significant gains in malaria control and prevention up until 2009. However, the drop-off in resources in the health sector has resulted in a reversal of these gains in recent years. With malaria, one cannot take a time-out. Given the weather patterns and eco-systems in Zambia, continuous attention is required to combat malaria. The malaria fatality rate is of particular concern in this regard, as it remains over three times the target. Today, three children die every day of malaria. The distribution and effective use of ITNs and indoor residual spraying must continue.

While there has been a concerted effort to treat TB and other infectious diseases, of growing concern in Zambia today is non-communicable diseases. Mortality and loss of productivity due to heart disease, diabetes and hypertension are on the rise, and constitute the next big health challenge the country faces.

MDG 7: Gaining lost ground on environmental sustainability

Land covered by forests in Zambia reduced from 59.8 percent in 1990 to 49.9 percent in 2010. This decline stems from over-exploitation through logging for wood fuel and encroachment for agriculture and settlements. There have been recent efforts to stem this tide, including a national tree planting campaign and a temporary ban on timber export, as well as integrated land use assessment and reclassification of protected areas. These efforts will help regenerate both flora and fauna and protect the eco-systems and biodiversity under threat in Zambia. As it takes time for trees and species to mature, this is a legacy for generations to come, and this MDG will underpin the issue of sustainability for a post-2015 vision for Zambia.

Zambia has observed improvements in the provision of clean water: The proportion of the population without access to an improved water source has decreased from 51 percent in 1990 to 36.9 percent in 2010.

However, the proportion of the population without access to improved sanitation facilities is not getting any better. On the contrary, it worsened from 26 percent in 1991 to 67.3 percent in 2010. Zambia is therefore well off track to achieve the MDG target of 13 percent by 2015. This disturbing trend is partly explained by the increase in informal human settlements without basic sanitation facilities, the high cost of sanitation infrastructure and the low returns to these investments for the private sector, especially in rural areas, partly by a methodology change. The need for public engagement and state action in this area is of paramount importance. Massive sanitation infrastructure investments and social campaigns on healthy sanitary behaviour can turn around this trend. Poor sanitation is the breeding ground for day-to-day ill health, low productivity and large epidemics that destroy communities.

MDG 8: An evolving global partnership for development as Zambia transitions to a middle-income country

Zambia has implemented reforms since the 1990s that have seen the development of a fairly open, rule-based, predictable and non-discriminatory trading and financial system. These reforms have among other things seen the country obtain debt relief. This coupled with a global rise in copper prices has increased the country's fiscal space.

Zambia has also graduated from a low-income to a lower middle-income country, which means the country now has less access to concessional lending and overseas development assistance. The latter is therefore expected to remain below 5 percent of GDP in the remaining years to 2015. Instead, Zambia is turning more and more to international financial markets.

In addition, the country has succeeded in attracting increasing inflows of foreign direct investment (FDI), peaking at $1.73 billion in 2010, although inflows have fallen since then. Most of the FDI in 2010 went into the mining sector, and copper remains the main source of export earnings, accounting for about 65 percent of total exports. Yet, non-traditional exports are growing as well. In fact, Zambia's external trade has grown extensively since the early 1990s in response to globalization, with many more products being exported today.

A Cautionary Note on Data

This report has to the extent possible used official national data provided by the Central Statistical Office. However, when necessary, and in order to provide a more complete picture of developments, it has included data from other sources as well.

The report demonstrates that if Zambia improved its collection of timely data along with the consistency of data collection and compilation methodologies, it would enable policy design and implementation as well as the accurate monitoring of MDG progress. For many indicators, there is a lack of consensus amongst state actors on the methodologies used. For instance, there are three different data sets on the production of copper, provided by the Central Statistical Office, the Bank of Zambia, and the Ministry of Mines, Energy and Water Development.

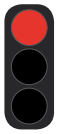
Old data does not facilitate timely and relevant policy-making and implementation, and can provide an outdated and at times irrelevant story. It therefore tenaciously advocates for timely, publicly available and robust data, disaggregated to the extent possible. This data must be made available in the public domain for more people to access and engage on it. In doing so, the public would be allowed to contribute their voice to the policy choices made to accelerate progress on the MDGs for Zambia.

MDG 1

End Poverty and Hunger

MDG 1 Eradicate extreme poverty and hunger

Will target 1.A be achieved under the present trend?



Significant reforms and investments required

Target 1.A

Halve, between 1990 and 2015, the proportion of people living in extreme poverty

Indicators

- Proportion of population living in extreme poverty (percent)
- Poverty Gap Ratio (incidence x depth of poverty) (percent)

Table 1: Progress in Indicators

	1991	1993	1996	1998	2002	2004	2006	2010	2015 Target
Proportion of population living in extreme poverty (%)									
National	58	61	53	58	46	53	51	42.3	29.0
Rural	81	84	79	71	52	53	67	57.7	40.5
Urban	32	24	44	36	32	34	20	13.1	16.0
Poverty Gap Ratio (incidence x depth of poverty) (%)									
National	62.2		51.3			53	34	28.0	31.1
Rural	69.7		55.6			56	45	37.9	34.8
Urban	46.4		37.9			42	13	9.3	23.2

Sources: CSO Poverty Trends Report 1996-2006 and LCMS 2010

Although the proportion of Zambian living in extreme poverty has *declined* in the past decade, the proportion of rural Zambians in extreme poverty has *increased*.

Status

Extreme Poverty: The current pace of poverty reduction in Zambia is too slow for the country to achieve MDG target 1.A. The proportion of people living in extreme poverty has decreased from 58 percent in 1991 to 42.3 percent in 2010. This took 19 years. In addition, the pace has slowed down in recent years. Extreme poverty has reduced by only 0 5 percentage points in the 4 years from 2006 to 2010. Yet, it will have to decline by 13.3 percentage points in the 5 years from 2010 and 2015 to attain the MDG target. Specific accelerators are therefore required in the form of policy changes and targeted rural investments.

Extreme poverty in Zambia is concentrated in rural areas. In fact it is four times higher in rural areas (57.7 percent) than in urban ones (13.1 percent). Typical rural provinces such as Luapula (64.9 percent), Western (64.0 percent) and Eastern (58 7 percent) are therefore the worst affected (see Figure 3). Rural poverty is due to limited access to physical and social infrastructures, such as roads, electricity and medical facilities, which impede development.

Whereas rural areas still have to travel 17.2 percentage points between 2010 and 2015 to reach

Figure 1: Population in Extreme Poverty

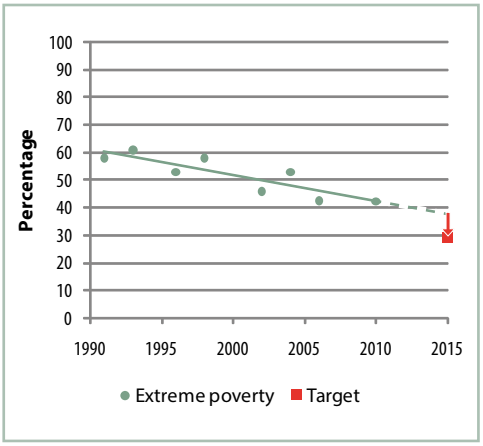


Figure 2: Poverty Gap Ratio (depth of poverty)

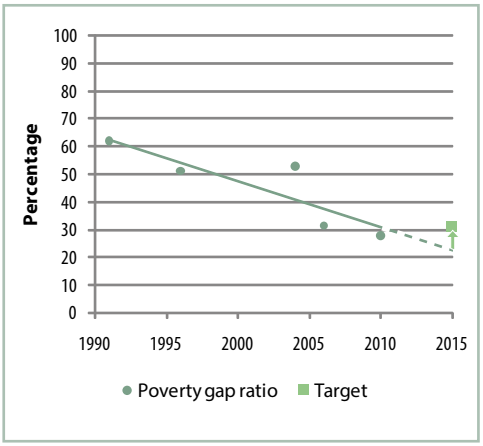
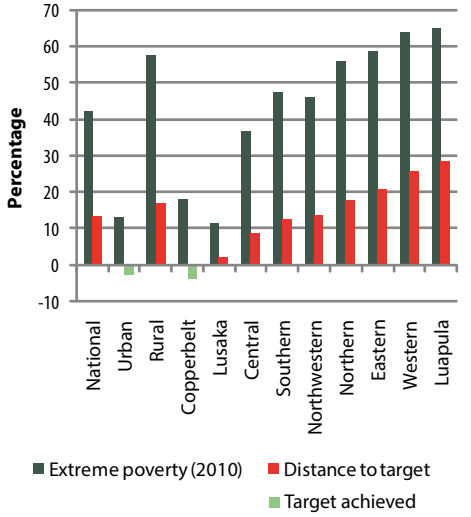


Figure 3: Extreme Poverty by Province (2010)



Source: LCMS 2010

the MDG target, urban areas have, on average, attained it. Urban provinces such as Lusaka (11.5 percent) and Copperbelt (18.3 percent) recorded the lowest rates of extreme poverty in 2010 (see Figure 3). This is because Zambia's strong economic growth has been concentrated to an expansion of industrial and service sector activities in urban areas primarily. In fact, over 80 percent of Zambia's real GDP in 2010 was generated in urban areas, according to the Central Statistical Office. These trends suggest that in the past decade poverty has mainly reduced through migration from the economically depressed, rural areas to the low-cost peri-urban areas closer to the economic opportunities in the cities.

Poverty Gap Ratio: This indicator shows how far below the poverty line the poor are. The wider the poverty gap ratio, the more the resources required for poverty reduction programmes. Zambia has reached its goal for the poverty gap ratio, although this disguises differences between urban and rural areas, as the latter is still to reach its goal (see Table 1). As poverty remains deeper and wider in rural provinces such as Western, Luapula, Eastern and Northern Provinces, these areas need targeted poverty reduction programmes.

Obstacles to Poverty Reduction

Higher poverty amongst female-headed households: Poverty afflicts men and women differently. In 2010, extreme poverty was higher in female-headed (60.4 percent) than male-headed (57.1 percent) households.[40] The loss of a male spouse, typically via death or divorce, results in less labour capacity and income, which makes female-headed households vulnerable to poverty and food insecurity.

Low labour productivity – in particular in agriculture, which provides work for most people in rural areas, has negative implications for inclusive growth. Despite the sector absorbing around two-thirds of the labour force, it only accounts for 6.7 percent of Zambia's real GDP.[41] Lack of reliable electricity, coupled with the fact that electricity access is very low and unequal, further exacerbates the problem of low productivity. According to the 2010 Living Conditions Monitoring Survey, only 22 percent of Zambian households are connected to electricity.

High population growth rate: Zambia has one of the fastest growing populations in sub-Saharan Africa. The growth rate reached 2.8 percent per annum during 2000-2010, up from 2.4 percent during 1990-2000. This has not been accompanied by the requisite social and economic development planning and investment, in effect weakening the link between economic growth and poverty reduction. A rapidly growing population puts pressure on public expenditure, thereby straining vital public services, particularly education and health. Matching population growth with appropriate planning is fundamental to raising the low quality of Zambia's human capital and to speed up poverty reduction.

Low growth elasticity: The significant economic growth rate over the last decade has not translated into poverty reduction because of the low growth elasticity of poverty in Zambia. The absolute value of elasticity was less than 1.0 during 2000-2007.[42] This means there is a weak connection between growth sectors of the Zambian economy and those which employ the poor.

Wide income inequality: The responsiveness of poverty to economic growth is weakened by income inequality, which reduces the growth gains that accrue to the poor. Zambia's Gini coefficient, which measures income inequality, has worsened, from 0.60 in 2006 to 0.65 in 2010, and mostly in rural areas. Most economic activities are concentrated in urban areas, while the rest of the country is fairly underdeveloped and dependent on subsistence farming. Thus, economic growth must be accompanied by progressive redistribution of income in favour of the poor.

The top 10% of Zambians share more than half of total national income. The bottom 60% share less than 14% of total income (LCMS 2010).

Will target 1.C be achieved under the present trend?

Acceleration required

Target 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicator

Prevalence of underweight children under five years of age (percent)

Table 2: Progress in Indicator

	1992	1996	2002	2004	2007	2010*	2015 Target
Prevalence of underweight U-5 children (%)							
National	25.1	25	28.1	20	14.6	13.3	12.5
Rural	29.0	27	30.1	22	15.3	14.2	14.5
Urban	20.8	19	23.4	16	12.8	10.8	10.4

Sources: ZDHS 1992, 2001-2002, 2006 and 2007, LCMS 1996, 2004, 2006 and 2010

Zambia is an exporter of foodstuffs, including maize, yet almost half of Zambian children are stunted in growth.

Status

Underweight children: The proportion of underweight children under five years of age declined from 25.1 percent in 1992 to 13.3 percent in 2010, with both rural and urban areas recording significant improvements. In fact, in rural areas, the 2015 target has been reached, while in urban areas, a further reduction of just 0.4 percentage points is required. MDG target 1.C is therefore likely to be met. According to the 2010 Living Conditions Monitoring Survey, only three provinces (Copperbelt, Southern and Central) have not yet met the target on underweight U-5 children (see Figure 5), which calls for further investments in child nutrition programmes in these provinces. In addition, the incidence of stunting (caused by chronic malnutrition) declined from 54.2 percent in 2006 to 46.7 percent in 2010.[43] These improvements are mainly due to government intensifying programmes for breast feeding, nutritional supplements and immunization during this period.

