



President's Emergency Plan for AIDS Relief LUSAKA, ZAMBIA Achievements and Programs

ZAMBIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS



Photo by Dana Bessenecker (PCI)



President's Emergency Plan for AIDS Relief - Zambia 2006



President and Mrs. Bush visiting The AIDS Support Organization in Uganda

O V E R V I E W

"Before the Emergency Plan for AIDS Relief, only 50,000 people of the more than 4 million people in sub-Saharan Africa needing immediate AIDS treatment were getting medicine. Think about that, only 50,000 people. After two years of sustained effort, approximately 400,000 sub-Saharan Africans are receiving the treatment they need."
--President George W. Bush World AIDS Day December 1, 2005

Strategic Pillars of PEPFAR

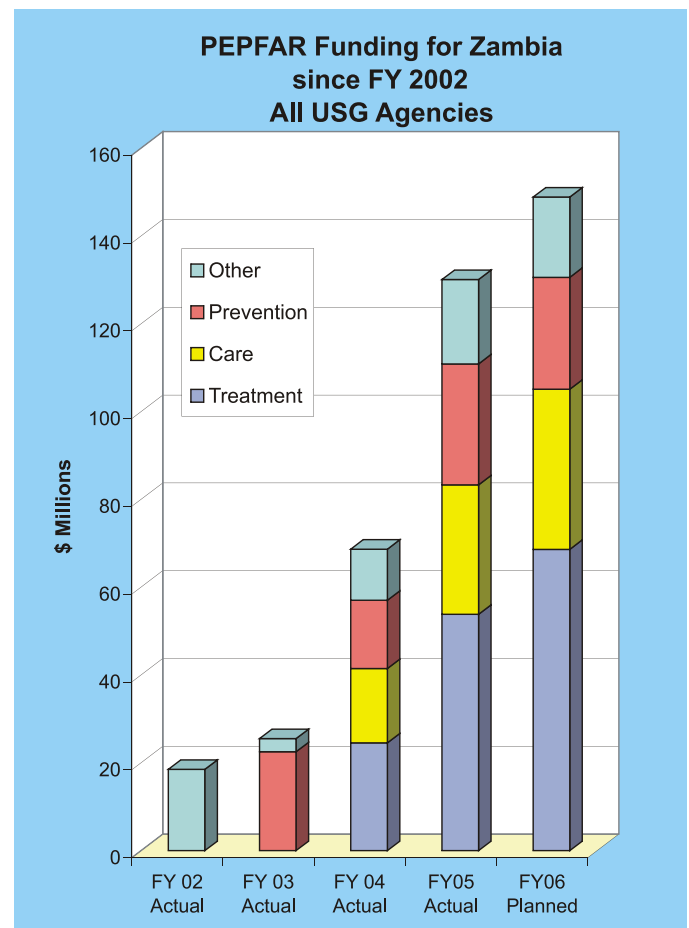
1. Encourage bold leadership
2. Apply best practices
3. Support and encourage coordination and harmonization among donors

Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. Government (USG) and the Government of Zambia (GRZ) provide support, treatment, and care to those infected with or affected by HIV/AIDS. PEPFAR has dramatically increased the amount of funding for HIV/AIDS programs in Zambia since 2003.

The USG-GRZ partnership, through PEPFAR, ensures that all activities are closely aligned with the Zambia National HIV/AIDS Strategic Framework (ZASF) by supporting the following key strategies:

- Rapidly strengthen and scale up existing HIV/AIDS treatment, prevention, and care services;
- Build capacity for long-term sustainability of HIV/AIDS treatment, prevention, and care services; and,
- Advance policy initiatives and leadership that support HIV/AIDS treatment, prevention, and care services.

The five-year PEPFAR plan is the largest global health initiative in history by a single nation to address a single disease, HIV/AIDS. Supporting over 120 nations, PEPFAR is dedicated to mitigating the impacts of HIV/AIDS and to placing as many eligible persons as possible on free antiretroviral treatment (ART).



PEPFAR has contributed significantly to the implementation of the GRZ strategy. Over half a million high-risk individuals were reached with behavior interventions. Palliative care beneficiaries almost tripled during 2005. Counseling and Testing rose five-fold over the same period. In 2005, PEPFAR directly reached 127,382 pregnant women with prevention interventions; 302,627 individuals with care and support, and 29,938 with antiretroviral treatment thereby contributing to the worldwide goal of 2 million on treatment, 7 million infections avoided, and 10 million receiving care and support by 2008.

As one of the PEPFAR's fifteen focus countries, Zambia's programs will receive \$149 million in 2006 to strengthen existing activities and to address the GRZ's highest priorities for HIV/AIDS in line with the 2006-2010 Zambia HIV/AIDS Strategic Framework.

President's Emergency Plan for AIDS Relief - Zambia 2006



How PEPFAR Works

PEPFAR brings together all USG agencies to endorse a single strategy and implement one program, led by U.S. Ambassador Carmen Martinez. In Zambia, the PEPFAR team at the U.S. Mission includes the Centers for Disease Control and Prevention (CDC), the Department of Defense (DOD), the Peace Corps (PC), the Department of State (DOS), and the US Agency for International Development (USAID).

Because PEPFAR rolled out so quickly in Zambia, PEPFAR partners were able to accelerate their programs and concentrate on increasing the number of people receiving prevention, care, and treatment. The quick program startup, fueled by significant funding, has set the pace for the expansion of the existing partnership between the USG and GRZ. All PEPFAR activities work towards GRZ priorities in prevention, care, and treatment while strengthening service delivery systems to support the expansion.

What PEPFAR Supports

PEPFAR encompasses 14 primary program areas. Each program area emphasizes capacity building on all levels, rapid scale-up, sustainability, and innovation. PEPFAR activities are conducted in all nine provinces and in all 72 districts in Zambia.

Who Receives PEPFAR Funding

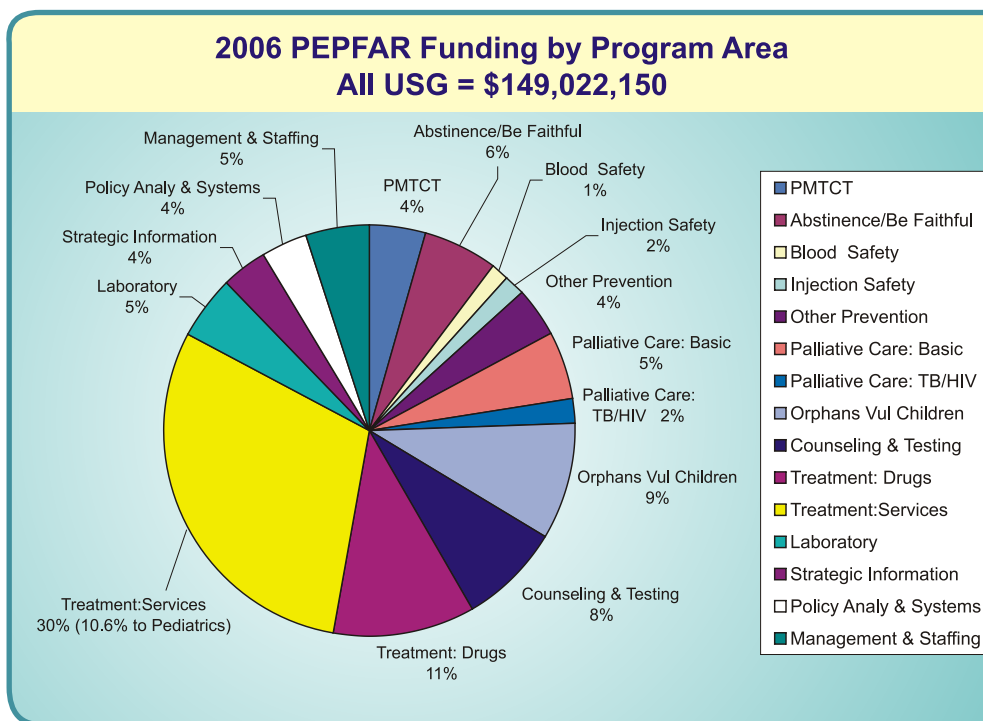
In 2005, PEPFAR supported 54 prime partners (with 166 local sub-partners). In 2006, PEPFAR will support over 70 partners, including 87 local organizations. PEPFAR works directly with the National AIDS Council, the Zambian Defense Force, and the Zambian National Police as well as 11 ministries:

- Agriculture and Cooperatives
- Commerce, Trade, and Industry
- Community Development
- Defense
- Education
- Finance and National Planning
- Health
- Home Affairs
- Mines and Mineral Resources
- Sport, Youth, and Child Development
- Tourism

What Happens After 2008?

PEPFAR is designed as a five-year intensive HIV/AIDS program that builds the infrastructure necessary to having sustainable and successful programs. With the strong support of the American people and the U.S. Congress, President Bush's Emergency Plan for AIDS Relief is recognized as the first quantum leap in America's leadership in the fight against global HIV/AIDS.

This is a commitment from which the USG will not turn away. Although PEPFAR was announced as a five-year program, the USG understands that continued USG resources will be necessary beyond 2008. All ongoing programs are reviewed periodically by Congress as they progress, and this will be true of PEPFAR as it continues beyond 2008.





LEADERSHIP

Leaders recognize early on the need for change to address new challenges. Advocacy from leaders can inspire the populace at large. The active presence of leaders can establish a new consensus. Leadership at the various levels of society is paramount in building popular confidence.

Individuals

The first critical step in the fight against HIV/AIDS is to go for counseling and testing (CT). PEPFAR-funded HIV voluntary CT activities are empowering individuals to come forward and “know their status”.

Families

Mothers, fathers, and guardians must be given the skills to offer direction and guidance to reduce the spread of HIV/AIDS and to care for the affected and infected. U.S. Government (USG) partners work in an integrated fashion with the Government of Zambia (GRZ), faith-based and community-based organizations, and families to provide support and care. PEPFAR funds are being used to reach households made vulnerable by HIV/AIDS with a basket of support services for the children, youth, and adults living in these homes.

Communities

The Care and Compassion Movement, funded in part by PEPFAR, brought together in October 2005, leading faith-based organizations to fight HIV/AIDS. Clergy pledged to demonstrate leadership to protect every human life in the battle against AIDS; to take responsibility in breaking the deadly silence about AIDS; to encourage members of congregations and communities to go for testing, counseling, care, and treatment; and to reach out to all levels of society to unite in the battle against AIDS.



Zambian President Levy Mwanawasa and U.S. Ambassador Carmen Martinez



“I have taken the first step. I know my HIV status; do you? I have promised to help myself, my family, and my country; have you?”



2005 World AIDS Day Gathering



Care and Compassion Movement March 2005 (HCP)



Underground Peer Counseling at the Konkola Copper Mine (Still Life Projects)



Kabulonga Boys and Girls



From left: U.S. Ambassador Carmen Martinez, Health Minister Sylvia Masebo, German Ambassador Irene Hinrichsen

Civil Society/Private Sector

Two public-private partnerships known as Global Development Alliances (GDAs) covering six provinces and 36 districts were launched in September 2005. The USG and eight private companies created partnerships to alleviate the impact of HIV/AIDS in the nation's mining and agribusiness sectors. This program combines resources from PEPFAR and Zambia's private sector to support HIV/AIDS prevention, care, and treatment services. The two GDAs reach out to a population of over one million workers and their family members.

Government

In 2004 the USG and GRZ launched a four-year program to strengthen the skills of basic education teachers. Under this effort, 2,000 Ministry of Education staff and Teacher Training College pre-service students are being trained in HIV/AIDS prevention for basic schools; 260,000 community residents per year are benefiting from outreach and HIV/AIDS prevention programs; 3,500 orphans and vulnerable children (OVCs) in secondary schools are benefiting from scholarships. These young OVCs play an active role in HIV/AIDS prevention activities in their schools.

The International Community

Foreign donors and international NGOs demonstrate leadership by helping implement the Zambia National HIV/AIDS Strategic Framework. The Minister of Health, the Honorable Sylvia Masebo, U.S. Ambassador Carmen Martinez, and German Ambassador Dr. Irene Hinrichsen on March 23, 2006 opened a New Start counseling and testing center in Lusaka and observed new mobile counseling and testing units in Chongwe. The event marked a major expansion of the New Start network operating throughout Zambia. The USG and the German government are jointly funding this effort and intend to expand its capacity to serve 100,000 people by 2007.



PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV/AIDS

Efforts by the Government of Zambia (GRZ) to prevent mother-to-child transmission (PMTCT) in the public, private and faith-based supported health sectors began in 1999. Early partners, including the U.S. Government (USG) and UNICEF, conducted pilot, demonstration, and research programs in health facilities in a limited number of target districts. Since that time, programs have continued to grow throughout the country and now include military health facilities managed under the Zambia Defense Forces (ZDF). PMTCT programs in Zambia encompass an integrated approach with PMTCT interventions placed within maternal and child health services. It builds upon existing initiatives to promote safe and healthy pregnancies.

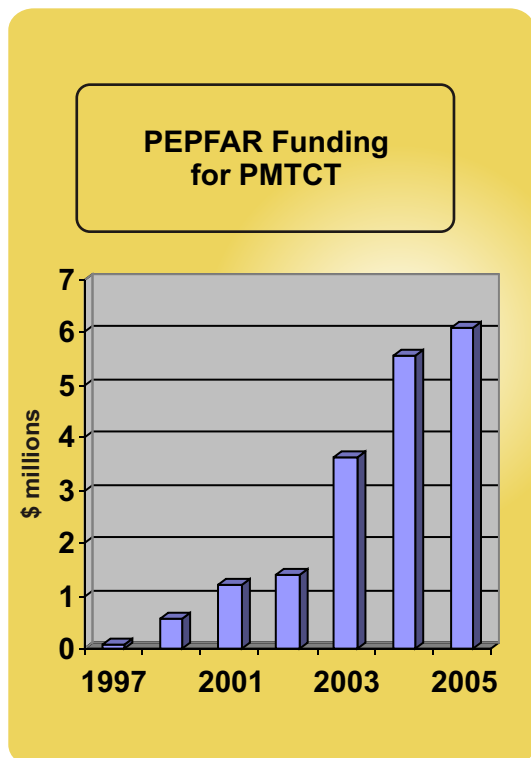


A mother and newborn at Mpulungu, Northern Province (ZPCT)

The USG has been working with the GRZ to develop and institutionalize a comprehensive care package for PMTCT. The package currently includes HIV counseling and testing; antenatal, labor and delivery care; HIV treatment prophylaxis; family planning counseling and services; infant feeding counseling; and referrals for follow-up care and treatment services. As of March 2006, there were 265 sites in the nine provinces of Zambia offering comprehensive PMTCT services with the USG directly supporting 215 of the sites.

