

Countdown to Success: Building momentum with a Country Countdown

COUNTRY CASE STUDY: ZAMBIA

Zambia Countdown leads to improved policies and actions for meeting the health-related Millennium Development Goals

Introduction

Following the 2008 global meeting of the Countdown to 2015 for Maternal, Newborn, and Child Health, Zambia decided to undergo a national Countdown exercise to raise awareness, identify needed improvements in programmes and budgets, strengthen monitoring, and build a common vision. The Ministry of Health mobilized a wide range of partners to participate in the planning process and contribute to the national event. Numerous important advances were made as a result of Zambia's country Countdown venture. The Zambia experience offers lessons learned and encourages other countries to undertake their own national Countdown-like analyses and discussions.

Zambia Countdown Process

In order to stimulate action and commitment within the Ministry of Health (MOH) and with multiple partners, the organization of the Zambia Countdown involved all levels of the MOH and line ministries, UN agencies (WHO, UNFPA, UNICEF), bilateral partners (CIDA, SIDA, USAID), academia, the media, and non-governmental organizations (NGOs) including civil society organizations (CSOs). A high-level organizing committee was formed with the MOH as chair. Sub-committees were established and included resource mobilization, communications, scientific, logistics/IT, and finance. Each subcommittee had specific terms of reference, plans, budgets, and timelines, and was chaired by someone from the MOH. Sub-committees reported to the Organizing Committee. The Scientific Sub-committee selected districts to present on progress of MNCH activities and indicators, guided presenters, and prepared progress reports showing trends, current efforts, and performance of each administrative level (central, provincial, and district). A professional events coordinator was hired to support the process.

Preparing the Country Profile

As part of the Zambia country-level Countdown effort, the national profile was adapted to include new data from the DHS, data from national routine reporting, and provincial-level mortality rates and trends. Data sources included global reports from WHO, UNICEF, UNFPA, and World Bank; routine institutional data such as Health Management Information System (HMIS); surveys such as Central Statistics Office Surveys, Demographic Health Surveys, Malaria Indicator Surveys, and satellite surveys; programme reviews/reports; National Health Strategic Plan (NHSP) and Joint Annual Reviews; SWAPS; and Sector Advisory Group and annual health sector consultative meeting reports. (See Box 1 for detailed changes to profile.)

As mentioned above, one important change from the global Countdown was the special attention given to sub-national data. Provincial ranking was introduced in the national Countdown report and conference presentations. Color mapping of neonatal, infant, and under-5 child mortality was indicated by province. The progress report showed trends, current efforts, and performance at central, provincial, and district levels. There were no separate profiles produced for provinces or districts.

The Report and Other Products

Information packs containing copies of the country profile, advocacy materials, and PowerPoint presentations were provided to participants. Following the conference, the Zambia Countdown Conference Report was produced and widely distributed.

Zambia Pre-conference Events

Before the conference, a meeting was held with provincial medical officers to discuss details of the Countdown preparations. This was followed by similar briefing meetings in the respective provinces. Donors and private sector stakeholders also were briefed at a special breakfast meeting.

The Zambia Countdown Conference

The national conference took place on 20 & 21 August, 2008 at the Mulungushi Conference Centre in Lusaka. The purpose of the national country Countdown was to stimulate country action and to monitor progress towards meeting health-related MDGs through a high-profile, high-level stakeholder forum. Objectives of the meeting included:

- to share information about the global Countdown to 2015 for MNCH
- to allow national and sub-national stakeholders to take stock of Zambia's position on core/key Countdown to 2015 indicators, comparing with the global 2008 Countdown profile for Zambia
- to share the MOH and partners' vision of where Zambia should be in the Countdown process
- to identify knowledge gaps hindering progress
- to define roles for specific actions that Zambia must take to reach the health MDGs
- to agree on a tracking mechanism for the process of the national Countdown
- to mobilize development partners and the broader community to be accountable for proposed actions to achieve the health-related MDGs, in particular Goals 4 and 5

Box 1: Detailed changes from the 2008 standard Countdown profile included the following:

- Zambia latest DHS data and trends for NMR, IMR, and U5MR included in the Zambia report.
- Maternal and child Cause of Death updated locally (WHO estimates)
- Vit A coverage provided biannually (for one dose only)
- EPI bar graphs include polio and cover additional years than global profile
- ITN graph included latest data (2008),
- Diarrhoeal disease graph included latest DHS data
- Pneumonia included latest DHS data
- C-section rates for childbirth not included
- Family planning, ANC data updated
- Continuum of care graph has additional interventions and updated data
- ANC, SBA, and NNT graphs updated with latest information
- Water and Sanitation data is latest DHS
- New Coverage by Wealth Quintile graph
- Info on financial flows and human resources not included
- Additional trend data introduced in the national report.
- Provincial mapping and trends, by province, introduced in the national report

Participants were from various ministries, cooperating partners, members of professional bodies (Medical Association and Nursing Council), academics, parliamentarians, the media, and representatives from civil society organizations. It also included other policy-makers, implementers, and researchers. (See Box 2.)