Nutrition: There is a direct correlation between nutritional levels of the population, especially among young women and children, and food prices (food inflation). Poor people spend most of their income on food and have little capacity to adapt to rising prices. To cope, they limit their consumption of more nutritious but expensive foods. In Zambia, the annual food inflation rate decreased from 180 percent in 1992 to -0.2 percent in 2006. In the same period, the proportion of underweight children almost halved, from 25.1 percent in 1992 to 13.3 percent in 2006.

Figure 4: Underweight Children under Five

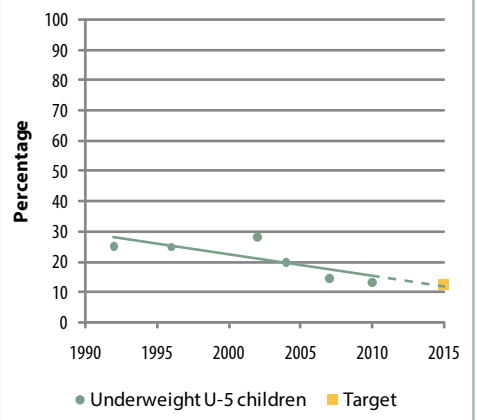
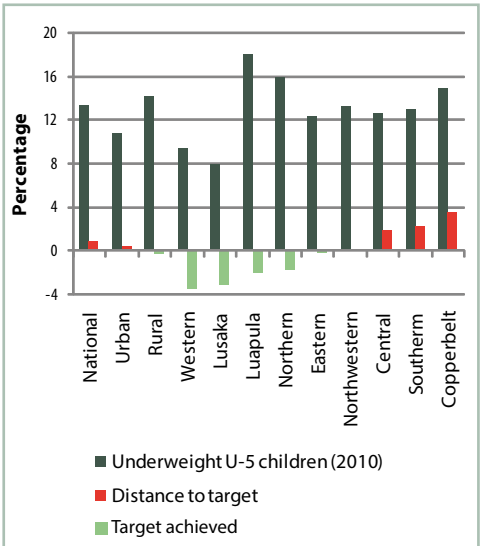


Figure 5: Underweight by Province (2010)



Source: LCMS 2010

MDG 1 TRIGGERS FOR ACCELERATION: Combating poverty and hunger in rural areas

Despite Zambia's impressive macroeconomic performance over the last decade, it has had little impact on extreme poverty, as acknowledged by the country's Sixth National Development Plan (2011-2015). Ensuring that economic growth is accompanied by rapid poverty reduction is therefore a key focus of both government and its development partners. As extreme poverty and inequality is particularly pronounced in rural areas, the analysis below focuses on how to accelerate reduction of poverty and inequality in rural Zambia, largely drawing on international experiences outlined in the global MDG Report 2012: Assessing Progress in Africa toward the Millennium Development Goals.

Rural areas have suffered chronic lack of investment in infrastructure and services – both hard (roads, energy and ICT) and soft (skills, health and markets). Specific policies to promote inclusive growth, with a particular focus on agriculture and the informal sector, have the potential to improve the growth elasticity of poverty. Countries such as China, Brazil and Ethiopia have succeeded in reducing rural poverty through implementing a wide range of pro-poor programmes to improve agricultural technologies, expand agricultural extension services, commercialize smallholder agriculture, develop rural infrastructure and to enhance access to social protection especially through programmes for productive safety nets and provision of credit.

Policies to mitigate and sustainably manage high population growth and to promote social protection are also vital. Global evidence suggests that successful national employment strategies, which expand the number of jobs and labour productivity in growth sectors, have focused on widening access to credit, machinery and other equipment to facilitate value-addition production, on easing the business environment, boosting physical and institutional infrastructure, and on improving working conditions. The large increase in the minimum wage in Zambia in 2012 will work towards minimizing inequality in the formal sector. However, 90 percent of the workforce is in the informal sector.[44] Therefore, it is key to implement policies and instruments that target the informal sector and the non-working poor.

Food security requires short- and long-term strategies and interventions. In the short term, these should focus on improving nutritional outcomes, for example by linking comprehensive national nutritional programmes to health services, on promoting home visits by health workers, and on facilitating distribution of therapeutic food supplements to vulnerable groups, especially children and women. Long-term interventions, which recognize and respond to the impact of climate change through the promotion of sustainable agricultural practices, should be institutionalized. These should, amongst other things, promote better use of fertilizer and wider access to drought and disease-resistant seed. Encouraging all-season farming and easier access to market and insurance information via mobile phone technologies are other long-term interventions to consider.

Learning from both the Zambian experience, as well as what has worked globally, the primary accelerators suggested to reduce extreme poverty and hunger in Zambia are as follows:

(1) Promote long-term planning of and investment in sustainable energy and equitable access to energy, especially amongst the poor. On-grid rural electrification efforts could be supplemented by off-grid interventions such as mini-hydro, natural gas and solar energy, where cost-effective and available. Such interventions can be implemented within a short period to avoid beneficiaries having to wait for the power grid to be extended to rural areas, which often are costly to reach and maintain.

(2) Allow for greater private sector participation in the maize market, to promote agricultural diversification, and hence more income opportunities for the rural poor.

(3) Review the Farmers Input Support Programme in a transparent manner to assess its direct benefits to small-scale farmers and poor households. If correctly targeted, this input subsidy programme could potentially have a more immediate impact on hunger and income deprivation among the poorest rural households, especially if it was combined with cash transfers.

(4) Ensure access to cheaper credit and insurance, skills upgrading and appropriate technology to enable scale-up and improvement of small-scale agricultural and labour productivity.

(5) Intensify investments in rural and peri-urban economic and social infrastructure, with priority given to feeder roads, secondary schools, clinics, water and sanitation.

(6) Provide public transportation that connects rural communities to markets, to enable cheaper transportation of goods and services, and hence cheaper food for poorer households.

(7) Implement legislative and regulatory instruments that will promote the introduction of protein- and vitamin-rich foods into the staple diet, and teach young mothers to optimize provision and preparation of low-cost nutritional foods for infants and children.

MDG 2

Universal Education

MDG 2 Achieve universal primary education

Will target 2.A be achieved under the present trend?

Acceleration required

Target 2.A

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicators

- Net enrolment in primary schools (percent)
- Proportion of pupils reaching Grade 7 (percent)
- Literacy rates for 15-24-year-olds (percent)

Table 3: Progress in Indicators

	1990	2000	2001	2002	2003	2004	2005	2006	2009	2010	2015 Target
Primary school net enrolment (%)											
Total	80	71.1	76.6	77.7	81.3	85.1	95.6	97	102*	93.7#	100
Girls	69	69.6	75.3	76.4	82.4	84.6	95.8	98	104.6*	93.9#	100
Boys	71	72.7	77.8	78.8	81.3	85.6	95.3	96	103.6*	93.1#	100
Pupils reaching Grade 7 (%)											
Total	64				73	82	81	83	91.7	90.9	100
Girls	57				66	75	73	79	87.7	89.6	100
Boys	71				80	95	88	91	98.7	90.8	100
Literacy rates for 15-24-year-olds (%)											
Total	74.9	70			75	70				88.7	100
Girls	71.2	66			70	66				86.5	100
Boys	78.9	75			75	75				91.2	100

Sources: MOE, except literacy rates (1990, 2000 and 2010) from CSO census reports

* Enrolment rates cannot exceed 100 percent, however these figures are based on demographic data, which does not include factors such as migration within Zambia. # Enrolment rates for 2010 are based on the actual size of the population according to the 2010 census, while enrolment rates for 2001-2009 are based on population projections in the 2000 census.

Almost all children in Zambia complete primary school, but less than 40% pass their final exams in secondary school – and only 19% of girls do so (MOE).

Figure 6: Primary School Net Enrolment

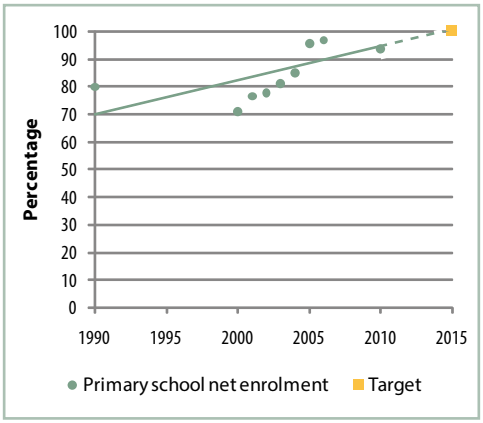
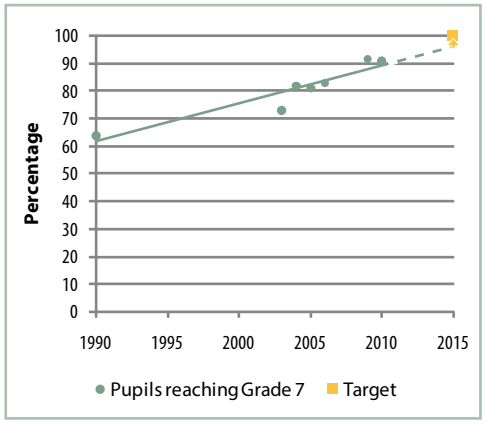


Figure 7: Pupils Reaching Grade 7



Status

Primary school net enrolment: Zambia has made steady progress on primary school enrolment, which has increased from 80 percent in 1990 to 93.7 percent in 2010. The improvement is linked to several factors such as development of education infrastructure and introduction of free education.

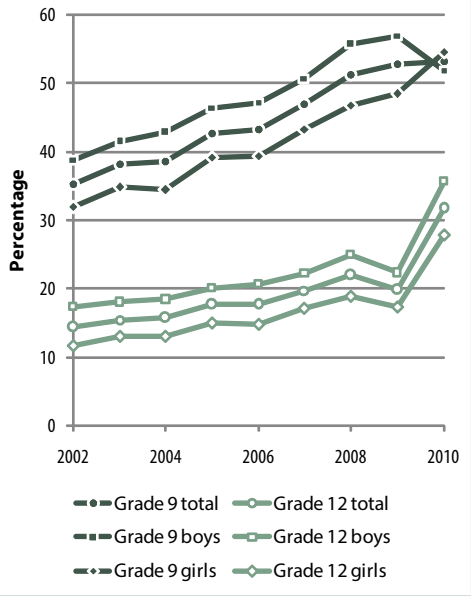
Grade 7 completion:[45] Zambia has also made progress in boosting primary school completion rates. The proportion of pupils reaching Grade

7 has increased from 64 percent in 1990 to 90.9 percent in 2010. Disaggregation by sex shows that the improvement in the same period was higher for girls (32.6 percentage points) than for boys (19.8 percentage points). This was partly on account of the Programme for Advancement of Girls' Education and the re-entry policy. The latter may by now be showing a positive, albeit minor, impact.

Similarly, the completion rate for Grade 9 (basic school) increased from 35.3 percent in 2002 to 53.2 percent in 2010 (see Figure 9), while that for Grade 12 (secondary school) increased from 14.4 percent in 2002 to 31.7 percent in 2010. In both instances, the completion rate has improved faster for girls than for boys. In fact, girls have overtaken boys in completing basic school. However, this says little about the quality of this education and its ability to make graduates 'fit for work'. Both Grades 9 and 12 have low pass rates.

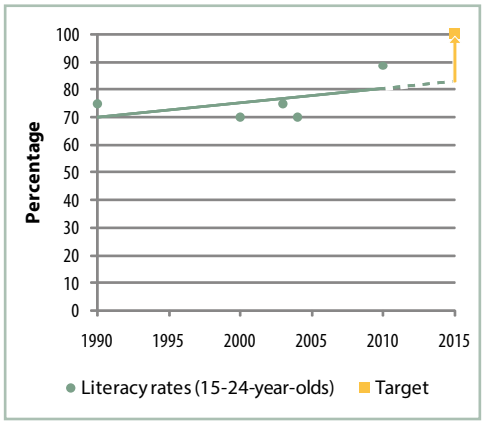
Youth literacy: National youth literacy has improved from 74.9 percent in 1990 to 88.7 percent in 2010. It has increased faster for girls, by 15.3 percentage points in the same period, than for boys, by 12.3 percentage points. (see Table 3). Illiteracy presents a real challenge to the attainment of MDG target 2.A, and to the overall issue of addressing the transition to employment and increasing labour productivity. A focus on functional literacy for young adults is required, without which vocational and technical training and skills upgrading efforts are undermined.

Figure 9: Completion Rates Grades 9 and 12



Source: MOE Educational Statistical Bulletin 2010

Figure 8: Literacy Rates (15-24-year-olds)



Average class sizes in Zambia's schools have increased from 37 to 57 over the past two decades (UNESCO).

MDG 2 TRIGGERS FOR ACCELERATION: Moving to secondary school and literacy targets

By improving its primary school enrolment and completion, Zambia has encountered a new challenge: How to ensure that its primary education is of a quality high enough for pupils to progress through secondary education. In addition, the country is faced with the issue of equal access for girls and boys at secondary and tertiary levels of education.

(1) To further improve the Grade 7 completion rate, government needs to secure greater balance between interventions that focus on improving educational access and gender parity in enrolment, on the one hand, and those that address retention and completion rates, on the other.

