

COUNTRY IN FOCUS: ZAMBIA

IMPACT

The leading family planning nongovernmental organization (NGO) in Zambia lost more than 24 percent of its funding, forcing it to cut back reproductive health services across the board.

Abortion is legal under a range of circumstances in Zambia, including in cases of risk to life, or injury to the physical or mental health, of a woman. NGOs receiving U.S. assistance are compelled to forfeit their ethical obligation to counsel and refer patients for a legal health care service.

Family planning outreach programs in rural areas have suffered due to loss of USAID funds, affecting thousands of couples.

HIV/AIDS funds are flowing into a family planning network crippled by the recent loss of resources.

The Global Gag Rule has deprived Zambia's primary family planning agency of critical U.S. assistance at a time when HIV/AIDS continues to ravage the Zambian population, especially women and youth. The loss of family planning funds from the U.S. Agency for International Development (USAID) has led to understaffed clinics, dangerously low supplies of contraceptives, including condoms, and the abrupt end of community-based outreach efforts essential to reaching rural men and women with HIV information and referrals for counseling and testing. One of Zambia's leading faith-based NGOs promoting abstinence — the Family Life Movement of Zambia — has also been affected by the Global Gag Rule. Its ability to refer clients to partner organizations for family planning and reproductive health services is diminished. The Global Gag Rule has weakened family planning services in Zambia, and HIV/AIDS prevention efforts will not be as effective as they might have been.

ZAMBIA - A COUNTRY SNAPSHOT

Of Zambia's 10.4 million people, nearly 70 percent are under the age of 24; 40 percent of the total population lives in cities. Life expectancy at birth has fallen from 44 years to 33 over the last decade due to AIDS. There have been efforts by the government to curtail the spread of HIV/AIDS with the help of outside agencies; however, family planning and reproductive health care issues have been sorely neglected. Gender discrimination and sexual abuse are rife in Zambia, contributing to the poor health of women.

Reproductive Health: Women in Zambia have on average 5.9 children, among the largest family size in Africa, and one of every three girls becomes pregnant before age 17. Almost 90 percent of pregnant women report receiving antenatal care in some form; however, less than 40 percent of all births are attended by a health care professional. Maternal mortality in 1995 was 870 per 100,000 live births. Although abortion is legal, access is very limited. An estimated 30 percent of maternal mortality is associated with unsafe abortions.

HIV/AIDS: Almost 22 percent of Zambians were living with HIV/AIDS at the end of 2001; 60 percent of those infected were women. It is estimated that more than 30 percent of women seeking prenatal care are HIV-positive.



ACCESS
DENIED

U.S. RESTRICTIONS ON INTERNATIONAL FAMILY PLANNING

U.S. ASSISTANCE

USAID currently provides Zambia with an estimated U.S. \$50 million annually for programs focusing on four areas: increasing rural incomes, improving basic education for children, improving child care and reproductive health services (including HIV/AIDS interventions), and the expansion of civic participation in democratic governance. USAID's reproductive health work is facilitated through the Zambia Integrated Health Program (ZIHP) and the Zambian government. Of the many local NGOs participating in this effort, the Planned Parenthood Association of Zambia (PPAZ) is the leading family planning organization and the only NGO not to agree to the terms of the Global Gag Rule. PPAZ does not provide abortion services, even though abortion is legal in Zambia; PPAZ's decision to reject the policy was based on its refusal to abandon abortion counseling and referral for its clients. PPAZ is still struggling to cope with the loss of USAID support, as are its smaller NGO partners who depended on PPAZ for coalition leadership and free contraceptive supplies (particularly condoms).

The effects of the Global Gag Rule prove that health care policy that puts ideology before sound public health practices has a tremendous impact on service delivery.

CONSEQUENCES OF THE GLOBAL GAG RULE

- **PPAZ lost more than 24 percent of its budget** due to the loss of USAID support through ZIHP and from cuts to its core grant from the International Planned Parenthood Federation, which also refused to agree to the terms of the Global Gag Rule.
- **PPAZ has scaled back its clinic-based family planning services.** It has also had to cut cost-effective community outreach programs in rural areas, which had helped reach couples unable to get to clinics on a regular basis.
- **Smaller Zambian NGOs dependent on assistance from PPAZ are struggling** to keep their programs running and centers open.
- **In a poor country with a per capita annual income of U.S. \$300,** PPAZ can no longer provide the same amount of subsidized care to those in need.
- **PPAZ no longer has extra resources to share** with government clinics that lack essential health supplies.
- **Services to youth, the largest population segment in Zambia,** have been scaled back, and access to reproductive health services has been limited.
- **HIV/AIDS assistance is coming into a disorganized and weak family planning network,** which may reduce the effectiveness of such aid.
- **A misinterpretation of the Global Gag Rule** has led many organizations to erroneously stop informing women about the option of emergency contraception.

The effects of the Global Gag Rule prove that health care policy that puts ideology before sound public health practices has a tremendous impact on service delivery. With so many lives at stake, the United States cannot afford to alienate, disparage, or leave out any provider or group of providers that is able to deliver cost-effective and comprehensive reproductive health services.

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The Global Gag Rule Impact Project is a collaborative research effort led by Population Action International in partnership with Ipas and Planned Parenthood Federation of America and with assistance in gathering the evidence of impact in the field from EngenderHealth and Pathfinder International.

**ACCESS
DENIED**

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