PEPFAR funds have allowed the GRZ to significantly increase its capacity to provide PMTCT services. Several areas of PMTCT support have expanded:

- Development and provision of a standardized, national curriculum for trainers and providers;
- Development of educational materials and health promotion campaigns;
- New PMTCT service delivery sites in Lusaka, Copperbelt, Eastern, Southern, Central, Luapula, and Western provinces;
- Continued support to PMTCT sites established in previous years; and
- Integration of PMTCT data collection into a national HIV counseling and testing database.

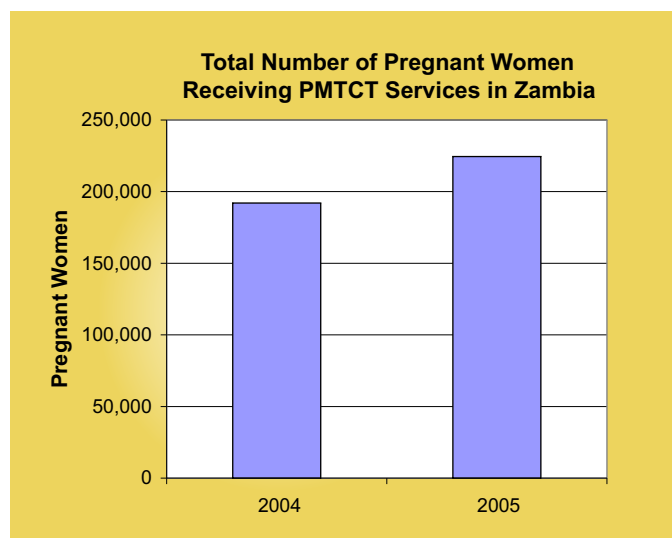


President's Emergency Plan for AIDS Relief - Zambia 2006



Thanks to this expanded capacity, the following inputs are helping avert mother-to-child transmission of the virus:

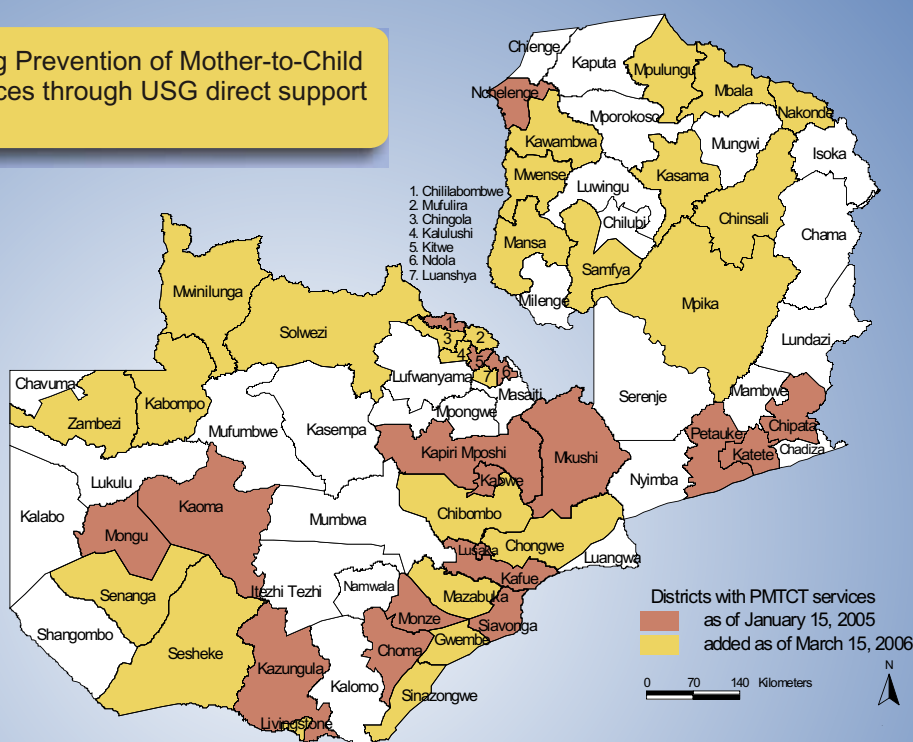
- 3,684 health care providers, trainers, medical and nursing students, and community outreach workers trained in PMTCT;
- 323,538 pregnant women counseled;
- 211,547 pregnant women tested;
- 37,783 HIV+ pregnant women received HIV treatment prophylaxis; and
- 2,313 partners of pregnant women tested, with 779 testing positive.



With support from the USG, infant diagnosis for HIV before the age of 18 months is becoming part of the national PMTCT program in 2006. This will enable the National AIDS Council to calculate how many infant HIV infections will be averted by the PMTCT program.

Following the GRZ's country-wide PMTCT program design, the USG is continuing to support the use of antenatal care services as an entry point to promote HIV/AIDS prevention, care, and treatment services in all health facilities in Zambia. In addition to preventing infections in newborn babies, the integrated PMTCT program ensures that women, partners, and their children are immediately referred to programs offering quality care and treatment services for families living with HIV/AIDS.

Districts of Zambia offering Prevention of Mother-to-Child Transmission of HIV services through USG direct support as of March 15, 2006





PREVENTION (Abstinence and Being Faithful)

Nearly all adult Zambians have heard of AIDS, and over half of adults know at least two ways to prevent its transmission. Still, HIV/AIDS remains at pandemic levels, and women are affected at a significantly higher rate than men. Despite the increasing availability of life-prolonging medical treatment, prevention of infection remains an important intervention in the fight against HIV/AIDS.

The Zambian National HIV/AIDS Strategy recognizes that a significant portion of individuals aged 15-44 engage in high-risk behaviors. It gives high priority to reducing risky behaviors through the Abstinence, Be Faithful and the correct and consistent use of Condoms, known as the “ABC” approach, thus preventing sexual transmission of HIV.

Since the mid-nineties, the U.S. Government (USG) has been a key partner in supporting the Government of Zambia's (GRZ) prevention efforts. Targeted sectors of the population include youth, women, and high-risk groups such as discordant couples.



A Community Drama Group, Chongwe

In 2005, the USG funded numerous prevention efforts such as: 1) urban and rural community outreach programs, 2) training of peer counselors, 3) school-based programs, 4) workplace programs, 5) youth livelihood activities, and 6) specialized programs focused on abstinence. The USG-supported comprehensive initiative, called “Helping Each Other Act Responsibly Together” (HEART), is one of the key programs targeting youth. Designed for youth by youth, HEART promotes abstinence or “return to abstinence” through community mobilization efforts, faith-based programs, school drama contests, and media programs. Also, new this year, was the introduction of HIV prevention information for HIV + individuals as part of care services.



In May, 2005 the U.S. Office of the Global AIDS Coordinator issued clear guidance as to ABC prevention programs available to youth as follows: When individual students are identified as engaging in or are at high risk for engaging in risky sexual behaviors, they should be appropriately referred to integrated “ABC” programs.