(2) Although the completion rate for Grade 12 has been improving rapidly since 2009, primarily due to major improvements in school infrastructure, it is still very low. Enhancing this will require massive investments in the construction of secondary and post-secondary educational facilities, and higher recurrent budgets for the provision of books, lab and computer equipment.

(3) Quantitative improvements in education outcomes, while necessary, are not sufficient. Improved enrolment and progression rates should be accompanied by quality teaching staff and upgraded school facilities to improve the overall quality of education (including improving the dwindling pass rates). The commitment by government in its 2013 national budget to provide more resources for the educational sector, including for the recruitment of more teachers and retention incentives for those to serve in rural areas, is encouraging.

(4) To address illiteracy, government must work with its stakeholders and partners, including civil society organizations, private sector, academia and parent-teacher associations in pursuing policies and programmes that improve youth literacy rates, especially for females. Civil society has experience in designing flexible programmes for specific community groups, lobbying for the interests of vulnerable populations and monitoring performance. The private sector has a particular interest in an educated workforce and must be encouraged to offer more apprenticeship programmes, as well as workplace literacy and skills development.

MDG 3

Gender Equality

MDG 3 Promote gender equality

Will target 3.A be achieved under the present trend?

Acceleration required

Target 3.A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicators

- Ratio of girls to boys in primary, secondary and tertiary education
- Ratio of literate women to men (15-24-year-olds)
- Share of women in wage employment in non-agricultural sector (percent)
- Proportion of seats held by women in parliament (percent)

Table 4: Progress in Indicators

	1990	1995	2000	2004	2005	2006	2007	2008	2009	2010	2015 Target
Ratio of girls to boys in education											
Primary	0.90			0.95	0.96	0.97	0.96	0.97	0.96	0.99	1
Secondary	0.90	0.72			0.86	0.86	0.89	0.87	0.88	0.86	1
Tertiary					0.74	0.72	0.77	0.74	0.74	0.75	1
Ratio of literate women to men (15-24-year-olds)											
	0.75		0.70		0.80	0.80	0.80	0.80	0.80		1
Share of women in wage employment in non-agricultural sector (%)											
	39				34						
Proportion of seats held by women in parliament (%)											
	6.7*	10#	12		12	14	14	14	14	11.4^	30

Sources: MOE Educational Statistical Bulletin 2010 and Zambia MDGR 2011

* 1991, # 1997, ^ 2012

Zambia lags behind other SADC countries on women representation in government. Only 18 of its 158 members of parliament are women.

Figure 10: Ratio of Girls to Boys in Primary, Secondary and Tertiary Schools

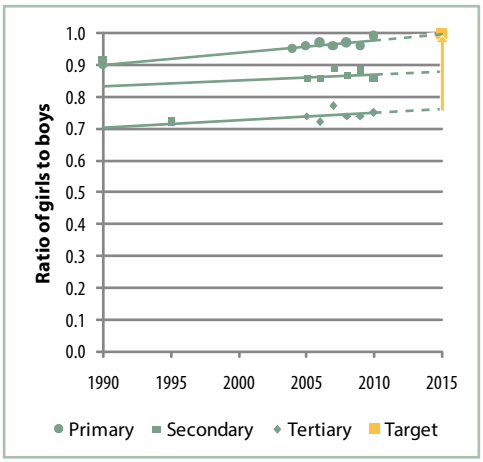
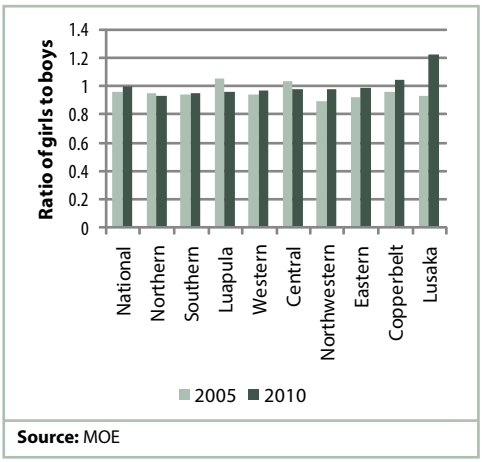


Figure 11: Ratio of Girls to Boys in Primary School by Province



Source: MOE

Status

Gender parity in education: The ratio of girls to boys in primary education has increased from 0.90 in 1990 to 0.99 in 2010, which is very close to the target of 1. In effect Zambia has attained gender parity in primary school enrolment. The Programme for Advancement of Girls' Education, introduced in 1994, and to a lesser degree the re-entry policy, is considered a major driver in this regard. Gender parity by province (see Figure 11) shows that Lusaka and Copperbelt Provinces have attained equality in primary education. Being urban provinces, they have a high number of schools places, and are less susceptible to traditions working against girls getting an education. Amongst the rural provinces, Eastern

(0.99) had the best gender parity, while Northern (0.93) had the worst.

Gender parity in secondary education has, however, fallen from 0.92 in 1990 to 0.86 in 2010 (see Table 4), primarily driven by a high drop-out rate for girls. Girls are being socialized to become wives, mothers and care-givers, which results in more domestic responsibilities (chores and care tasks), teenage pregnancies and early marriages. Once in secondary school, girls are also vulnerable to sexual harassment and violence and related diseases such as HIV&AIDS. HIV&AIDS worsens gender-based differences in access to land and other productive resources such as labour, technology, credit and water. These gender differences become more acute when productive resources are eroded, making female- and youth-headed households the most vulnerable of the rural poor. Zambia has a relatively high percentage of households headed by girls of school-going age.[46] HIV&AIDS has no age boundaries, and the loss of adult labour has forced families to withdraw older children from school to take care of younger siblings and/or help in food production.

Gender parity in tertiary education has remained almost unchanged from 2005 (0.74 percent) to 2009 (0.75 percent). Many young women do not enrol in colleges and university, or find it difficult to continue attending classes after getting married or becoming pregnant. However, within some tertiary institutions, such as the University of Zambia, great improvements have been made (see Table 5). The obvious exception is the Copperbelt University, which had a ratio of females to males of 0.39 in 2011. This is likely to be caused by this institution offering primarily scientific and mathematical courses.

Women in parliament: Zambia has continued to perform poorly with respect to political representation of women in government. Women made up 52 percent of the voting block in the 2011 general elections, yet they hold a low proportion of seats in both local councils (6.3 percent) and parliament (11.4 percent). In fact, Zambia's representation of women in parliament is one of the lowest in Africa; far short of the MDG target of 30 percent and the even more ambitious target of 50 percent set by both the AU and SADC (Zambia has signed the SADC Gender Protocol for 50/50 representation). Experience shows that countries, which have performed well on female representation in politics, such as Egypt, Rwanda, South Africa and Uganda, have adopted legal frameworks that guarantee parliamentary seats for women.[47] In addition, political parties have a strong role to play in accelerating gender inclusiveness in politics at local, regional and national levels.

Table 5: Ratio of Women to Men in Tertiary Education by Institution

	1994	1995	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total					0.74	0.72	0.77	0.74	0.74	0.75	0.75	
TEVETA Institutions		0.36	0.79	0.61	0.59	0.68	0.69	0.68	0.81	0.78	0.80	
Education colleges			1.04	1.05	1.27	0.89	0.96	1.02	0.90	0.91	0.80	
University of Zambia			0.29	0.51	0.60	0.68	0.69	0.68	0.76	0.80	0.83	
Copperbelt University	0.08	0.18	0.24	0.25	0.25	0.26	0.46	0.25	0.32	0.34	0.39	0.41
Mulungushi University									0.60	0.60	0.50	1.20

Source: MOE

MDG 3 TRIGGERS FOR ACCELERATION: Reaching for gender equality in the economic, social and political spheres

Despite awareness-raising and other interventions to promote gender equality, Zambia has not focused sufficiently on addressing the underlying causes of women's economic, social and political marginalization. Waiting for the pervasive cultural norms and discriminatory attitudes to change is a wait too long. Zambia needs to actively advance policies and laws that reinforce gender parity and equality in access to education, labour market, public services and political representation. Many countries within the region and in other parts of the world have shown that affirmative action initiatives are needed to correct for age-old biases and behaviours in order to provide a level playing field for girls and boys, women and men. Specific triggers include the following:

(1) A continued focus on specific initiatives that target the educational needs of under-served and under-privileged girls (and boys) in order to increase their educational access.

(2) Promoting women's skills development to improve access to higher skilled and productive jobs, including in non-traditional work areas.

(3) Provision of subsidized child care services, in particular made more easily available to poorer women to enable them to participate in remunerative economic activities.

(4) Directly and aggressively address the issue of gender violence and early marriages through implementation of laws, advocacy and campaigns that include traditional leadership, and through actual banning of hurtful cultural practices.

(5) A concerted effort to attain gender parity in secondary education would entail confronting the preference to educate boys rather than girls and practices such as early marriages. Extensive advocacy, household incentives, school bursaries and more girls' hostel facilities would make a difference, as would continued efforts to reduce HIV prevalence and incidence.

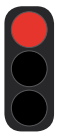
(6) Minimum thresholds of male and female representation throughout the political cycle – from party lists to seats in parliament – could be introduced to incentivize the change and ensure greater gender parity in political representation at all levels.

MDG 4

Child Health

MDG 4 Reduce child mortality

Will target 4.A be achieved under the present trend?



Significant reforms and investments required

Target 4.A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Indicators

- Under-five mortality rate (deaths per 1,000 live births)
- Infant mortality rate (deaths per 1,000 live births)
- Proportion of one-year-olds immunized against measles (percent)

Table 6: Progress in Indicators

	1992	1996	2002	2007	2010	2015 Target
U-5 mortality rate (deaths per 1000 live births)	190.7	197	168	119	137.6	63.6
Infant mortality rate (deaths per 1,000 live births)	107.2	109	95	70	76.2	35.7
One-year-olds immunized against measles (%)	77	86.5	84	84.9	94	100

Sources: Mortality rates from CSO (1992-2007 from ZDHS and 2010 from LCMS) and immunization from MOH

Child mortality has declined by almost 30% in the past two decades. Yet, 1 in 8 children die before they turn 5 years.

Figure 12: U-5 Mortality Rate

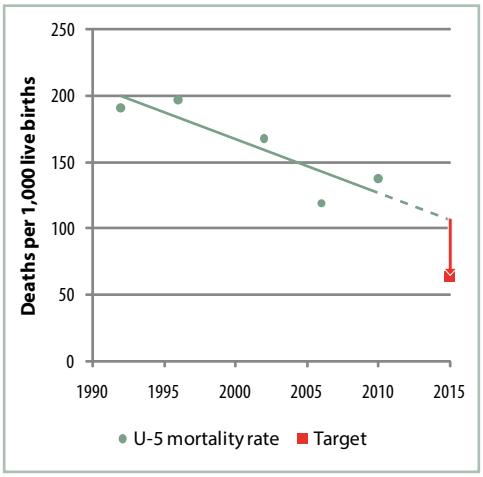


Figure 13: Infant Mortality Rate

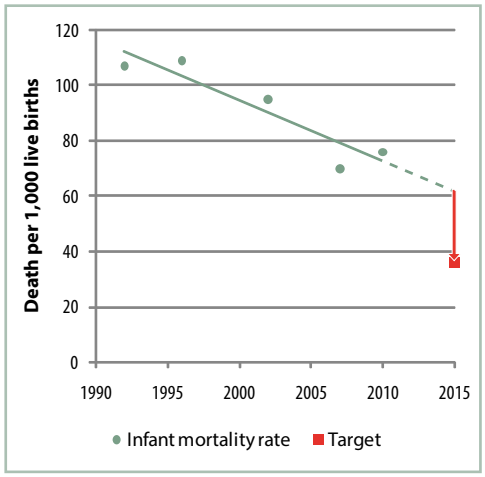
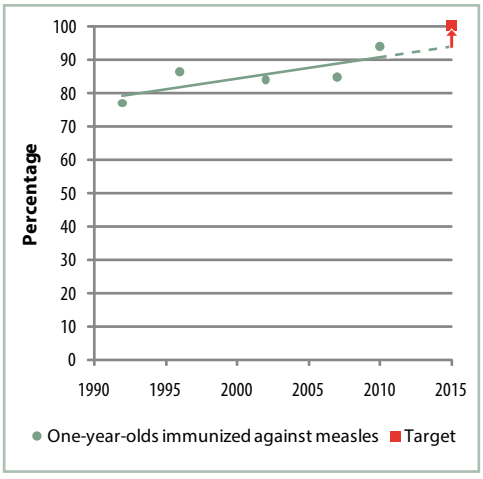


Figure 14: One-Year-Olds Measles Immunized



Status

Child mortality: The observed declines in child mortality rates in Zambia are insufficient to reach MDG target 4.A. Under-five mortality dropped from 190.7 deaths per 1,000 live births in 1992 to 137.6 deaths per 1,000 live births in 2010, while infant mortality (death before a child's first birthday) reduced from 107.2 deaths per 1,000 live births in 1992 to 76.2 deaths per 1,000 live births in 2010.

