



Office of the United States Global AIDS Coordinator

Providing leadership,
coordination and
oversight to the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief

Country Profile — Zambia

U.S. President's Emergency Plan for AIDS Relief



The HIV/AIDS Situation in Zambia

HIV Infected: 920,000¹

AIDS Deaths: 89,000¹

AIDS Orphans: 630,000¹

It is estimated that 16.5 percent of the adult population in Zambia is infected with HIV. About 84 percent of these 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. Despite limited HIV testing, it is estimated that 17.8 percent of women and 12.9 percent of men are currently infected. Infection rates are higher in urban areas than in rural areas of the country. 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 an HIV prevalence of 16.5 percent, more than half of all youth now age 15 will die of AIDS.

U.S. Government Response

The Government of the Republic of Zambia (GRZ) 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 (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 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 non-governmental 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 at least 50 percent of HIV infections worldwide. Under the Emergency Plan, Zambia received nearly \$81.8 million in FY 2004 to support a comprehensive HIV/AIDS prevention, treatment, and care program. In FY2005, the U.S. is committing an additional \$132.9 million to support Zambia's fight against HIV/AIDS.

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¹ UNAIDS, Report of the Global AIDS Epidemic, 2004.



Emergency Plan Achievements in Zambia

Challenges to Emergency Plan Implementation

An estimated 200,000 persons in Zambia need HIV treatment, including antiretroviral treatment (ART). At present, only about 14,000 infected Zambians are receiving ART. A recent rapid assessment of the Zambian ART program identified several important constraints including: inadequate human resources for testing, counseling, and treatment-related care; gaps in supply of drugs in the public sector; 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 being subsidized in the public sector; lack of referral between counseling and testing services and ART; and lack of referral between home-based care services and access to testing and referral to ART. A primary hurdle to scaling-up ART is maintaining a continuous funding stream as cumulative patients on therapy result in a growing need for support.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and Being Faithful	602,700
# of pregnant women receiving prevention of mother to child HIV transmission (PMTCT) services	63,300
# of pregnant women receiving antiretroviral prophylaxis	12,800
# of individuals receiving counseling and testing	53,600
# of HIV-infected individuals who received palliative care/basic health care and support	27,400
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program	257,800
# of individuals receiving upstream system strengthening support for treatment ¹	10,200
# of individuals receiving downstream site specific support for treatment ²	11,800

Prevention and care results reflect accomplishments through September 2004 and combine upstream and downstream support. Treatment results reflect accomplishments through March 2005.

¹ Number of individuals reached through upstream systems strengthening includes those supported through contributions to support national strategies through national, regional, and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

² Number of individuals reached through downstream site-specific support includes those receiving treatment where the Emergency Plan supports programs at the point of service delivery.

Critical Interventions in HIV/AIDS Prevention

- ◆ The low cost of alcohol and a lack of recreational options in isolated locations have led to a heightened risk of HIV/AIDS for members of the Zambian military. USG-supported workshops are helping to educate Zambian military officials about how to address this problem. On one military base, teams inspired by these workshops have educated personnel and civilians alike. As a result of these efforts, voluntary counseling and testing (VCT) has increased and stigma surrounding HIV/AIDS has been reduced.
- ◆ The USG supported training for 165 HIV/AIDS advocates in the Southern Province and established an advocacy network.
- ◆ The USG-supported the Corridors of Hope project helps to improve the health of those populations most at risk for HIV infection, such as commercial sex workers and their clients. They are provided with VCT services. Over 1,500 clients in the seven border sites and three inland locations have received free counseling and testing services.

Critical Interventions in HIV/AIDS Care

- ◆ The RAPIDS Project, a multisectoral care and support effort, served almost 96,000 orphans and vulnerable children (OVC), provided home-based care to tens of thousands of people living with HIV/AIDS (PLWHA), and engaged 50,000 youth with abstinence and being faithful programming.
- ◆ More than 8,300 individuals have benefited from the USG's partnership with Catholic Relief Services palliative care project "Scaling UP Community Care to Enhance Social Safety-Nets" (SUCCESS) which provides nutritional supplements to homes with severely ill and malnourished home-based care AIDS patients. Some 9,700 benefit from hospice care.
- ◆ The USG partnered with the GRZ and other stakeholders to produce standardized clinical care guidelines for the prevention and treatment of opportunistic infections associated with HIV/AIDS.
- ◆ The USG was a key partner in the formation of the VCT Partnership. The VCT Partnership coordinates GRZ, District Health Management Teams, NGO and donor efforts to expand access to high quality VCT services and to educate the public on the health and social benefits associated with awareness of HIV status. This project has seen improved quality of VCT services, including pre- and post-test counseling and post-test referrals.
- ◆ Project New Start is encouraging Zambians to know their status. To date, New Start has served over 21,000 clients.

Critical Interventions in HIV/AIDS Treatment

- ◆ The USG supports the workplace HIV/AIDS programs of two of Zambia's largest companies, Dunavant Cotton and Konkola Copper Mines. The two programs provide assistance with the prevention, treatment and care of HIV/AIDS to more than 135,000 people, including employees, their family members and members of surrounding communities.