PEPFAR funds may be used:

1. in schools to support programs that deliver age-appropriate “AB” information to young people age 10-14;
2. in schools to support programs that deliver age-appropriate “ABC” information for young people above age 14;
3. to support integrated ABC programs that include condom provision in out-of-school programs for youth identified as engaging in or at high risk for engaging in risky sexual behaviors;

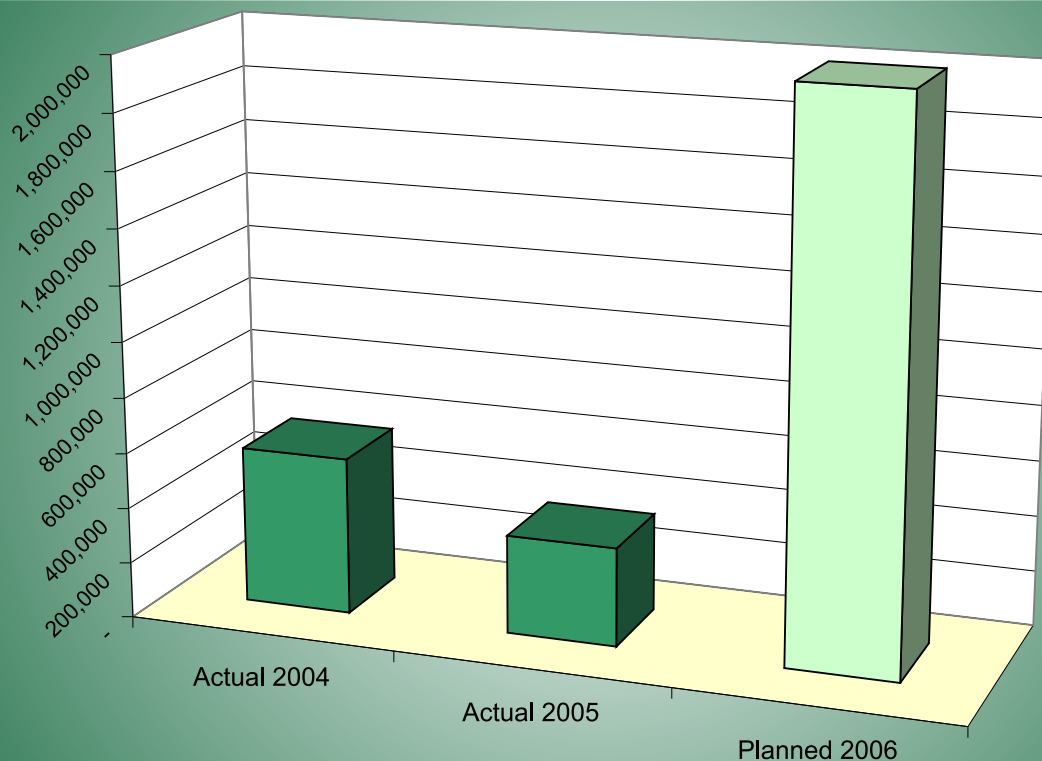
PEPFAR funds may not be used:

4. to physically distribute or provide condoms in school settings;
5. in schools for marketing efforts to promote condoms to youth; or
6. in any setting for marketing campaigns that target youth and encourage condom use as the primary intervention for HIV prevention.

In FY 2005, the overall USG-supported prevention efforts to promote Abstinence and Being Faithful reached 354,766 individuals.

The USG continues to ramp up prevention services to guarantee that all Zambians have the information they need to protect themselves against HIV. In 2006, the President’s Emergency Plan for AIDS Relief intends to reach 194,500 youth with abstinence messages and 1,722,070 youth and adults with messages promoting abstinence and fidelity.

Individuals Reached in Zambia with an AB Prevention Message

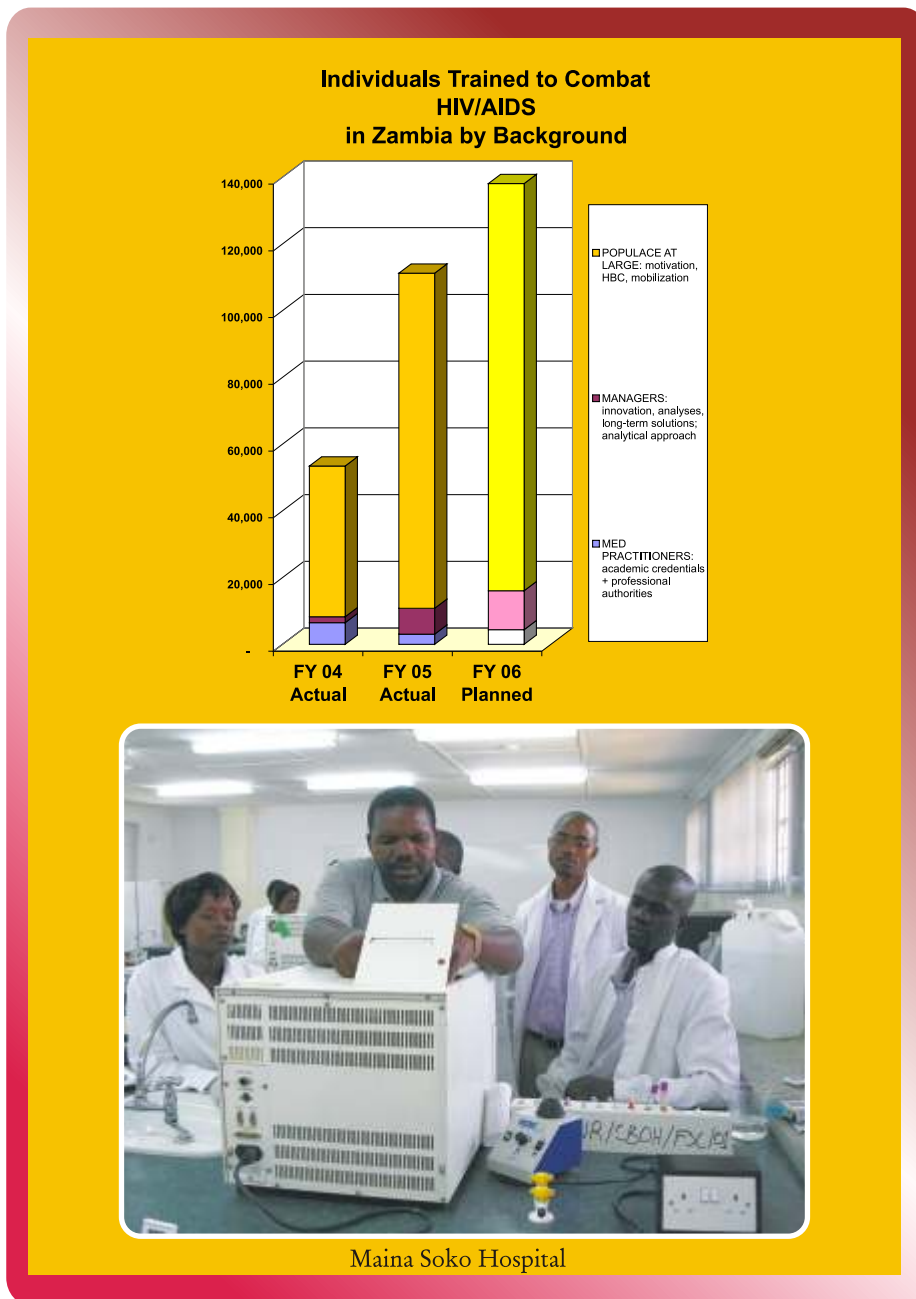




HUMAN RESOURCES FOR HEALTH

Quality HIV/AIDS care depends on adequate numbers of motivated service providers endowed with the correct skills mix. Yet Zambia suffers from a medical “brain drain” which is particularly serious among nurses and doctors. As Zambia's health sector takes on new HIV/AIDS programs, the Government of Zambia (GRZ) and donors will need to address Zambia's most intractable health challenge - human resource constraints. Without appropriate resources, Zambia will not be able to train, remunerate, motivate, or retain its medical work force.