Similarly, neonatal mortality (deaths during the first 28 days after birth) has according to UNICEF reduced from 43 deaths per 1,000 live births in 1990 to 27 deaths in 2012.[48]

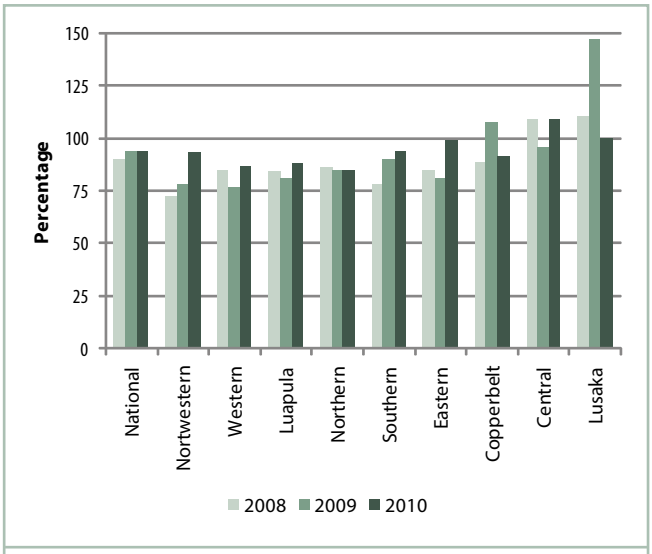
The leading causes of death among children are complications arising during pregnancy and birth, and later, respiratory infections, diarrhoeal diseases, malaria, measles and malnutrition, often in combination. Many countries have therefore successfully reduced child mortality by implementing the Integrated Management of Childhood Illness (IMCI) strategy, a holistic approach to child health developed by UNICEF and WHO. Zambia has also adopted IMCI, but its child mortality rates suggest an urgent need to revise its child health interventions. The country needs to improve the prevention and management of diarrhoea, pneumonia, malaria and HIV infection in children, including scaling up of high-impact advocacy on the importance of exclusive breastfeeding and appropriate feeding of young children as well as hygiene, handwashing and unsafe drinking water.

Measles immunization: One effective intervention has been the immunization against measles, with coverage growing from 77 percent of all one-year-olds in 1992 to 94 percent in 2010.

Measles are part of the full immunization package in Zambia. Figure 15 shows that full immunization coverage has varied across provinces. Generally, urban provinces (Lusaka and Copperbelt) are in the lead, while remote rural provinces such as Northwestern and Western have the lowest coverage. Although there has been an improvement in the availability of logistics, vaccines and cold chain storage, driven by efficient interventions such as the Expanded Programme on Immunization and the National Vaccine Cold Store, some facilities still get cut off during the rainy season. In addition, aggressive social mobilization will have to correct for the worsening turn-out for immunization in urban provinces.

Government is also supporting the introduction and expansion of new vaccines into Zambia including pneumococcal, rotavirus and measles second dose vaccines, as well as other new vaccines in the future.

Figure 15: Full Immunization Coverage by Province (2008-2010) (sorted by average)



Source: MOH Annual Health Statistical Bulletin 2010

MDG 4 TRIGGERS FOR ACCELERATION: Saving more children from birth to five years

(1) Expand interventions that target the main causes of death in U-5 children as well as the most vulnerable newborns, infants and children. This includes promoting breast feeding and appropriate nutrition and ensuring full immunization coverage, especially against measles. In this regard, the bi-annual Child Health Week has shown good results, but more resources must be put into outreach activities to follow up on mothers defaulting on immunization programmes.

(2) Empowering women and increasing awareness and education levels of young mothers will have a direct impact on the lives, health and nutritional status of their children.

(3) Diarrhoea remains a dominant threat to the lives of infants and children in Zambia. Access to clean water and improved sanitation facilities both in homes and schools effectively addresses this threat.

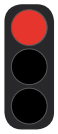
(4) Countries that have significantly reduced neonatal deaths have focused on having trained midwives at all deliveries, increased pre-natal check-ups and nutritional care, and maternity waiting homes near clinics to reduce travel distances, especially if complications set in.

MDG 5

Maternal Health

MDG 5 Improve maternal health

Will target 5.A and 5.B be achieved under the present trend?



Significant reforms and investments required

Target 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Indicators

- Maternal mortality ratio (deaths per 100,000 live births)
- Proportion of births attended by skilled health personnel (percent)

Target 5.B

Achieve, by 2015, universal access to reproductive health

Indicators

- Contraceptive prevalence rate (any modern method) (percent)

Table 7: Progress in Indicators

	1992	1996	2002	2007	2010*	2015 Target
Maternal Mortality Ratio (deaths per 100,000 live births)		649	729	591.2	483	162.3
Births Attended by Skilled Personnel (%)	50.5		43.4	46.5	44*	
Contraceptive Prevalence Rate (%)	7.0	11.2	18.6	24.6		

Sources: CSO, except *MOH

38 women die every month in Zambia during pregnancy and childbirth

Figure 16: Maternal Mortality Ratio

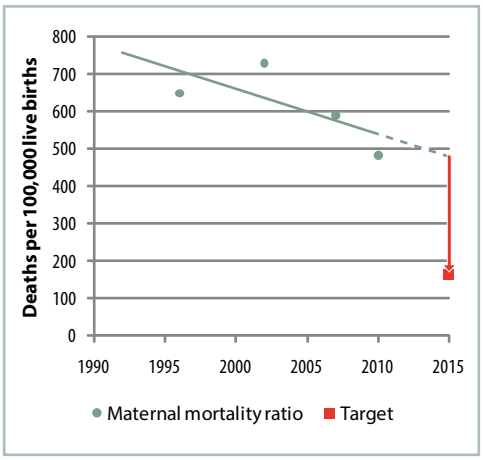
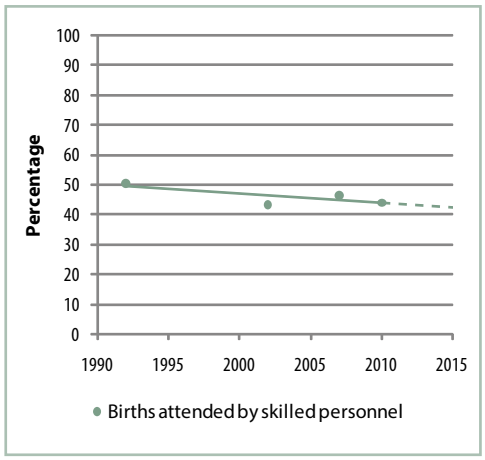


Figure 17: Births Attended by Skilled Personnel



Status

Maternal mortality: Although maternal mortality has declined in Zambia, the magnitude of the problem is still unacceptably high. According to the Ministry of Health, 38 women die every month on average during pregnancy and childbirth. The maternal mortality ratio has improved from 649 deaths per 100,000 live births in 1996 to 483 deaths per 100,000 live births in 2010. This is a lot higher than the MDG target of 162.3 deaths per 100,000 live births by 2015.

The major direct causes of maternal mortality in Zambia are complications arising during pregnancy and birth, such as haemorrhage, septicaemia (blood infection), obstructed labour, hypertensive conditions, as well as unsafe abortions. Zambia has sought to reduce maternal mortality by ensuring universal access to family planning, skilled attendance at birth, and basic and comprehensive emergency obstetric care. However, maternal mortality is rooted in gender inequality, which manifests itself as poor education for girls, early marriages, adolescent pregnancies

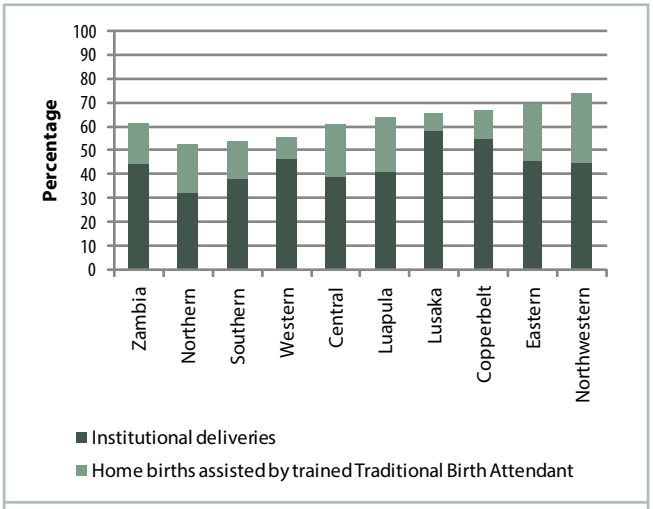
and lack of access to sexual and reproductive health information and services.

This is related to the problem of unsafe abortions. According to the University Teaching Hospital, unsafe abortions account for nearly 30 percent of all maternal deaths in Zambia, with young women particularly at risk. Zambia may have one of the most progressive abortion laws in sub-Saharan Africa, but there are many barriers to access safe services, including moral prejudices against abortions, even amongst healthcare providers. The result is that women, and girls, go to great lengths to end pregnancies in secret.

Assisted deliveries: This is one of the most critical interventions for ensuring safe motherhood. It hastens the timely delivery of emergency obstetric care as well as newborn care when life-threatening complications arise. Figure 18 shows that supervised deliveries averaged over 60 percent over the period 2008 to 2010, which partly explains the recent reduction in maternal mortality. Several typically rural provinces such as Northwestern, Eastern, Luapula and Northern did well due to their high proportion of home births assisted by trained traditional birth attendants. As a temporary measure, traditional birth attendants help to bridge the gap until more midwives are trained.

The increase in rural health centres, which provide a hygienic environment for deliveries, has had a positive impact on maternal health, as has the increase in healthcare providers equipped with in-service emergency and obstetric care skills. Other factors include community sensitization on how institutional deliveries can save both mothers' and babies' lives. Yet, many women still deliver at home, especially poor women in rural areas with little education. These women also have fewer and lower-quality antenatal care visits. On average, Lusaka and Copperbelt Provinces had the highest proportions of institutional deliveries (see Figure 18) due to an easier access to health centres. Northern Province had the lowest proportion of institutional deliveries.

Figure 18: Supervised Deliveries by Province (average 2008-2010)



Source: MOH Annual Health Statistical Bulletin 2010

MDG 5 TRIGGERS FOR ACCELERATION: A mother's health is a community's wellbeing

Efforts to decrease maternal mortality cannot be undertaken in isolation, as it is closely linked to other MDG indicators such as mothers' education, nutrition and diseases such as HIV&AIDS and tuberculosis. An aggressive effort to reduce maternal mortality should include efforts by government and its partners to:

(1) Scale up long-term methods of **family planning** that are encouraged and supported by families, health facilities and local communities.

(2) Continue expanding – and sustain – basic and comprehensive **emergency obstetric care**, including improved referral systems, for an immediate and direct impact on mothers' lives at child birth.

(3) Improve **pre-service training** of midwives and the capacity of other health care providers in emergency obstetric care, and facilitate the return of retired nurses to fill the gap until trained midwives have been deployed.

(4) Continue sensitization of pregnant women, and their partners, on the importance of attending and seeking **early antenatal care**. This includes scaling up safe motherhood action groups to all districts to provide the needed support.

(5) Construct **maternity waiting homes** where there are none, with priority given to districts with few health centres, where expectant mothers travel long distances.

(6) Reduce the high number of **unsafe abortions**, both by preventing unplanned pregnancies, and by tackling barriers that prevent women from accessing safe services. Community interventions could increase awareness about the moral and legal rights of women to access abortions under certain circumstances.

MDG 6

HIV&AIDS and Malaria

MDG 6 Reverse the spread of HIV&AIDS, malaria and other major diseases

Will targets 6.A + 6.B be achieved under the present trend?

Yes

Target 6.A

Have halted, by 2015, and begun to reverse the spread of HIV&AIDS

Indicators

- HIV prevalence rate (percent)
- Proportion of 15-24-year-olds with comprehensive, correct knowledge of HIV&AIDS (percent)
- Ratio of school attendance of orphans to non-orphans (10-14 years)

Target 6.B

Achieve, by 2010, universal access to treatment for HIV&AIDS for all those who need it

Indicators

- Proportion of population with advanced HIV infection with access to ARVs (percent)

Table 8: Progress in Indicators

	2000	2002	2005	2007	2008	2009	2011	2015 Target
HIV prevalence rate (%)		15.6		14.3				15.6 or less
Proportion of 15-24-year-olds with comprehensive, correct knowledge of HIV&AIDS (%)		31	43.7*	48		40.2*		
Ratio of school attendance of orphans to non-orphans (10-14 years) (%)	71.8	79.1		93		92*		100
Proportion of population with advanced HIV infection on ART (%)			23.5#		74#		77.6#	80

Sources: CSO, except *Zambia Sexual Behaviour Survey 2009 and #HIV&AIDS UNGASS Zambia Report 2012

HIV incidence has stabilised in Zambia, yet the absolute number of new HIV infections is increasing due to an expanding population.

Large cities host a disproportionate share of the HIV epidemic in Africa, and Zambia is no exception. HIV&AIDS is a major health and social problem in large cities in the form of high prevalence and associated need for treatment and care.

