



ZAMBIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

Country Profile: Zambia

HIV/AIDS in Zambia

Adults and Children Living with HIV: 1.1 million¹
AIDS Deaths (Adults and Children): 98,000¹
AIDS Orphans: 710,000¹

An estimated 16.5 percent of the adult population in Zambia is infected with HIV. About 84 percent of those diagnosed with HIV are between the ages of 20 and 29. Only 9.4 percent of women and 13.8 percent of men in Zambia have ever been tested for HIV. Using 2002 population-based sample estimates, updated by 2004 antenatal clinic trend data, it is estimated that 17.8 percent of women and 12.9 percent of men are currently HIV infected. Infection rates are two to four times higher in urban areas than in rural areas with low population density. Sexual contact is the number one mode of transmission for HIV in Zambia. Estimated lifetime mortality risk from HIV/AIDS suggests that for a Zambian population with a continuing HIV prevalence of 16.5 percent – and in the absence of intervention – about half of all youth now age 15 can expect to die of AIDS.



U.S. Government Response

The Government of the Republic of Zambia is implementing a National HIV/AIDS/STI/TB (Sexually Transmitted Infection/Tuberculosis) Strategic Plan for 2002-2005. The Plan established the National HIV/AIDS/STI/TB Council (NAC) to provide national leadership for coordinating and supporting planning, monitoring, and resource mobilization. The NAC drafted a National AIDS Policy, finalized a national monitoring and evaluation strategy, and is formulating its next five-year strategy. Currently, the NAC manages 14 technical working groups and provides support to nine Provincial AIDS Task Forces and 72 District AIDS Task Forces.

The U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) in Zambia is closely aligned with the Zambia National HIV/AIDS/STI/TB Strategy. The guiding strategic principles in Zambia to implement the Emergency Plan include the following mandates:

- Respond to local needs and national policies and strategies;
- Develop integrated HIV/AIDS prevention, treatment and care services;
- Support sustainable HIV/AIDS health care networks;
- Seek new strategies to encourage HIV testing;
- Encourage the involvement of people infected with and affected by HIV/AIDS;
- Encourage and strengthen the participation of faith-based, community-based and nongovernmental organizations (FBOs, CBOs and NGOs); and
- Encourage coordination with other collaborating partners.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the Emergency Plan in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, U.S. Government (USG) agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, NGOs, and the private sector to implement effective programs to combat HIV/AIDS and ensure efficient use of USG resources.

Zambia is one of 15 focus countries of the Emergency Plan, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Zambia received more than \$81.6 million in FY2004 and nearly \$130.1 million in FY2005 to support a comprehensive HIV/AIDS prevention, treatment, and care program. In FY2006, the United States plans to provide approximately \$149 million to support Zambia's fight against HIV/AIDS.

¹ UNAIDS, Report of the Global AIDS Epidemic, 2006.

President George W. Bush's
Emergency Plan for
AIDS Relief is
the largest commitment
ever by any nation for an
international health
initiative dedicated to
a single disease—a
five-year, \$15 billion,
multifaceted approach to
combating the disease
around the world.

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Emergency Plan Achievements in Zambia to Date

Challenges to Emergency Plan Implementation

An estimated 200,000 persons in Zambia need care services, including antiretroviral treatment (ART). As of September 2005, about 36,000 infected Zambians were receiving ART with USG support. A recent rapid assessment of the Zambian ART program identified several important constraints including: inadequate human resources for counseling, testing, and treatment-related care; gaps in supply of drugs in the public sector; increase in value of the Zambian Kwacha; lack of adequate logistic/supply chain systems; stigma which hinders people from seeking care and treatment; lack of information on the availability of treatment services; a high level of misinformation about ART; need for a continuous funding stream as cumulative patients on therapy result in a growing need for support; high cost of ART to patients, despite subsidies from the public sector; lack of referral between counseling and testing services and ART; and lack of referral between home-based care services, and testing and ART. A primary hurdle to scaling-up ART is maintaining a continuous funding stream as cumulative patients on treatment result in a growing need for support.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2005 ¹	354,800
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 ¹	835,400
# of USG condoms shipped in Calendar Year 2005	10,803,000
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan ^{3,4}	190,700
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan ^{3,5}	36,500
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 ^{3,4}	268,000
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 ³	111,900
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 ^{3,6}	188,200
# of individuals receiving downstream site-specific support for treatment as of September 30, 2006 ¹	71,500
# of individuals receiving upstream system strengthening support for treatment as of September 30, 2006 ²	0

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ Number of individuals reached through downstream site-specific support includes those receiving services at U.S.Government-supported service delivery sites.

² Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

³ Total results combine individuals reached through downstream and upstream support.

⁴ It is possible that some individuals were counseled and tested more than once.

⁵ It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

⁶ The number of OVC served in Zambia during FY2005 declined from that reported in FY2004, due to the close-out of a major OVC project in FY2005. Although the second phase was launched in FY2005, the project began awarding scholarships to OVC after the end of the fiscal year.

Critical Interventions for HIV/AIDS Prevention

- Provided direct support to over 150 sites in all nine provinces. Supported PMTCT services for over 127,400 women out of an estimated half a million deliveries annually in FY2005, including the provision of a complete course of antiretroviral prophylaxis for 23,700 women and infants.
- Supported intensive abstinence and faithfulness life skills training for students in 728 government and community schools. The training included a focus on education for vulnerable children, with a special emphasis on girls.
- Supporting efforts of the Government of Zambia to provide technical assistance, supplies, and training to prevent medical transmission of HIV/AIDS. Collaborated with the Government of Zambia to increase the use of safe injection practices, to ensure the practice of universal precautions, and to increase the availability and use of post-exposure prophylaxis. Eighteen districts purchased needles, sharps boxes and other supplies, and trained managers and health workers how to prevent medical transmission of HIV.
- Supported the expansion of Corridors of Hope Cross Border Initiative sites from seven to ten locations, reaching over 251,000 at risk individuals with prevention messages.

Critical Interventions for HIV/AIDS Treatment

- Provided approximately \$21 million for the procurement of antiretroviral drugs for the public health system in FY2005.
- Partnered with the Government of Zambia to expand the number of sites providing antiretroviral treatment (ART), improve the quality of care, and increase ART uptake.
- Supported the development of a certification system to assess capabilities of institutions to deliver ART according to national guidelines and standards.

Critical Interventions for HIV/AIDS Care

- Supported the radio distance program “Living and Loving” for people living with HIV/AIDS (PLWHA) and their caregivers. The program was translated into seven local languages in addition to English to communicate standardized messages to PLWHAs, their families and caregivers. The series promoted discussion on knowing your status, positive living and staying healthy, how men can be caregivers, ART, orphans and vulnerable children (OVCs), family support, prevention of mother-to-child HIV transmission, nutrition, hygiene, treatment of opportunistic infections, partner disclosure, managing money, the dangers of alcohol use, caregiving skills, support to caregivers, stigma and discrimination, and treating PLWHA with respect.
- Supported the initiation of tuberculosis and HIV integration activities in Livingstone in 2005. The activity linked TB patients identified in the three district TB diagnostic facilities with HIV counseling, testing, and screening for appropriate HIV care. Over 500 TB patients were counseled on HIV in Livingstone district at Livingstone General Hospital, Maramba, and Dambwa clinics between January and August 2005.
- Supported work of a partner organization and the Zambia Defense Force (ZDF) in addressing the problem of OVCs. The program works with the ZDF to identify and find solutions to issues involving OVCs in the care of military families and OVCs left behind by deceased military personnel.