Presentations highlighted experiences of delivering high-impact interventions for maternal, newborn, and child survival from national, provincial, district, and community perspectives. The meeting was opened by the Minister of Health, with the WHO AFRO Director of Reproductive and Family Health serving as the keynote speaker. There were some 25 presentations followed by discussions. The Zambia Countdown Conference Report summarizes the key messages, progress, challenges, and action points for the various stakeholders in MNCH. (See Box 3 for details.)

Box 2: Participants

- Ministry of Health participants included directors for Health Policy, Planning & Development; Clinical Care & Diagnostics; Human Resources & Administration; Technical & Support Services; Public Health & Research; and PMOs, DMOs, and their teams
- Parliamentarians included the Chairperson of the Parliamentary Committee on Health, Community Development and Social Welfare and six other members of the committee
- Civil Society Organizations included Care International and World Vision
- UN Agencies included WHO, UNICEF, and UNFPA
- Bilateral and other institutional partners included DFID, USAID, Jhpiego, FHI/ZPCT, and Clinton Foundation
- The private sector was represented by the Standard Chartered Bank
- Academics included participants from the University of Zambia and Boston University
- Media representation included public and private sources, both print and electronic: ZNBC, MUVI TV, RADIO PHOENIX, HONE FM, TIMES OF ZAMBIA, DAILY MAIL, THE POST, and the Weekly Guardian
- Community representation included traditional leaders, civic leaders, and other selected representatives

Outcomes included a set of agreed-upon action points:

Continuum of Care

- a. The Centre, Provinces, and Districts are required to review their data collection formats to include specific MDG 4 & 5 interventions and to report quarterly to senior management of Ministry of Health and partners during the Health Sector Advisory Group(SAG) meetings.
- b. Develop action plans and resource allocations for each level, prioritizing MDG 4 & 5 interventions.
- c. Report to Inter-agency Coordinating Committee (ICC), Health Sector Advisory Groups (SAG), annual consultative meeting, and M & E technical group.

Health Systems

- d. Increase production, retention, and equitable distribution of human resources for health.
- e. Ensure implementation of existing plans, but prioritize MNCH.
- f. Identify partners from other sectors and involve them in various MNCH committees.
- g. Intensify community engagement, ensuring sustainability by supporting them with resources

Healthcare Financing

- h. CPs commit funding for MNCH through buy-in of existing plans (NHSP, mid-term review terms of reference, programmes).

- i. Centre, Provinces, and Districts commit to increase funding for MNCH through existing planning cycles and reviews.
- j. Leverage resources directed at bigger programmes (e.g., Global Fund, GAVI, RBM Partnership, and World Bank).

Challenges Identified

- k. Limited in-country capacity for data collection, analysis, consolidating, and packaging
- l. Limited capacity and tools to measure quality of health care.

Conference Follow-up

After the conference, a meeting was held at which the Organizing Committee members reviewed the specific, agreed-upon actions of all stakeholders. Follow-up letters were then sent to all stakeholders, reminding them of commitments for action made by their respective organizations. The Zambia Countdown Conference report was then prepared by selected members of the Organizing Committee and distributed to all stakeholders who participated in the conference, all health institutions through Provincial Health Offices and all partners during the annual donor consultative meeting.

Funding

Some \$250,000 was budgeted for the Zambia Countdown exercise to cover conference facilities including breakaway rooms, meals and tea/coffee breaks, accommodation for participants from districts, stationery, transport, and the publicity and printing of Countdown materials. The Finance Subcommittee was tasked with identifying the necessary funds. The Ministry of Health planned and budgeted for the conference as part of the national budget, and the Finance Sub-committee circulated pledge forms to partners, resulting in support for the various components.

The Zambia report thanked the following for their support in the hosting of the country's first National Countdown Conference: WHO, UNICEF, USAID, HSSP, ZPTC, Jhpiego, UNFPA, Clinton Foundation, CHAZ, NATSAVE, and Standard Bank (see list of Abbreviations in Annex). Contributions were both financial and in-kind.

Adding Value at the Country Level

While the global Countdown to 2015 for Maternal, Newborn, and Child Health works to raise awareness of key interventions and their coverage levels across the countries with the highest number and highest

Box 3: Zambia Countdown Conference Presentations

The Zambia Countdown Conference presentations covered the following topics:

- Progress on key MNCH interventions in Zambia
- Policy framework, investment, and infrastructure
- Human resources for health for MNCH
- Commodities (equipment & supplies) for MNCH
- Overview of maternal, neonatal, and child health
- Maternal and child nutrition in Zambia – Scale of the problem, trends, and current efforts
- Infant and young child feeding
- Immunizations – reaching every district
- Community case management – pneumonia, malaria, community based newborn care
- Diarrhoea in children and oral rehydration
- Water and sanitation
- Focused ante-natal and post-natal care
- Community-based family planning
- EmONC
- Community engagement and care-seeking behavior
- Community-based prevention of mother-to-child transmission of HIV
- Paediatric HIV
- Results-based financing
- The role of hospitals in achieving MDGs 4 & 5
- Way forward/assigning roles

level of maternal and child mortality, a country Countdown can provide unique value. Partners report that the Zambia Countdown added value in the following ways:

- by mobilizing all stakeholders
- by assessing achievements, trends of coverage of various high impact interventions, and inequities in health service delivery
- by publicizing the government's and partners' visions of Zambia's progress toward the health MDGs
- by taking stock of bottlenecks that impede upon the achievement of universal coverage of high-impact interventions
- by generating evidence for programmatic action
- by improving intervention delivery

Finally, the process helped to reposition priorities and sharpen focus on what needs to be done to achieve maximum impact.

Sub-national Benefits

At provincial and district levels, the country Countdown improved information sharing and peer-to-peer learning as districts doing well in certain areas were recognized and able to showcase their work at the national event. It also created competition, stimulating districts to improve performance.

Results

The process in Zambia resulted in major commitments toward improving MNCH. Direct results were the development of the MNCH road map and the creation of a separate budget line in the national budget for reproductive health and commodities. The Countdown also triggered development of a proposal for Results-Based Financing (RBF) in the health sector which has since been funded by the World Bank and is currently being implemented to improve reproductive health services in the country. In addition the Zambia Countdown motivated action to address the human resource crisis including providing direct funding to training institutions, doubling intake for those institutions, introducing direct training of midwives, and upgrading of community health workers knowledge and skills.

Constraints

In implementing the national Countdown events, not all went as planned. Not all pledges were honoured, some partners released funds later than promised, and more people attended the conference than originally planned. To overcome these problems Individuals were tasked with following up on pledges made, funds were borrowed from other programmes, and institutions were requested to meet the budget gap.

Plans for Future Countdown Efforts

At the 2008 Zambia Countdown Conference, a resolution was made to hold annual Countdown events. Plans to conduct a Countdown in 2011 were postponed because of national elections. The next Countdown is planned for 2012. Technical support has been requested from WHO and the PMNCH partners regarding data analysis and consolidating and packaging, especially at the district and provincial level. The planned Countdown will take into consideration the work of the Commission on Information & Accountability for Women's and Children's Health, including the Commission's Translating the recommendations into action – Workplan, September 2011.

Lessons Learned and Recommendations for Undertaking a Country Countdown Process

The major recommendation from Zambia is for strong leadership from senior members of the Ministry of Health. In addition it is recommended that:

1. Adequate time is allotted for preparations
2. The process is inclusive and consultative of major stakeholders
3. The Countdown conference is planned and budgeted for in the national budget
4. Partners equally include the Countdown conference in their workplans and earmark resources
5. Decision makers are represented in committees to ensure fulfillment of commitments in terms of resources and assignments
6. Follow-up is made to ensure pledges to support the Countdown are fulfilled
7. The media is included from the beginning. Media contacts can serve as allies and early involvement helps to raise the profile of the process and to sensitize the public.

Zambia colleagues noted that full understanding of the global Countdown and ideas on how the Countdown could be nationalized are very important. High-level ownership by government/MOH is critical to rally partner support and participation. In countries where quality data is available, Countdowns can be useful for annual tracking of progress; if quality data is not available, countries must consider availability of data sources if planning an annual Countdown.

Sources

- Three PowerPoint presentations by Dr. Victor Mukonka, Director of Public Health and Research, Ministry of Health, Zambia
- Correspondence with Ministry of Health, Zambia (Dr. Victor Mukonka, Dr. Penelope Kalesha, Ms. Pauline Wamulume, Dr. Mary Nambao)
- Correspondence with UNICEF Zambia officials (Dr. Rodgers K Mwale, Dr. Nilda Lambo)
- Zambia 2008 Countdown to 2015 Conference Report
- Zambia 2008 Countdown to 2015 Information Pack

Abbreviations

CHAZ	Churches Health Association of Zambia	PMNCH	Partnership for Maternal, Newborn & Child Health
CIDA	Canadian International Development Agency	RBM	Roll Back Malaria
CP	country partner	SAG	Sector Advisory Group
CSO	civil society organization	Sida	Swedish International Development Cooperation Agency
DHS	Demographic and Health Surveys	SWAPS	sector wide adjustment programmes
GAVI	Global Alliance for Vaccines and Immunisation	UNFPA	United Nations Population Fund
HMIS	Health Management Information System	UNICEF	United Nations Children's Fund
HSSP	Health Systems Strengthening Programme	USAID	United States Agency for International Development
MIS	Malaria Indicator Survey	WHO/AFRO	World Health Organization/Regional Office for Africa
MNCH	maternal, newborn, and child health	ZPTC	Zambia Prevention Care and Treatment Partnership
NATSAVE	National Savings and Credit Bank		
NHSP	National Health Strategic Plan		

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