Figure 19: HIV Prevalence Rate

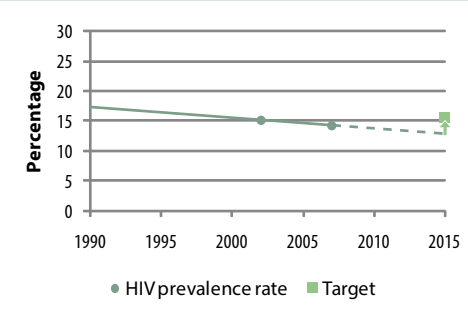
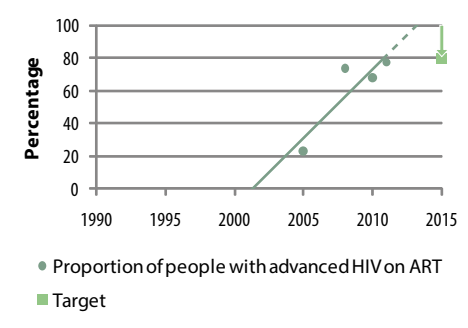


Figure 20: Universal Treatment



Status

HIV prevalence and incidence: Zambia is likely to achieve the 2015 target for the HIV prevalence rate, as it fell to 14 3 percent in 2007. Although the national MDG target has been met, this masks great differences in HIV prevalence rates amongst provinces (see Figure 21). Lusaka, Copperbelt and Central Provinces are all above 15.6 percent. Therefore extra attention must be paid to provinces with high prevalence.

However, focus is increasingly shifting to reduction of new infections (the incidence rate). From 1990 to 2011, the rate of new infections more than halved in the Zambian adult population (15 years and older), to 0.96 percent amongst males and to 1.25 percent amongst females (see Figure 22). The increase from 1998 to 2002 was caused by a range of factors, such as lack of awareness and use of services, the window period of HIV and scale-up of VCT. Although the incidence rate amongst adults over 15 years of age is projected to continue falling from 2011 to 2015, by

2.2 percent for men and 2.1 percent for women, it is still much higher than the death rate of 0.34 percent per year amongst adults over 15 years of age. A disease only wanes significantly if there are fewer new infections than deaths from the disease, and in the case of Zambia this can only happen once new infection rates are below 0.2 percent per annum.[49]

The key drivers of new infections in Zambia are multiple and include concurrent sexual partners, low and inconsistent use of condoms, low rates of medical male circumcision, poor coverage of vulnerable and marginalized groups such as sex workers, prisoners and migrants, and mother-to-child transmission.

Since the introduction of voluntary medical male circumcision (VMMC) in 2007, over 167,000 VMMCs have been performed in Zambia, of which 89 percent took place in 2010 and 2011.[50] Yet, the VMMC programme has fallen short of its target of 150,000 circumcisions annually.

In this connection, it is encouraging that the number of people accessing Voluntary Counselling and Testing (VCT) has been increasing steadily over the years, from 511,266 in 2008 to 1,772,043 in 2011. However, more women than men are utilizing VCT in Zambia (see Figure 23). Behaviour change for men in a highly male-driven culture remains a significant challenge, as does the poor availability of test kits.

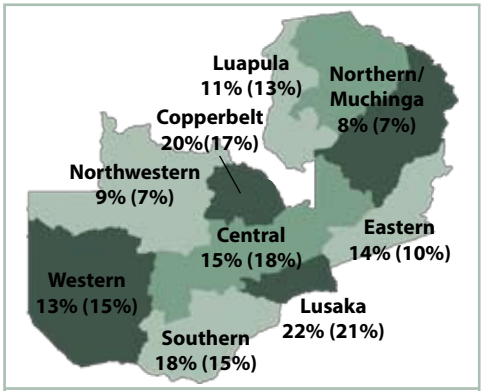
Young people with knowledge of HIV&AIDS: Comprehensive knowledge of HIV&AIDS amongst young people (15-24 years) is vital to improve their health-seeking behaviour and ability to access relevant health and support services. The proportion of young people with comprehensive knowledge of HIV&AIDS has improved from 31 percent in 2002 to 40.2 percent in 2009. However, HIV prevalence remains high amongst people with comprehensive knowledge of HIV&AIDS,[51] suggesting that socio-economic and gender inequalities as well as cultural factors are important drivers of the HIV epidemic. Research has indicated that transactional sex (the exchange of favours for sex) is common in Zambia, even among young people.

School attendance of orphans: The vulnerability of children orphaned by the HIV&AIDS epidemic is immense, not only to HIV infection, but also to poverty, drugs and engaging in sex work and other illegal activity. Effective mitigation efforts include ensuring that they do no end up on the streets and supporting their education. The ratio of orphans to non-orphans aged 10-14 years attending school has increased from 71.8 percent in 2000 to 92 percent in 2009, close to the 2015 target of 100 percent.

Universal access to HIV&AIDS treatment: With free paediatric ARVs and an adult ART policy, Zambia has made significant progress towards achieving universal access to treatment for HIV&AIDS. The treatment coverage increased from 23.5 percent in 2005 to 77.6 percent in 2011, equivalent to over 415,000 people accessing ARVs in 2011. The rapid expansion has had a significant impact on mortality among adults in Zambia, with an estimated 50,000 lives saved in 2011. However, treatment is mostly extended to adults. In 2011, coverage reached 90 percent of adults in need of treatment, but only 28.1 percent of children less than 15 years. More females are accessing treatment compared to males, and antiretroviral treatment coverage is higher in urban areas than in rural ones. Achieving universal access would also have an effect on new infections, as efficacious ART lowers the level of HIV virus in the body and hence the transmission risk.

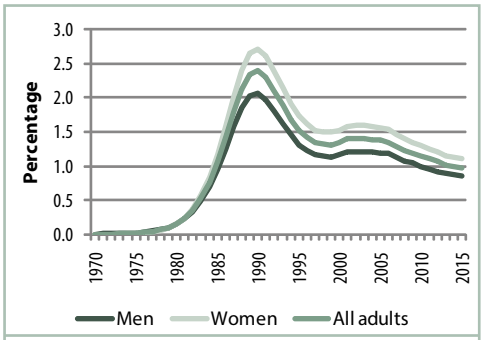
Free services for prevention of mother-to-child transmission (PMTCT) have reduced new infections among newborns. The number of HIV-infected pregnant women (delivering in health institutions) who received antiretroviral drugs to avert transmitting HIV to their babies increased from 7 2 percent in 2004 to 84.5 in 2011 (see Figure 24).

Figure 21: HIV Prevalence 2007 (2001/02)



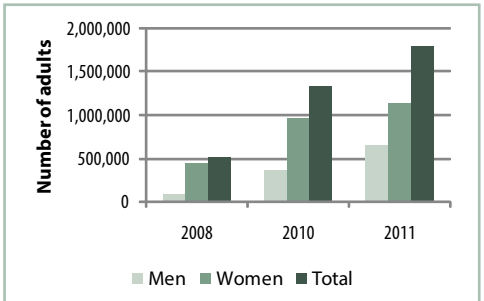
Source: ZDHS 2001-2002 and 2007

Figure 22: New HIV Infections among Adults (≥ 15 years) (projections from 2012 onwards)



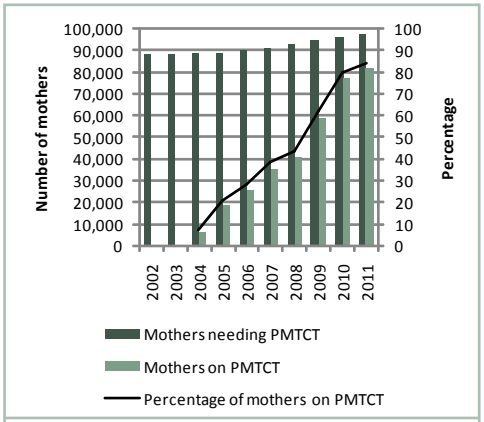
Source: HIV&AIDS UNGASS Zambia Report 2012

Figure 23: Adults (≥ 15 years) who have Received VCT, and Know Their Results



Source: HIV&AIDS UNGASS Zambia Report 2012

Figure 24: Mothers Needing and Accessing Prevention of Mother-To-Child Transmission



Source: HIV&AIDS UNGASS Zambia Report 2012

Will target 6.C be achieved under the present trend?

Acceleration required

Target 6.C

Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases

Indicators

- New malaria cases per 1,000 population
- Malaria fatality rate per 1,000 population
- Proportion of households with ITNs (pre- or post-treated) (percent)

Table 9: Progress in Indicators

	1990	2000	2002	2003	2004	2006	2007	2008	2009	2010	2015 Target
New malaria cases per 1,000 population	255	316	388	425	383	412	358	252	246	330	255 or less
Malaria fatality rate per 1,000 population	11		48		33	40	40	39	29	34	11
Proportion of households with ITNs (pre- or post-treated) (percent)		9.3*	13.6			37.8	53.3	62.3		64.3	

Sources: MOH, except *Netmark Baseline Survey on Insecticide Treated Materials in Zambia, May 2001

Figure 25: New Malaria Cases

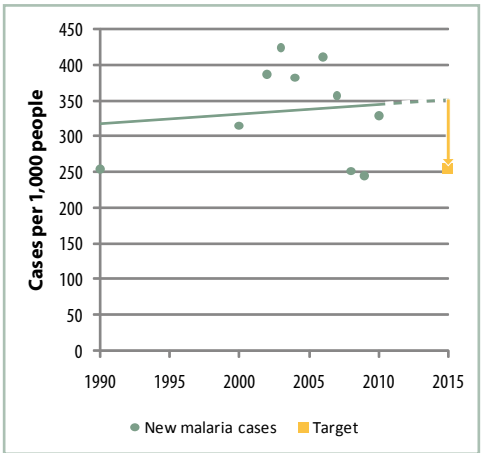
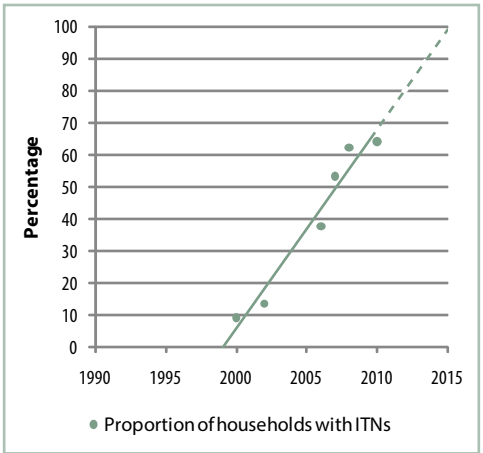


Figure 26: Households with ITNs

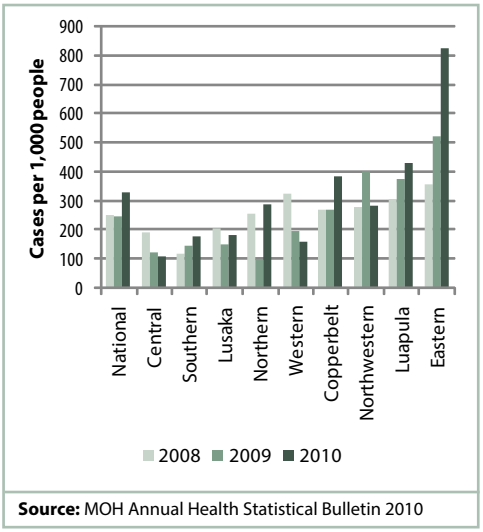


Status

Malaria: Malaria is both preventable and curable, but after some years of success in the anti-malaria campaign, the reduced resources for this effort have resulted in Zambia having an increase in both new cases and deaths from 2009 to 2010. New cases increased from 255 per 1,000 population in 1990 to 330 in 2010. Similarly, the fatality rate increased from 11 per 1,000 population in 1990 to 34 in 2010 – despite the proportion of household with insecticide-treated mosquito nets (ITNs) increasing from 9.3 percent in 2000 to 64.3 percent in 2010. This deterioration in malaria indicators could also be attributed to the malaria parasite's resistance to the first-line treatment drugs. Zambia has now adopted Artemisinin-based combination therapies in line with the recommendations of WHO. Other contributing factors include inadequate availability of malaria prevention drugs, inadequate regular indoor residual spraying and human resource and infrastructure constraints for diagnosis and treatment in high malarial areas.

At provincial level, Eastern Province is the worst affected, followed by Luapula and Northwestern Provinces (see Figure 27). These provinces receive relatively high rainfall, which in Eastern Province is exacerbated by many permanent small water bodies, producing ample breeding spots for mosquitoes. In addition, these provinces are all rural, with housing conducive to malaria transmission but logistical challenges to malaria control. Central Province had the lowest

Figure 27: Malaria Incidence by Province (sorted by average)



Source: MOH Annual Health Statistical Bulletin 2010

incidence of malaria in 2010 due to its indoor residual spraying programme.

The lack of mass ITN distribution in 2009 led to the national distribution target of 3 ITNs per household not being met. In addition, the correct use of mosquito nets still remains low. This, together with shortages of Rapid Diagnostic Tests in many districts, contributed to the increase in the malaria incidence in 2010.

Tuberculosis: Tuberculosis control efforts are starting to bear fruit in Zambia. Since reaching a peak of 545 new cases per 100,000 people in 2004, the notification rate has been falling steadily to 372 new cases in 2011. Zambia has also reached the WHO targets for both TB case detection (70 percent) and treatment success rate (85 percent). In 2011, Zambia's TB case detection rate was 73 percent and its treatment success rate (the percentage of new, registered smear-positive (infectious) cases that were cured or in which a full course of treatment was completed) reached 89 percent.[52]

While there has been a concerted effort to treat TB and other infectious diseases, of growing concern in Zambia today are non-communicable diseases. Mortality and loss of productivity due to heart disease, diabetes and hypertension are on the rise, and represent the next big health challenge in Zambia.

