



ZAMBIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

2007 Country Profile: Zambia

National HIV prevalence rate among adults (ages 15-49): 17 percent¹
Adults and children (ages 0-49) living with HIV at the end of 2005: 1.1 million¹
AIDS deaths (adults and children) in 2005: 98,000¹
AIDS orphans at the end of 2005: 710,000¹

Zambia is one of the Emergency Plan's 15 focus countries, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Zambia received more than \$81.6 million in fiscal year (FY) 2004, nearly \$130.1 million in FY 2005, and approximately \$149 million in FY 2006 to support comprehensive HIV/AIDS prevention, treatment and care programs. PEPFAR is providing \$216 million in FY 2007.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) in 2003 — the largest international health initiative in history by one nation to address a single disease. The United States is changing the paradigm for development, rejecting the flawed “donor-recipient” mentality and replacing it with an ethic of true partnership. These partnerships are having a global impact and transforming the face of our world today.

Partnership to Fight HIV/AIDS

The Government of the Republic of Zambia is implementing a National HIV and AIDS Strategic Framework (2006-2010), released in May 2006. The Plan established the National HIV/AIDS/STI/TB Council (NAC) to provide national leadership for mobilizing and monitoring, as well as to continue support for nine Provincial AIDS Task Forces and 72 District AIDS Task Forces. The NAC is finalizing the development of Theme Groups – technical working groups that will directly support the overall mission of the NAC in the national HIV/AIDS response.

The work of the Emergency Plan 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 health care networks;
- Seek new strategies to encourage HIV testing;
- Encourage the involvement of people living with and affected by HIV/AIDS;
- Encourage and strengthen the participation of faith-based, community-based and non-governmental organizations; and
- Encourage coordination with other collaborating partners.

Emergency Plan Results in Zambia

# of individuals receiving antiretroviral treatment as of September 30, 2007	122,700
# of HIV-infected individuals who received palliative care/basic health care and support in FY2006 ^{1,8}	152,100
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2006 ¹	315,600
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan ^{1,2}	345,500
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan ^{1,3,6}	57,400
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2006 ^{1,2,7}	168,400
# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2006 ^{4,5}	1,419,800
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2006 ^{4,5}	311,000
# of USG condoms shipped in Calendar Year 2006 ⁹	0

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

¹ Total results combine individuals reached through downstream and upstream support. ² It is possible that some individuals were counseled and tested more than once. ³ 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. ⁴ Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.

⁵ Zambia's results in FY2006 are lower than FY2005. An error was reported in the FY2005 2nd Annual Report to Congress. The correct number of individuals reached with condoms and other prevention activities in FY2005 should have been 512,778. In addition, a major implementing partner was not active for 7 months of the reporting period due to a late signing. ⁶ In Zambia, the decline in women receiving ARV prophylaxis is due to increased compliance among partners with GRZ protocols, which call for ARV prophylaxis at 32 weeks. Given this, only women returning at 32 weeks are receiving prophylaxis. ⁷ In Zambia, the total number of individuals receiving counseling and testing has dropped. This is because nationally-reported data on counseling and testing has not been updated since June 2005, therefore upstream results were not reported. The number of individuals reached through downstream support has doubled since the last reporting period. ⁸ In Zambia, the number of HIV-infected clients receiving care/treatment for TB disease dropped by 88% compared to the previous year's report. The drop is due to a change in how this indicator is reported. The mission no longer counts home-based care clients receiving DOTs at the community level. Currently, only clients receiving TB treatment at the facility level are included due to reliability of data. ⁹ In Zambia, the USG Coordinates comprehensive prevention activities with multiple donors. In calendar year 2006, the United Kingdom's Department for International Development (DFID) and the United Nations Population Fund procured condoms, while the USG supported nationwide condom social marketing.

Emergency Plan Activities in Zambia



HIV/AIDS in Zambia

Zambia is experiencing a generalized HIV/AIDS epidemic, with a national HIV prevalence rate of 17 percent among adults ages 15 to 49.¹ The primary modes of HIV transmission are through heterosexual sex and mother-to-child transmission.² HIV prevalence rates vary considerably within the country. Infection rates are highest in cities and towns along major transportation routes and lower in rural areas with low population density. HIV prevalence among pregnant women can range from less than 10 percent in some areas to 30 percent in others.¹ In general, however, young women ages 25 to 34 are at much higher risk of being infected by HIV than young men in the same age group. The prevalence rates are 12.7 and 3.8 percent, respectively. Other at-risk populations include military personnel, people in prostitution, truck drivers, and people who work in fisheries.² While Zambia's national prevalence rate remains high and shows no sign of declining, the country has been noted for its significant increases in antiretroviral treatment (ART) access.¹

Challenges to Emergency Plan Implementation

With about one million Zambians living with HIV/AIDS and 200,000 of these persons requiring ART, the Government of the Republic of Zambia has prioritized making ART available to all Zambians in need. 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 that hinders people from seeking treatment and care; lack of information on the availability of treatment services; a high level of misinformation about ART; need for a continuous funding stream as an accumulative of patients on ART results 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, testing and ART.



Critical Interventions for HIV/AIDS Prevention:

- Support to more than 280 service outlets in all nine provinces providing prevention of mother-to-child HIV transmission (PMTCT) services in FY2006.
- Supported intensive abstinence and faithfulness life-skills training for students in government and community schools. The training included a focus on education for vulnerable children, with a special emphasis on girls.
- Supported the work of Zambia Defense Force drama troops that travel to military units with HIV prevention messages for soldiers and their families. Drama troops use behavior change communication strategies to reach audiences with culturally-appropriate HIV prevention messages.

Critical Interventions for HIV/AIDS Treatment:

- Collaboration with the Government of the Republic of Zambia to facilitate the development of multi-year antiretroviral drug forecasts and quantifications, now updated on a quarterly basis.
- Partnered with the Government of the Republic of Zambia to expand the number of sites providing ART, improve quality of care, and increase ART uptake, including among children and their families.

Critical Interventions for HIV/AIDS Care:

- Supported the development of guidelines for the implementation of TB/HIV activities, focusing on the provision of routine opt-out HIV counseling for all TB patients, and the screening of HIV-positive clients for TB. These guidelines have been incorporated into the national TB, HIV, and counseling guidelines.
- Supported a scholarship program that helps to keep thousands of AIDS-affected orphans and vulnerable children in secondary school and encourages them to play an active role in HIV/AIDS prevention activities.
- 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 and English to communicate standardized messages to PLWHA, their families and caregivers.

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

² WHO, Summary Country Profile on HIV/AIDS Treatment Scale-up – Zambia, 2005.