To help fill this gap, the U.S. Government (USG) trained over a thousand Zambian health care workers in many specialties during the first year of the President’s Emergency Plan for AIDS Relief (PEPFAR). The trainings included: antiretroviral therapy, prevention of mother-to-child transmission, home-based care, laboratory services, and logistics management. In 2006, the USG plans to continue the intensive training activities; ten physicians, nurses, and social scientists studying for their Masters of Public Health degrees benefit from PEPFAR sponsorship.



Maina Soko Hospital

To ascertain Zambia's human resource needs, a USG-funded assessment was undertaken with three objectives: 1) estimate human resource gaps for scaling-up prevention, treatment, and care activities; 2) design a framework to help managers make decisions regarding human resources capacity; and 3) recommend remedial human capacity development actions. Findings from the assessment estimated available vs. required human resources needed to scale-up and achieve national health targets. The USG is also helping Zambia's Ministry of Health develop standardized curricula, treatment protocols, and guidelines for trainees to ensure that all health workers share core competencies to provide specific HIV/AIDS interventions.



In 2005, the USG began discussions on how to contribute to the GRZ's Rural Retention Scheme that will offer an incentive package to 35 physicians who agree to practice in rural, district hospitals. Since physicians are the only ones currently authorized to prescribe pharmaceuticals, their postings in rural settings will enable clients at district hospitals to receive prescription antiretroviral drugs. In 2006, USG support will be extended to retention of an additional 184 critical staff including nurses, clinical officers, laboratory technicians, and nurse tutors.

The USG is supporting alternatives to the traditional mix of health care providers. In pilot settings, lay counselors working alongside professional health care workers contributed to dramatically increased client numbers, improved adherence rates, and more accurate patient knowledge of their HIV status. Building on this obvious success, hospital managers are beginning to offer incentives to their lay counselors to ensure retention.



CCS Orientation Workshop (August 2, 2005)



ART Training for Nurse Tutors

Doctors and nurses recruited from neighboring countries where they had been working for the past five years are now being recruited with PEPFAR funding to return home.



CONTINUITY OF CARE

Continuity of care for patients receiving antiretroviral therapy (ART) is both a strategic and financial consideration, if the Government of Zambia (GRZ) is to confront the HIV/AIDS epidemic. The eventual financial and human costs of ART in Zambia will be determined mostly by the percentage of individuals on second-line ART regimens. The proper delivery of ART can slow or prevent the development of resistance to ART. Annual outlays for second-line drug regimens are about one thousand dollars more expensive per patient, per year, than first-line regimens. Well-conceived tools can assist in providing the continuity of care that can assure more cost-effective results.

Automated reminders in electronic medical records (EMRs) now used by more than 40,000 HIV+ patients can help busy providers be aware of poor adherence. Touch screens allow clinical professionals to learn to use an EMR tool in a day. Smart cards, the “Care Card” carried by patients, provide a low maintenance, low cost, durable means to transfer EMR data from last provider to next provider in the absence of countrywide networks.

Continuity of care depends on continuity of health information. Just a few of these essential information linkages include:

- Proper tuberculosis (TB) medicine selection knowing a patient's ART medications;
- Voluntary counseling and testing (VCT) client test results available at antenatal clinics; and
- HIV status from any testing should be available to “TB corner” services.



Nangongwe Clinic - Kafue District

Touch screen and smart card technology will improve patient care by ensuring that patient level data is better and more easily collected at points of care, by existing staff, and is more readily available to inform current and future treatment decisions. To date, Zambian mothers remember to bring their Care Cards 98 percent of the time. The loss rate in first six months was less than one per 500 visits.

Future PEPFAR Activities to Strengthen Continuity of Care:

- Technical infrastructure to support deployment of EMRs with greater country coverage;
- Monitoring Prevention of Mother-to-Child HIV Transmission and VCT data for longitudinal cohorts, in a timely automated manner; and
- Pilot coordination between non-governmental organization client software and the Continuity of Care EMR system.



HEALTH SYSTEMS STRENGTHENING

The President's Emergency Plan for AIDS Relief has contributed significantly towards health systems strengthening in Zambia since 2004. The USG and partners are providing technical and financial assistance support to the National HIV/AIDS Laboratory Technical Working Group. More specifically, the process has started to design a national HIV/AIDS lab strategy, procure equipment and reagents, and will soon develop the first national HIV/AIDS laboratory reagents quantification in support of the rapid scale-up of ART in Zambia. Furthermore, the USG has supported systems strengthening in other areas as well.

For example, the USG recognizes that it is important for the Defense Force Medical Services (DFMS) to benefit from the same level of investment as the public health system, since the DFMS facilities provide services to non-military personnel. The USG is supporting linkages between the DFMS and the public health systems under the Ministry of Health. This effort will not only decrease the DFMS's reliance on the donors for procuring essential medical commodities, but also increase opportunities for the DFMS facilities to be incorporated in national training programs and monitoring and evaluation activities.



Maina Soko Hospital Lab in Lusaka



U.S. Ambassador Martinez at the Mopani Hospital in Kitwe



COUNSELING AND TESTING

Fact: Only 13 percent of Zambians aged 15-49 have ever been tested for HIV. Counseling and testing (CT) are critical precursors which link to prevention programs or to the referral of HIV+ persons to antiretroviral therapy and other support services. If prevention and treatment programs are to continue expanding, more Zambians must avail themselves of easily accessed CT services. Clearly, innovative approaches will be required as the Government of Zambia (GRZ) prepares to quintuple the number of persons receiving quality CT services in just two years. Funding through the President's Emergency Plan for AIDS Relief (PEPFAR) will help the GRZ reach this target.

The U.S. Government (USG) in partnership with the GRZ has sponsored projects to improve public awareness, acceptance, and use of expanding CT services throughout the country. Almost a quarter million individuals were tested in 2005 as a result of these efforts. PEPFAR programs were directly responsible for 24 percent of the annual CT clients.