MDG 6 TRIGGERS FOR ACCELERATION: Breaking the cycle of transmission and new infections

Despite the reported challenges, Zambia is poised to attain MDG 6, as long as the country consolidates its past gains for malaria prevention and control. In this regard, government and its partners need to promote high-impact interventions, which are targeted at breaking the transmission chain. They also have to intensify their efforts towards achieving universal coverage for malaria testing, treatment and preventive tools (ITNs/IRS). Specific triggers include:

(1) Rapid diagnostic tests (RDTs) allow for diagnosis of malaria by people with no knowledge of laboratory techniques, and in situations where laboratory equipment is not available. RDTs must be supplied sufficiently and consistently. RDTs must be backed by training of staff and communities in their correct use and by technical support to health facilities managing malaria and Integrated Management of Childhood Illness (IMCI).

(2) Improved coverage of indoor residual spraying (IRS) is required to ensure that all malaria-prone areas are sprayed frequently. One break in the cycle and the incidence rate shoots up again. Continued advocacy campaigns to convince all households of the importance of indoor residual spraying must be supported through community leadership. This goes hand-in-hand with the mass distribution of ITNs, and creating awareness of and monitoring their appropriate use at community level.

(3) To lower HIV prevalence and incidence, Zambia must scale up the provision of Voluntary Counselling and Testing (VCT), as this serves as the principle entry point for knowledge of own status, and hence ability to access appropriate HIV&AIDS interventions. Door-to-door HIV testing campaigns are well underway in urban areas, but need to be supported with more resources in rural areas. Rapid HIV test kits must be more widely applied, especially as government has encouraged couple VCT, self and routine testing, and even universal testing as a policy.

(4) Voluntary medical male circumcision (VMMC) is a proven method of preventing HIV transmission. To reach the national target of 150,000 circumcisions annually, government must focus on both service delivery and demand generation as outlined in the male circumcision operational plan. Both have hitherto been mainly driven by cooperating partners.

(5) Prevention of Mother-to-Child Transmission (PMTCT) during pregnancy, labour, delivery and breastfeeding has a huge potential to significantly reduce new HIV infections. Although the rate for PMTCT is high in Zambia, the service is only extended to women who deliver in a health facility.

(6) The easy access to ARVs has been a significant driver in reducing the prevalence rate as well as helping to break the transmission cycle. Donor-driven programmes have hitherto ensured ARV supplies. Accordingly, national plans for financing mechanisms for ARVs must be supported to ensure coverage for all who need it, even in the remotest rural areas.

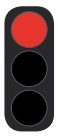
Refocusing these proven high-impact HIV&AIDS interventions, while enhancing synergies with relevant sectors for response coordination and mitigation pillars (such as social protection, education, community development, local government and empowerment schemes). is critical to maintain the gains attained so far for HIV&AIDS.

MDG 7

Environmental Sustainability

MDG 7 Ensure environmental sustainability

Will target 7.A be achieved under the present trend?



Significant reforms and investments required

Target 7.A

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicators

- Land covered by forest (percent)
- Land protected to maintain biological diversity (percent)
- Carbon dioxide emissions (MT per capita)
- Proportion of population using solid fuels (percent)

Table 10: Progress in Indicators

	1990	1993	1996	2001	2003	2004	2005	2006	2007	2008	2009	2010	2015 Target
Land Covered by Forest (%)[i]	59.8*	59.8	59.1	59.6	59.1		59.6		59.6			49.9	
Land Protected to maintain biological diversity (%)[i]	38.8		39.2	39.6	39.6	39.6	41.5			41[ii]	41	41	
Carbon dioxide emissions (MT/Capita)[iii]	0.31	0.29	0.2	0.18	0.19	0.2	0.2	0.2	0.22	21.9^	17.4^		
Consumption of ozone-depleting CFCs (ODP MT)[iv]	34.6	25.4	30.4	11.8	10.4	10	9.5	6.6	4.1	2.0			
Proportion of Population using solid fuels (%)[v]	89	89	85#		85	83.8		83.7				82.9	

Sources: [i] Forestry Department, [ii] http://www.eoearth.org/article/Protected_areas_of_Zambia, [iii] Carbon Dioxide Information Analysis Center, Environmental Sciences Division, United States, [iv] http:// ozone.unep.org/data-reporting/data_access, [v] Department of Energy, PS I, LCMS 1998, 2002-03, 2004, 2010

* 1992, # 1998, ^ Includes emissions from deforestation and land use change

Figure 28: Land Covered by Forest

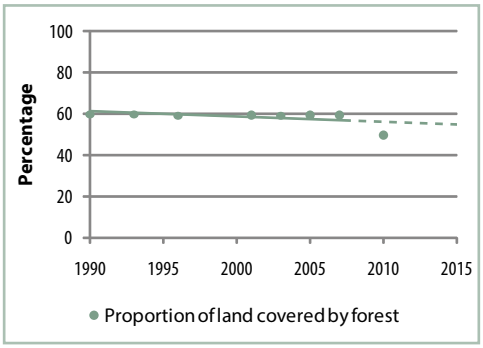


Figure 29: Land Protected for Biodiversity

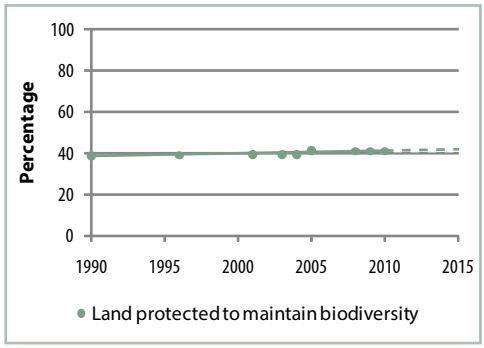
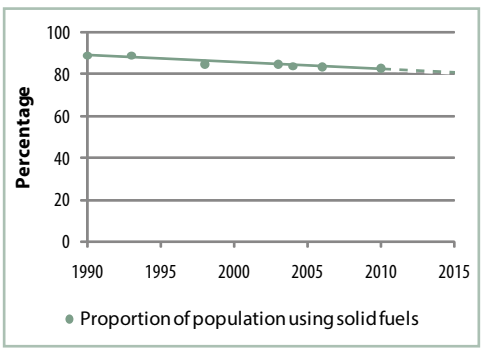


Figure 30: Use of Solid Fuels

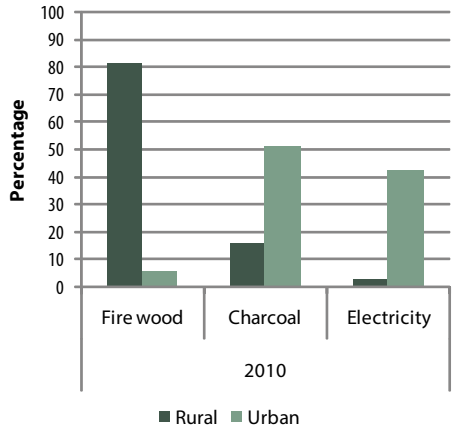


Status

Environmental sustainability has a significant bearing on whether or not a country will reach many of its other MDGs, as it provides the foundation for a greener, cleaner growth path. Zambia's environmental resources are under pressure by the need for economic growth, through the exploitation of its natural resources. The country currently faces challenges of de-forestation and land degradation. The resulting negative impact on agricultural productivity, biodiversity and water purity is being keenly felt.

Deforestation: Land covered by forests reduced from 59.8 percent in 1990 to 49.9 percent in 2010, driven by over-exploitation and conversion of forests to other uses. In addition, the quality of the remaining forest is getting poorer. Many trees are cut by communities for wood fuel, due to poor availability of other affordable energy sources. In 2010, the vast majority (81.3 percent) of the rural population used firewood for cooking, while over half of the urban population used charcoal (see Figure 31). Charcoal production is in fact the largest driver of deforestation in Zambia, followed by land clearing for agriculture, settlements and firewood.[53]

Figure 31: Main Sources of Energy for Cooking (2010)



Source: LCMS 2010

The proportion of protected land in Zambia has remained relatively stable, albeit increasing slightly. This category includes local and national forests, 20 national parks and 36 game management areas (GMAs), of which most are fully or partly wooded, thereby providing a potential pool of forest cover, if the protection can be maintained. However, inadequate capacity to enforce existing laws and policies has led to the depletion of both woodland and wildlife in many protected areas. Government has therefore recently banned timber exports and hunting of big cats and elephants, temporarily, to allow for integrated land use assessment, wildlife census and forest valuations initiated in 2013. Government has also increased the budgetary allocation to the forestry sector, and is currently implementing a Tree Planting Programme which aims at raising 25 million tree seedlings in 2013/14. Combined with the implementation of the plan for reclassification of protected areas, these efforts will help regenerate both fauna and flora and protect the eco-systems and biodiversity that are under threat in Zambia.

Climate change: Zambia remains very vulnerable to climate change due to its low capacity to respond and adapt. The lack of a reliable database makes it difficult to predict climate variability and provide early warning of related disasters such as floods, droughts and diseases. It also has an impact on the capacity to develop responsive and relevant policies and strategies, including a national early warning system.

CO_2 emissions: Zambia is a low emitter of greenhouse gasses such as carbon dioxide (CO_2), relative to both its population size and to other countries. Carbon dioxide emissions were reported to average 0.2 tons per capita from 1990 to 2007, but jumped to 21.9 and 17.4 in 2008 and 2009, respectively, after emissions from deforestation and land use change were included. This indicates that deforestation and unsafe land use practices are the largest contributors to carbon dioxide emissions in Zambia. Other factors include industrialization, driven by the mining sector. Zambia has also seen an increase in the number of vehicles, which trebled between 2004 and 2011 to more than 380,000 newly registered vehicles, according to the Ministry of Transport, Works, Supply and Communications.

Ozone-depleting substances: The Montreal Protocol of 1987 requires countries to phase out chlorofluorocarbons (CFCs) and their transitional replacements, hydrochlorofluorocarbons (HCFCs). Zambia has ratified the protocol, and has therefore implemented regulations to fully phase out consumption and production of these. However, whereas the country's consumption of CFCs and most other ozone-depleting substances[54] is close to having been eliminated, Zambia is still consuming HCFCs, equivalent to 9.23 ODP tons in 2011.[55]

Zambia is losing 250,000 to 300,000 hectares of forest to deforestation every year (Integrated Land Use Assessment 2010); an area about the size of Zanzibar. In 2010, it had about 38 million hectares of forest left.

Will target 7.C be achieved under the present trend?

Significant reforms and investments required

Target 7.C

Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation

Indicators

- Proportion of population without access to an improved water source (percent)
- Proportion of population without access to an improved sanitation facility (percent)

Table 11: Progress in Indicators

	1991	1993	1996	1998	2002	2004	2006	2010	2015 Target
Proportion of population without access to an improved water source (%)	51	53	53	48	46	43.2	42	36.9	25.5
Proportion of population without access to an improved sanitation facility (%)	26	25	39	36	36	29.8	36.1	67.3*	13

Source: CSO

* In 2010, the definition of improved sanitation changed, from *including* to *excluding* pit latrines without a slab.

Approximately 2 million Zambians have no access to sanitation facilities – and defecate in the open. It would require less than 420,000 latrines to eliminate open defecation in Zambia, according to the global Water and Sanitation Programme.

Status

Safe drinking water: Zambia has made progress in increasing access to improved drinking water since 1990, but the rate of progress is too slow to achieve the MDG target of 25.5 percent by 2015. The proportion of the population without access to an improved water source decreased from 51 percent in 1991 to 36.9 percent in 2010.

In order to improve progress on this target, government has undertaken national water reforms and created commercial water and sewerage utility companies in urban and peri-urban areas. These companies have improved the quality of service, but coverage and financial viability remain low, particularly because approximately 50 percent of their water is unaccounted for.

In rural areas, the National Rural Water Supply and Sanitation Programme has sunk boreholes since 2006, and as a result the proportion of the rural population without access to an improved water source has improved from 58.1 percent in 2006 to 48.6 percent in 2010 (see Figure 34).

The greatest provincial improvements are therefore also observed in rural provinces, with Luapula Province in the lead, followed by Eastern and North western Provinces.

Contrastingly, in urban areas, the proportion of the population without access to an improved

Figure 32: Access to Improved Water

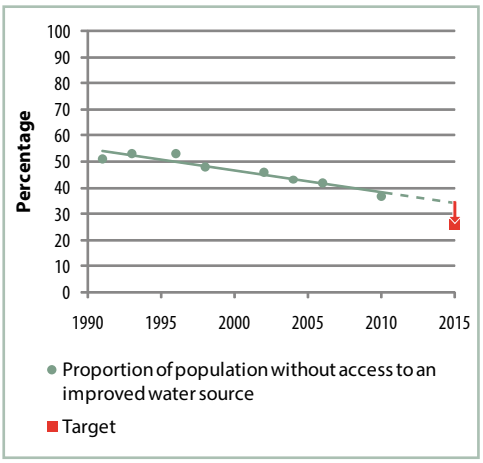
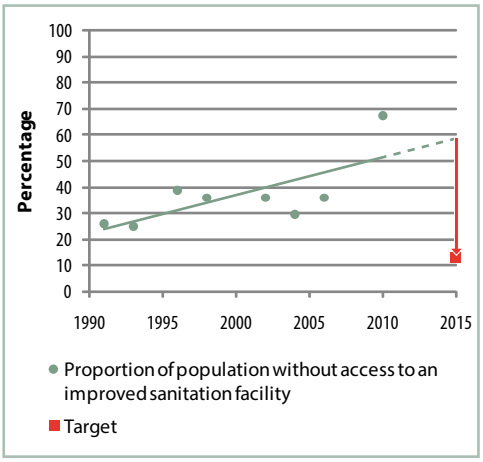


Figure 33: Access to Improved Sanitation



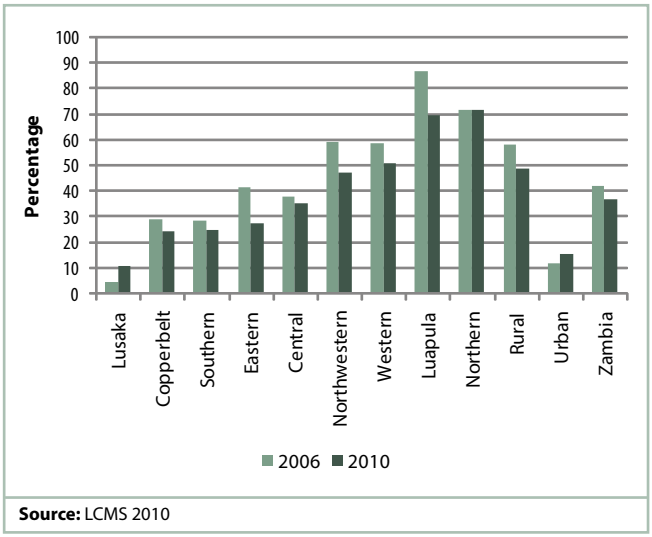
water source worsened from 11.8 percent in 2006 to 15.3 percent in 2010. This increase is partly attributed to rapid urbanization and growth of slums and unplanned settlements in Lusaka, as this is the only province which showed a decline in access to safe drinking water between 2006 and 2010. It is however expected that government's agreement with the Millennium Challenge Corporation for a grant of $354.8 million for the improvement of water supply, sanitation and drainage in Lusaka will reverse some of this decline.

Basic sanitation: The proportion of the population without access to an improved sanitation facility[56] worsened from 26 percent in 1991 to 67.3 percent in 2010; however a significant part of this decline may be explained by the fact that definition of improved sanitation changed in 2010, from including to excluding pit latrines without a slab. At this rate, Zambia is unlikely to achieve the MDG target of 13 percent by 2015. The decline is further explained by the increase in human settlements without basic sanitation.

The typically used sanitation in Zambia are pit latrines. A total of 73.1 percent of all households used pit latrines with or without slab in 2010, but only 19.5 percent of the national population had access to pit latrines with slabs (and therefore to improved sanitation). As shown in Figure 35, Lusaka Province had the highest proportion of people with access to pit latrines with slabs (45.4 percent), while Western Province had the lowest (4 percent). In fact, 44 percent of all households in Western Province have no access at all to sanitation facilities. Flush toilets are much less widespread in Zambia. 13.1 percent of Zambians have access to flush toilets, with the highest proportion found in Copperbelt Province (40.1 percent) and the lowest in Luapula Province (1.5 percent). These figures reflect the fact that sanitation infrastructure is relatively expensive with a low return on investment for the private sector, especially in rural areas.

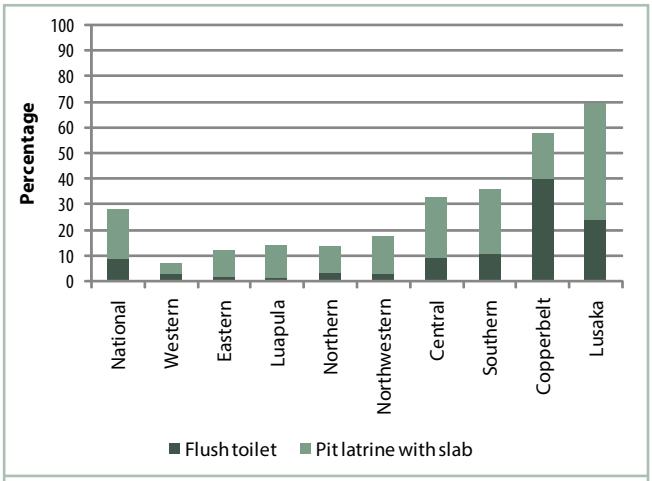
Zambia loses $194 million, equivalent to 1.3 percent of GDP, every year due to poor sanitation, according to the Water and Sanitation Programme, a multi-donor partnership administered by the World Bank. The loss is caused by deaths due to diarrhoea ($167 million), loss of productivity while sick ($1 million), healthcare ($10.6 million) and time ($16 million). Bringing water and sanitation closer to its users, for example by moving a well or borehole closer to communities or by installing piped water supply in houses, yields significant time savings, especially for women and girls, releasing time for educational and productive opportunities. Given that water is a necessary prerequisite for many businesses, the increased availability of this resource also drives the start-up or expansion of small enterprises and thus increases both disposable household and national incomes.

Figure 34: Proportion of Population *with* Access to Improved Water by Province (2006 and 2010)



Source: LCMS 2010

Figure 35: Proportion of Population using Pit Latrines and Flush Toilets (stacked) by Province (2010)



Source: LCMS 2010

MDG 7 TRIGGERS FOR ACCELERATION: Getting to a more sustainable development path

A sustainable development approach, based on sound long-term environmental management, requires a level of institutional coordination among national authorities that is hard to come by. It requires clear definition of roles and responsibilities, coupled with harmonization of laws and policies, to ensure that Zambia's natural resources are managed for the benefit of both current and future generations. While public-private partnerships have demonstrated their efficacy in other countries, a central oversight authority is vital. This would entail equipping the Zambia Environmental Management Agency with the necessary scope and capacity.

The adoption of the National Policy on Environment in 2011 by government is a good move towards addressing environmental issues. The policy provides a framework for environmental protection and management of natural resources on a sustainable basis. It is premised on the fact that a country can grow, create jobs and reduce poverty, without doing undue damage to its environment. In fact, countries that have implemented sustainable development strategies over a long period of time have demonstrated that wise management of natural resources leads to a healthier and more prosperous country, with a greener and cleaner growth trajectory for the benefit of all.

Zambia needs to consider a number of actions to trigger greater environmental sustainability:

(1) Implement policies that link environmental protection with creation of jobs and income for poorer communities, in the areas of forestry, logging, fishery and livestock development. These are labour-intensive industries, where conservation can be combined with sustainable livelihoods.

(2) Involve the private sector and communities in the management of natural resources, with an emphasis on community-based natural resource management. Utilize innovative public-private partnerships to re-generate and manage protected areas, bringing in new financing to sustain this effort.

(3) Revise the Wildlife, Lands and Forestry Acts to take an integrated ecosystems approach encompassing sustainable land use and forest management, and the conservation of waters, fisheries and wildlife.

(4) Finalize the National Climate Change Response Strategy, which is currently being developed, as it will provide a framework for coordinated implementation of existing and future climate change initiatives, while providing a long-term vision for low-emission development. This includes Zambia's entry into the global carbon markets, as well as in the development of Nationally Appropriate Mitigation Actions necessary for the country to access international climate funds, including the Green Climate Fund.

(5) Continue efforts to develop a national REDD strategy to set Zambia on a path to low-emission development. An economic valuation of Zambia's forests is a necessary part of what is needed to make this happen.

(6) Continue the adoption of the Sustainable Energy for All Initiative to address Zambia's growing energy needs in a clean and sustainable way through renewable and clean energy as well as optimal hydropower generation. Private sector and cooperating partners must support government's efforts in this regard, to help realize this ambitious effort at moving to clean and sustainable energy for all.

(7) Finance and implement the Lusaka Master Plan. Rapid urbanization is often accompanied by unplanned crowded settlements that contribute to the decline in the proportion of the population with access to safe drinking water, basic sanitation and waste disposal facilities.

(8) Clean water and sanitation needs a larger budget allocation and incentives for private sector and communities to engage more in these areas of essential service delivery. Significant investments are required in the provision of a wide range of appropriate and affordable water and sanitation technologies to meet this MDG target.

MDG 8

Global Partnership

MDG 8 Develop a global partnership for development

Although Zambia has no official 2015 targets for MDG 8, it has observed gains in almost all the indicators of this goal, including the following:

Indicators

- Official development assistance
- Foreign direct investment
- Market access
- Debt sustainability
- Communications and connectivity

Status

Official development assistance: Official development assistance (ODA) into Zambia peaked at 5.9 percent of GDP in 2009 before falling to 3.0 percent in 2010 (see Table 12).The reduction can be partly attributed to a temporary freeze of some aid to the health and road sectors in 2009 as a result of corruption findings confirmed by the Auditor General. Zambia's recent graduation to a lower middle-income country also means that its access to concessionary loans and ODA could diminish. However, the decline in traditional bilateral ODA has been somewhat off-set by the ODA flows from the Millennium Challenge Corporation, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the President's Emergency Plan for AIDS Relief and others. Yet, the overall trend strongly advocates for the country to develop and implement innovative and sustainable domestic financing mechanisms. In this context, Zambia turned to national and global financial markets to finance key developments, and in 2012, the country successfully launched its first sovereign bond for $750 million.

Foreign direct investment: Zambia has increasingly turned to foreign direct investment (FDI), which has seen significant growth over the past ten years. Although discrepancies exist between FDI figures from different state actors, there is no doubt that Zambia has seen a substantial growth in FDI inflows in recent years. The Bank of Zambia estimates that FDI grew fourteen-fold between 2000 and 2010 (See Figure 36). The increase was primarily due to an improved investment climate emanating from prudent economic management by government during this period. In 2011, FDI slowed to $1.1 billion, as investors held back, awaiting the outcome of the general elections, which resulted in a change of governing party. Competitive and stable interest rates and exchange rate policies that attract both domestic and foreign investment and trade will be significant factors that define continued robust FDI flows into Zambia, as the country competes in an increasingly attractive investment climate in Africa.

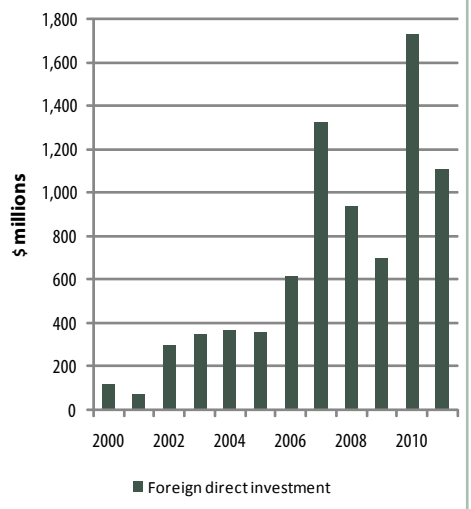
The substantial increase in FDI inflows has, amongst other things, resulted in a much needed increase in employment. The largest number of jobs created by FDI inflows between 2007 and 2010 was in the manufacturing sector (9,313), followed by agriculture (3,261), service (2,825) and mining (1,978) - (see Figure 39). Whilst considerable FDI inflows have gone into the mining sector, this is a far more capital-intensive sector than agriculture and manufacturing, which in

Table 12: Official Development Assistance to Zambia (2006-2010)

$ millions	2006	2007	2008	2009	2010
ODA	554.34	648.83	799.50	756.13	480.16
Budget support	101.29	149.28	192.49	210.39	219.42
Project support	298.67	308.56	396.79	372.35	220.38
Grants	447.62	514.61	669.33	645.50	394.29
Loans	107.38	136.52	133.10	112.57	111.53
Nominal GDP	11,930.94	13,756.96	14,334.61	12,768.76	16,075.31
ODA/GDP (%)	4.6%	4.7%	5.6%	5.9%	3.0%

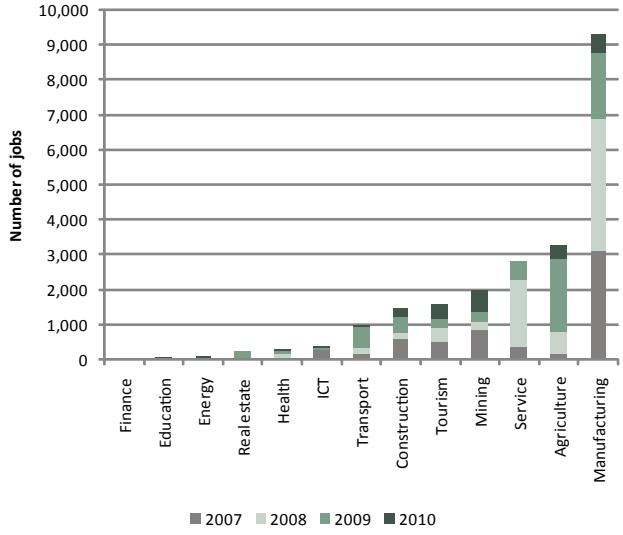
Source: Ministry of Finance

Figure 36: FDI into Zambia (2000-2011)



Source: Bank of Zambia

Figure 37: Direct Employment Created by FDI by Sector (stacked)



Source: Ministry of Finance

Zambia remain largely labour-intensive. Government has also been creating jobs as well as increasing wages in the public sector. Accordingly, the rapidly increasing public wage bill could consume well over half of government revenues in the 2014 national budget. Increased trade and investment financing in productive sectors, together with progressive and well-administered tax policies, could help enlarge the revenue pie.