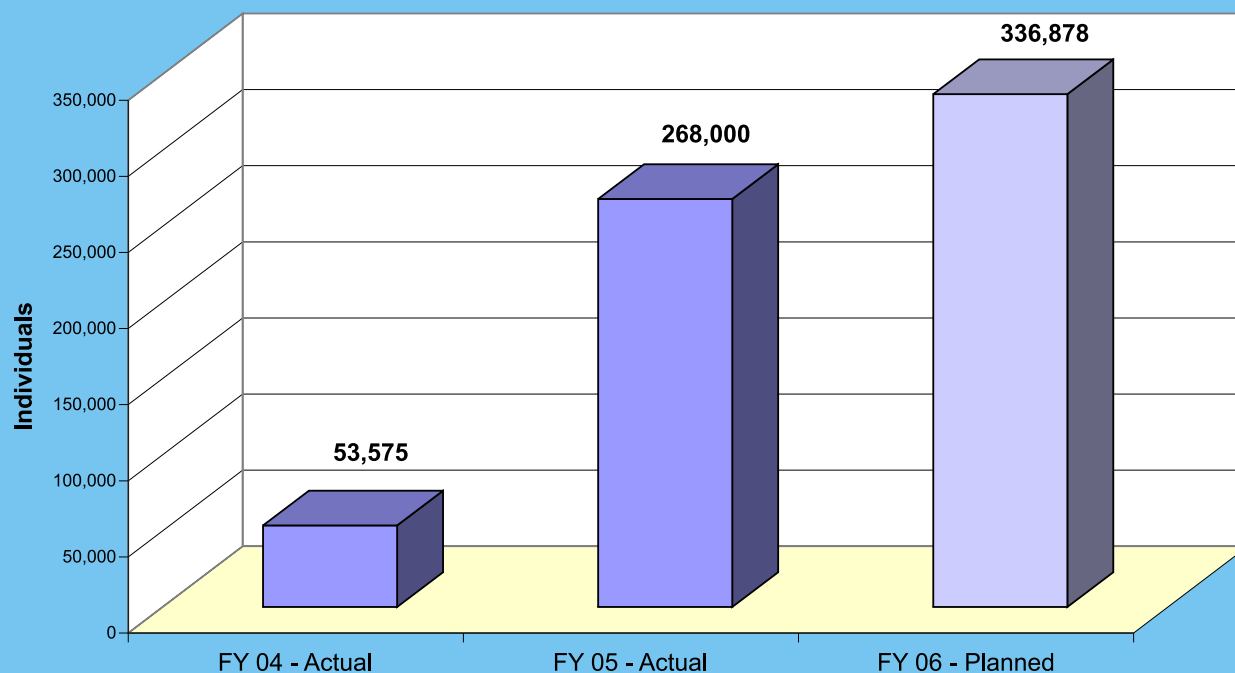
New Start group counseling session at Warudwo Clinic, Chongwe



In February 2005, the USG signed partnership agreements for HIV/AIDS prevention, care, and treatment with two of Zambia's largest employers. These partnerships are expected to increase the number of persons receiving CT services. PEPFAR support has already resulted in a 46 percent increase in the number of employees receiving CT services over the same period before the agreements. The USG initiated CT services for high-risk groups - such as commercial sex workers and their clients in ten Corridors of Hope sites at borders and along high transit routes. The USG is assisting the GRZ to ensure adequate supplies of HIV test kits and related commodities to meet the increasing need and demand for testing. Through PEPFAR, the USG assisted the GRZ in completing the first national multi-year forecast of HIV test kit needs.

The USG, in collaboration with the German government, supports the innovative network of “New Start” centers that are expanding rapidly across Zambia. USG supports a mobile network of CT services in Lusaka, Kitwe, Chipata, and Livingstone that is attracting record numbers of clients by bringing CT services directly to rural and peri-urban communities. PEPFAR funds the newly opened center at the Lusaka YWCA as well as all mass media and communications for the entire New Start network. New Start clinics offer high standards for confidentiality, pre-test and post-test counseling, rapid test results, and referrals for treatment and care. New Start currently tests more clients than any other CT service in Zambia.

Counseling & Testing in Zambia Actual and Planned All USG Agencies





PALLIATIVE CARE



Photos courtesy of Bwafwano Home-based Care

An estimated 920,000 Zambians, ten percent of whom (90,000) are children, live with HIV/AIDS. About 200,000 people in Zambia experience debilitating illnesses in advanced stages of HIV infection. The palliative care goal of the President's Emergency Plan for AIDS Relief (PEPFAR) is to care for at least 222,000 Zambians living with HIV and AIDS by 2008. "Palliative Care" encompasses health and supportive care from the time a person is diagnosed with HIV through the rest of their life. It includes care that can improve and extend life, such as nutritional support, psychosocial and spiritual support, material support, prevention and treatment of opportunistic infections (OI), and pain relief.

PEPFAR palliative care activities in Zambia reached 115,985 Zambians in 2005 compared to 40,000 the year before. Wider access to antiretroviral treatment (ART) enables many patients to experience the "Lazarus effect." Their health improves; they get up from their "death bed" and return to a more active life. Palliative care extends the lives of parents and delays orphanhood for children.

Palliative care is patient and family-centered, serving adults and children living with HIV/AIDS and their families. The U.S. Government (USG) supports palliative care in many settings: the home, hospices, and clinical facilities. The USG also supports integration of tuberculosis (TB) and HIV care since up to 70 percent of people living with HIV/AIDS (PLWHAs) are co-infected with TB.

HIV causes rapid loss of body weight and muscle mass. This phenomenon, known as "wasting," leaves PLWHAs too weak to work. Good nutrition is also critical for ART adherence and effectiveness. The USG supports provision of targeted nutritional supplements for malnourished PLWHA.

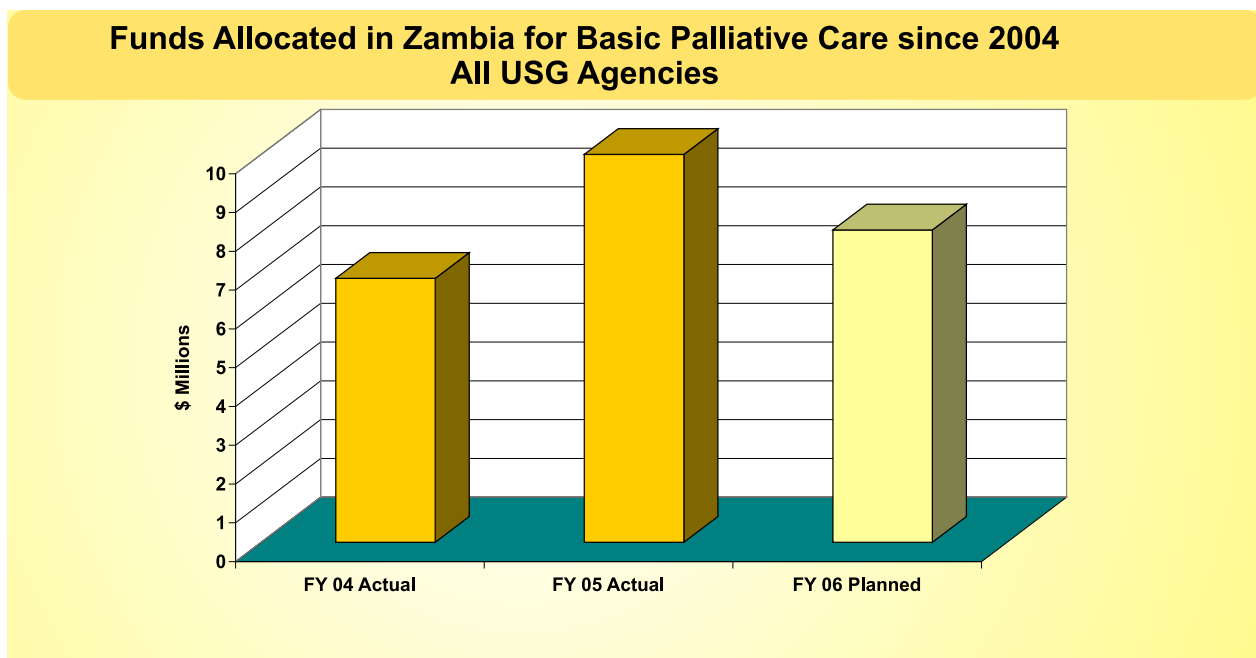
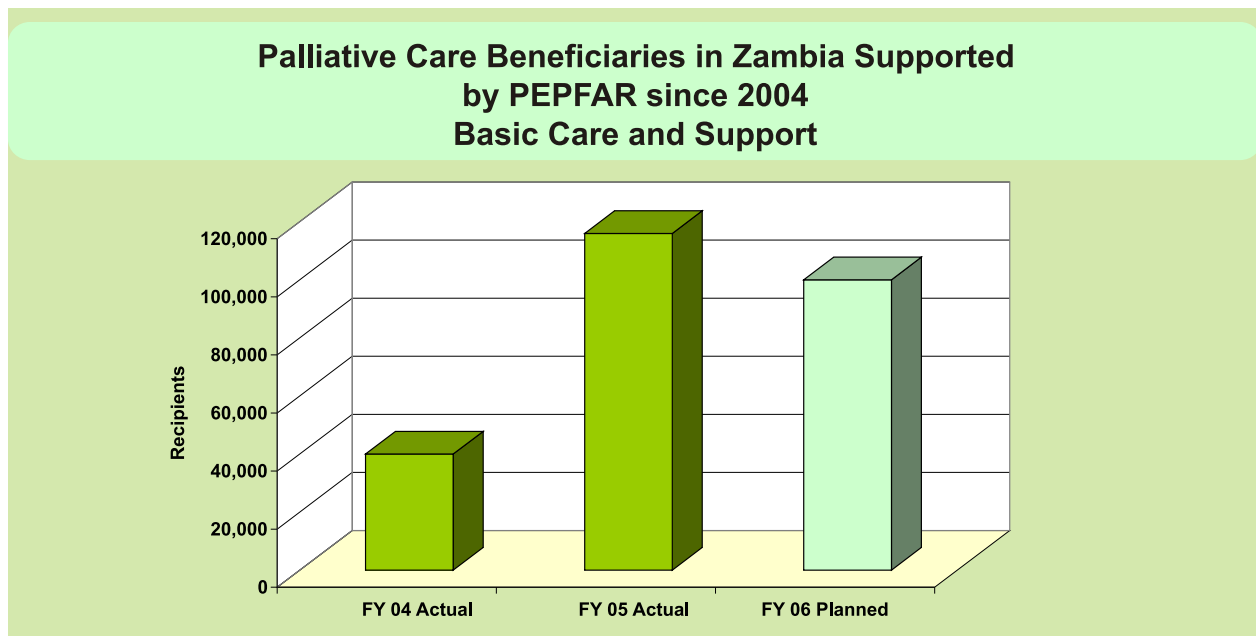
The USG supports quality palliative care package that extends life, prevents and treats OIs, links to antiretroviral therapy, and offers end-of-life care. PEPFAR funds palliative care within communities, faith-based organizations, public institutions, private workplaces, and the Zambia Defense Forces (ZDF).