Access to markets: Since 1991, Zambia has been removing barriers to trade and embracing a multilateral trading system. The country has removed foreign exchange controls, reduced import duties, eliminated import and export licence requirements, abolished export bans and introduced a number of export incentives, and removed price controls.[57] Whilst there have been some recent inconsistencies on some of these policy directions, Zambia is now a more open, non-discriminatory and rules based trading economy (Global MDG target 8.A). However, it is imperative for continued economic growth and expansion that Zambia continues to promote mutually beneficial international and regional trading relations.

Additionally Zambia has played an active role in addressing the special needs of least developed countries (Global MDG target 8.B), especially during the current WTO Doha Development Agenda negotiations, where Zambia coordinated the work of 50 Least Developed Countries. At a regional level, Zambia is a member of the Southern African Development Community (SADC) and the Common Market for Eastern and Southern Africa (COMESA). Additionally, Zambia is currently engaged in negotiations for an economic partnership agreement with the EU under the Eastern and Southern Africa (ESA) configuration.

Zambia remains largely dependent on copper exports, which currently account for about 65 percent of total exports earnings. Despite this, Zambia has witnessed some economic diversification in the past decade, as non-traditional exports have grown by an average of 20 percent annually between 2002 and 2008.[58] In 2011, the value of non-traditional exports reached $1.8 billion. The volume of exports of goods and services in Zambia grew by an average of 11 percent per year between 2001 and 2011, and is estimated by the IMF to grow by an average of 14.3 percent between 2012 and 2017.

The World Bank has pointed out that Zambia's rankings on its Ease of Doing Business Index 2012 are relatively solid (84th out of 183 nations worldwide and 7th out of 46 in sub-Saharan Africa). However, the country's strong performance masks a number of weaknesses. Zambia's scores for cross-border trading are among the lowest in the world, an extraordinary liability for a landlocked country. The high costs associated with international trade present serious obstacles to broad-based growth in both the urban and rural sectors. For example, the effective premium on imported fuel products diminishes the competitiveness of manufacturing and the profitability of Zambia's large domestic transport industry, while agricultural exports – already hampered by weak transportation infrastructure – face additional administrative expenses and time delays that reduce farm incomes and discourage investment in new productive technologies.[59]

Debt sustainability: As a result of the Heavily Indebted Poor Countries (HIPC) debt relief and prudent debt management in its aftermath, Zambia's current stock of public debt is at fairly low levels. The WTO estimates that external public debt in Zambia fell from 179 percent of GDP in 2002 to less than 10 percent of GDP in 2007, and the IMF puts it at 11.6 percent of GDP in 2011.[60]

Even though the issuing of the $750 million sovereign bond increased the stock of net external debt to 13.3 percent of GDP in 2012, The IMF rates Zambia as being at 'low risk of debt distress'. The internationally acceptable bench mark for debt in developing countries is 40 percent of GDP. The low debt stock, combined with rising copper prices and a nearly six-fold increase in FDI inflows between 2003 and 2007, has enabled the country to increase its international reserves and allowed for greater fiscal space. The IMF, however, emphasizes the need for the country to develop a comprehensive debt management strategy coupled by strong national project appraisal capability to guide the country on the type and quantity of debt it should contract in order to ensure debt sustainability.

There are over 8 million mobile phones in Zambia – just over 1 million people have a flush toilet.

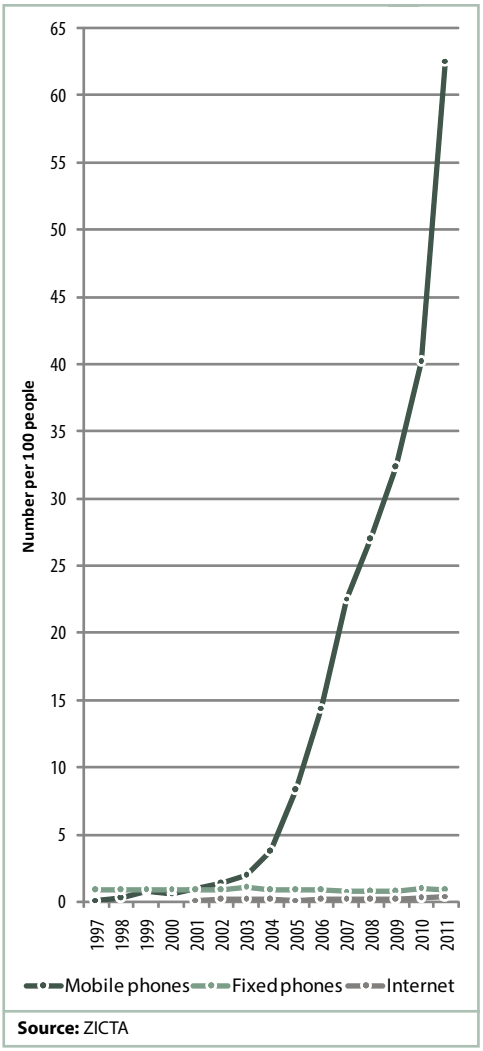
Communications: As in the rest of Africa, the substantial cellular phone penetration in Zambia has made fixed telephone lines more or less obsolete. The number of fixed lines has therefore not changed much since 2000 (see Figure 38). The number of cellular subscribers, on the other hand, has grown from 50,000 in 2000 to over 8 million in 2012, having already exceeded ZICTA's projection for 2015 of 300 per 1,000 inhabitants. Mobile phones are more widespread in urban areas, where many people have active SIM cards to more than one of the three current cellular service providers (Airtel, MTN and Zamtel). This makes it difficult to pinpoint the exact number of physical subscribers.

The importance of cellular phones cannot be exaggerated. The World Bank estimates that increased cellular phone penetration between 1990 and 2005 increased per capita economic growth in Africa by nearly 1 percent.[61] In Zambia, cellular phones, especially in rural areas, have increased access to otherwise unavailable services, providing the rural population with access to markets, knowledge/skills and public dialogue. For example, the ZNFU4455 commodity pricing platform, an initiative implemented by the Zambia National Farmers Union with support from the International Fund for Agricultural Development, provides small-scale farmers with up-to-date information on commodity prices and buyers. Another initiative, Project Mwana, implemented by the Ministry of Health with the support of UNICEF and its collaborating partners, reduces delays in transmitting HIV results for newborn babies to rural health facilities via SMS message.

Internet connectivity has equally grown in many parts of the country, although it is difficult to tell by how much, as most people connect via their mobile phones or SIM-card dongles on their computers.

Although mobile phone coverage and to a lesser degree internet coverage have grown rapidly in past years, Zambia remains behind relative to both global and regional averages. Based on World Bank estimates, in 2011, countries such as Libya (156), Seychelles (146), Botswana (143), South Africa (127), Gabon (117) and Morocco (113) all had more than 100 mobile subscriptions per 100 inhabitants, while Zambia had 61 subscriptions.[62]

Figure 38: Phone and Internet Connectivity*



Source: ZICTA

* It is doubtful that the figures for internet connectivity capture the full extent of the recent expansion in SIM-card based internet

MDG 8 TRIGGERS FOR ACCELERATION: Global partnerships for technology, new financing and innovation

Zambia has fared fairly well on MDG 8. However the absence of specific 2015 targets for this goal makes it rather complicated to attach any conclusive analysis on the country's progress towards 2015. In this regard, it is important to suggest that, although there are only three years to go before 2015, the country develops targets for this important goal.

Suggested triggers for acceleration focus on increasing Zambia's participation and competitiveness in regional and global markets, and on establishing a firmly grounded and consistent set of economic policies for inclusive growth, and include:

(1) Implement a national debt management strategy coupled with strong national project appraisal capabilities to guide the country on the type and quantity of debt that it should contract. It is advisable that debt is contracted through the national budget and not through sub-national entities. This would ensure that debt is geared towards long-term investments in human development, job creation and industrial development in accordance with national plans.

(2) Pursue the national vision of transforming Zambia from a land-locked to a land-linked country, through innovative initiatives that induce the private sector to invest in Zambia as a hub of logistics and transport in the region. Whilst the road network remains important, there are arguably great gains especially in terms of savings relating to less road maintenance and traffic accidents if haulage is moved from road to rail. The recent investments in revising Zambia's rail system are therefore welcome.

(3) Develop an ambitious industrial development strategy that recognizes that while the mining industry remains an important anchor of growth, industrial diversification will drive medium- to long-term economic development of Zambia. The development strategy should aim to harness the positive spill-over of linking resource extraction with infrastructure development that improves transport and energy grids nationally and regionally in order to avoid enclave development. Linkages to a more diversified agricultural production base will provide the much discussed value-addition and job creation through industrial expansion.

(4) Expanded innovation hubs and business incubators, with the support of government and the private sector, have been engines of new service sector growth poles in many countries, promoting both local and foreign investment in the process. Increased competition in the ICT industry, combined with effective regulation to ensure business efficiencies and wider coverage at lower costs, would be a facilitator for such a strategy.

(5) Develop a regulatory framework to increase access to current and alternative financial instruments such as blended packages of ODA and investments, hedging and futures instruments, insurance and climate financing. Addressing the underlying structural issues that keep business costs and interest rates high must be addressed to ensure investment financing does not taper off. Incentives to attract a higher level of remittances to the country, currently at levels way below the regional average, would supplement household income and development financing.

(6) Address illicit financial flows to narrow the funding gap for accelerated attainment of the MDGs. According to a recent estimate,[63] Zambia lost at least $17 3 billion (in real 2010 prices) on this account in the period 1970-2010, averaging 9 percent of GDP annually. An amount far higher than Zambia's total debt stock of $3.7 billion in 2010. The main components of capital flight in Zambia are 'leakages' from the Balance of Payments (capital that should have entered the country but is unaccounted for), trade mis-invoicing (mainly manipulation of transfer prices of trade between companies of the same multinational group based in different tax jurisdictions), and to a lesser extent unrecorded remittances. National efforts at strengthening tax administration and collection, including audit capacities, and closing loopholes in existing legislation, especially in relation to multinational corporations, are critical.

Conclusion

This MDG report, the fifth of its series, has reflected on Zambia's progress towards the achievement of its MDG targets. The report has reviewed 39 MDG indicators, of which Zambia has 2015 targets for 23 of them. Of these 23, the analysis shows that 7 are on track to be achieved or have been achieved, another 7 can be achieved with acceleration, and 9 would require significant reforms and investments to be met by 2015.

The report shows that particular focus must be paid to the areas of secondary education (MDG 2), reducing child and maternal mortality (MDGs 4 and 5), and ensuring environmental sustainability (MDG 7). Although improvements have been registered in these goals, they remain insufficient to achieve the 2015 targets. In addition, improvements on these targets are closely linked to eradicating extreme poverty and hunger (MDG 1), which has remained stubbornly resistant to significant change in Zambia.

Zambia has made significant progress in reversing the spread of HIV&AIDS, malaria and other major diseases (MDG 6), as long as the country consolidates its past gains in malaria prevention and control. However, while Zambia has reached its target for HIV prevalence, its HIV incidence remains very high. This emphasizes the need to address significant income and gender inequalities (MDG 3).

Overall, the report notes the country's remarkable progress over the past decades in achieving certain targets – but emphasizes the need to sustain these gains, while greater policy focus and investments are required to improve progress on other targets. It is worth remembering that progress does not necessarily follow a linear trajectory. Initial gains, which can be achieved fairly rapidly, must be supported by a longer and harder push to consolidate them. These efforts require increased resources as well as institutional, policy and legal reforms.

However, by leveraging on both global and local knowledge and experience, the report has identified specific 'triggers of acceleration' which would assist in fast-tracking progress towards attaining more of the MDGs, if not by 2015, then soon after. Zambia is part of the global move to define a development framework beyond 2015, as efforts to further human development will continue unabated.

Notes

Notes

[1] Living Conditions Monitoring Survey 2010, Zambia, Central Statistical Office

[2] Living Conditions Monitoring Survey 2010, Zambia, Central Statistical Office

[3] Living Conditions Monitoring Survey 2010, Zambia, Central Statistical Office

[4] Calculated from 2010 Census of Population and Housing data

[5] 2011 Decent Work Country Profile Report, International Labour Office, Zambia

[6] Living Conditions Monitoring Survey 2010, Zambia, Central Statistical Office

[7] 2010 Educational Statistical Bulletins, Ministry of Education

[8] 2010 Educational Statistical Bulletins, Ministry of Education

[9] 2010 Census of Population and Housing

[10] 2010 Census of Population and Housing

[11] 2010 Census of Population and Housing,

[12] 2010 Educational Statistical Bulletins, Ministry of Education,

[13] 2010 Census of Population and Housing

[14] 2010 Census of Population and Housing

[15] 2007, WWW: Parliament.gov zm, 2012

[16] 2010 Census of Population and Housing,

[17] 2010 Census of Population and Housing,

[18] 2010 Annual Health Statistical Bulletin, Ministry of Health

[19] 2010 Census of Population and Housing

[20] 2007 Zambia Demographic and Health Survey

[21] 2007 Zambia Demographic and Health Survey

[22] 2007 Zambia Demographic and Health Survey

[23] 2007 Zambia Demographic and Health Survey

[24] 2007 Zambia Demographic and health Survey

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