The USG supports ZDF efforts to make their home-based care program more comprehensive and holistic. In 2005, development of palliative care guidelines for the Defense Force Medical Services was initiated through a partnership between ZDF and the U.S. Naval Medical Center in San Diego.

In 2005, PEPFAR-supported programs covered 267 service delivery outlets in over 52 districts, including nine hospices, community-based programs, and Ministry of Health and military health facilities. USG support resulted in 115,985 individuals receiving palliative care; 7,567 caregivers and health workers being trained; and 23 programs providing TB treatment for 2,599 individuals with HIV/TB co-infections.

In 2006, the USG seeks to continue community-based care, initiate pediatric palliative care for children living with HIV/AIDS, address the lack of access to pain relief, and prevent and treat OIs.





ORPHANS AND VULNERABLE CHILDREN



Photo by Dana Bessenecker (PCI)

The AIDS pandemic has left over 800,000 children orphaned in Zambia. Other children have become vulnerable as a direct consequence of their parents' or their own illness from AIDS. The U.S. Government (USG), through the President's Emergency Plan for AIDS Relief (PEPFAR), works with the Zambian government, UNICEF, bilateral donors, and faith-based and community organizations to help orphaned and vulnerable children (OVC). The USG supports a wide range of activities: educational assistance, psychosocial support, nutrition and food aid, legal aid, shelter, medical care and treatment, counseling and testing, and training of caregivers and guardians.

In 2004, the USG directly and indirectly reached 257,800 OVCs through PEPFAR community programs and the Ambassador's Educational Scholarship Program. In 2005, the USG directly supported 188,200 OVC, trained 7,657 caregivers, and strengthened systems at all levels benefiting scores of other children. In 2006, the USG plans to support 284,000 AIDS affected children. Currently, the USG has fourteen (14) programs that focus on OVC and cover 59 out of 72 districts. Zambia is well on its way to meeting PEPFAR's 2008 target of helping 378,000 OVC.

**Orphans and Vulnerable Children in Zambia Reached through PEPFAR
All USG Agencies**

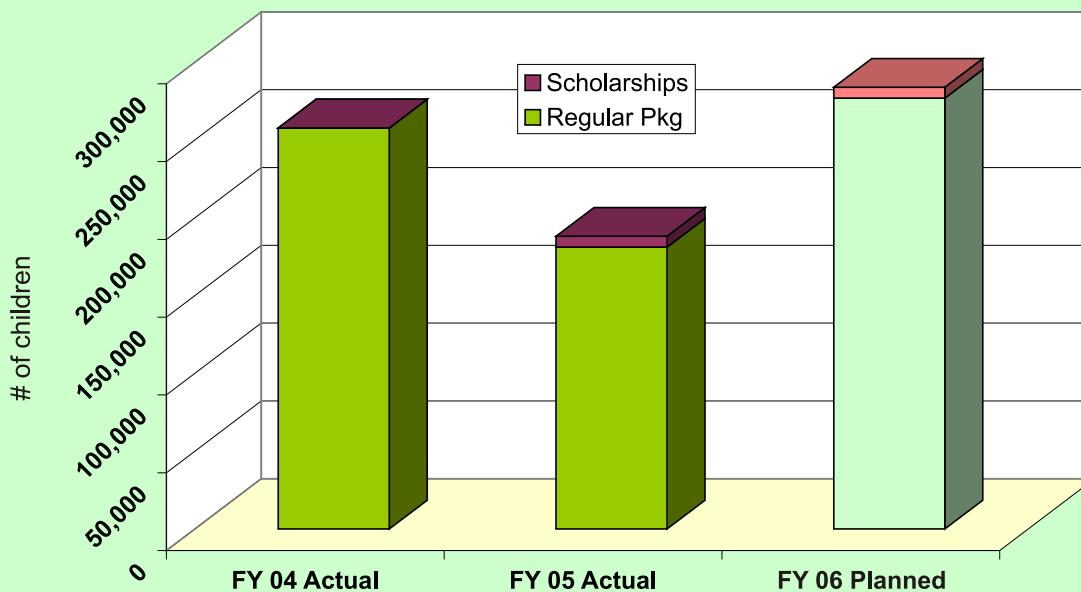




Photo by Dana Bessenecker (PCI)



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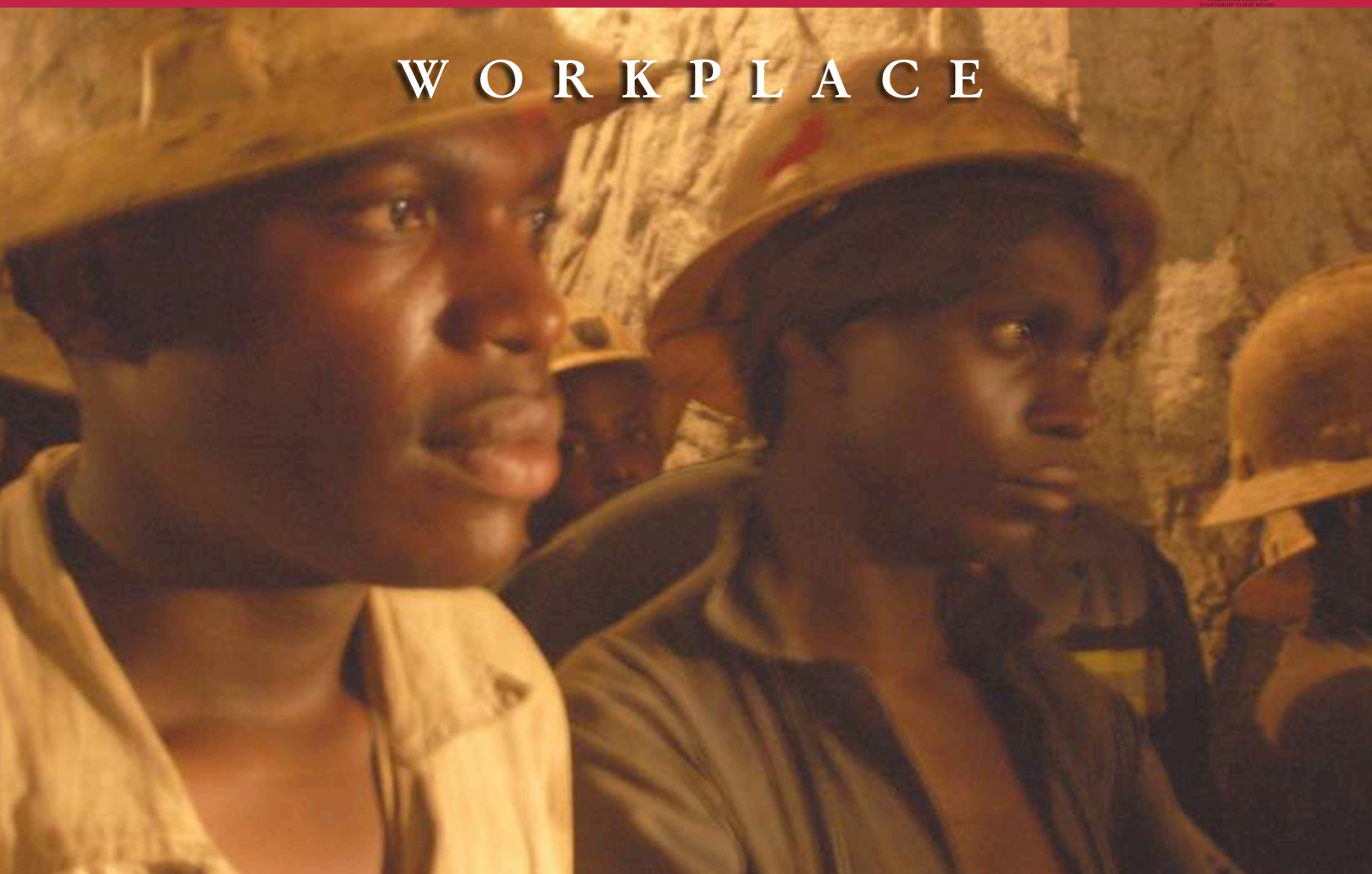
Consistent with GRZ policies, the USG developed an OVC Strategic Plan that emphasizes: (1) improved and scaled up quality OVC services; (2) increased household and community capacity and participation; (3) increased government capacity to respond to, support, and protect OVC, their families, and communities; and (4) improved coordination among OVC programs. In 2005, the USG created linkages between OVC activities and antiretroviral therapy (ART) and home-based care (HBC) services, referring children suspected of having AIDS to pediatric ART and care sites using a unique household approach. The US Department of Defense initiated a new OVC program aimed at reaching 500 orphans of deceased military personnel in and around military barracks.

Educational assistance is a key focus of the USG OVC program. Two U.S. presidential initiatives - PEPFAR and the Africa Education Initiative - are contributing in a complementary fashion to help orphans stay in school at both primary and secondary levels. Scholarship recipients are trained to be HIV/AIDS peer educators. The educational support “package” includes nutrition, uniforms, shoes, books, transport costs, hygiene kits for girls, and boarding fees when required. This innovative collaboration increased the number of OVC scholarship recipients from 772 in 2004 to 3,500 in 2005.

As a result of PEPFAR funding, USG support for OVC in Zambia has grown from just over \$1 million in 2002 to \$9.2 million in 2005 and to \$15.2 million in 2006. This funding will more than double the number of beneficiaries, improve the quality and expand the type of support, and create sustainable support systems for orphaned and vulnerable children.



W O R K P L A C E



Miners at Konkola Copper Mine Learn About HIV/AIDS (Still Photo Projects 2005)

The U.S. Government (USG) continues to develop, enhance, and strengthen HIV/AIDS workplace programs. Working in thirty-four districts, USG partners provide technical support to four ministries and 86 businesses. In 2005, USAID established two public-private partnerships known as “Global Development Alliances” (GDAs) that include eight of Zambia’s largest private sector employers in the agribusiness and mining sectors.

With USG support, workplaces are expanding prevention that promotes abstinence, being faithful, condom use, counseling and testing (CT), palliative care (PC), and antiretroviral therapy (ART). In 2005, workplace programs reached more than 370,000 workers and community members with A&B messages. As a result, more people are openly discussing HIV/AIDS at workplaces. In one ministry, people living with HIV/AIDS (PLWHAs), peer educators, UN Volunteers, and management hold weekly discussions on HIV/AIDS.

Free ARVs have encouraged more individuals to know their status. The uptake of onsite voluntary testing at places of work has reached acceptance levels as high as 80-100 percent. The surrounding communities are also lining up for onsite CT. A total of 6,286 people have taken advantage of onsite testing.

“ The person testing does not know me, so it is easier. I can test right here at the workshop.”
- *an HIV/AIDS workplace participant*



Global Development Alliances expect to leverage \$5.7 million in private sector contributions for HIV/AIDS in the next three years and reach ambitious targets. In fact, projected results may surpass CT targets with the initiation of mobile CT services and the extension of these services to spouses and community members. The GDA partners increasingly recognize the benefits of working together, sharing experiences, and replicating successful innovations.

These USG-private sector partnerships have the potential to reach over a million people and tens of thousands of employees in 30 districts with the very latest in prevention, care, and treatment messages and services at or near the workplace without fear of discrimination or stigma.

Visit by U.S. Ambassador Carmen Martinez to Zambia Sugar Workplace Program (2006)





LABORATORY STRENGTHENING



Maina Soko Military Hospital

The U.S. Government (USG) and its partners are providing technical and financial support to the national HIV/AIDS laboratory technical working groups. The USG works closely with the Government of Zambia (GRZ) in designing a national HIV/AIDS lab strategy, conducting and securing procurement of lab equipment and reagents, and soon will be developing the first national HIV/AIDS laboratory reagents quantification in support of rapidly scaling up ART in Zambia. Enhanced laboratory support will also be provided in order to improve the management of opportunistic infections in Zambia.

Poor laboratory infrastructure has been a major problem in increasing the testing capacity and scaling up of care and treatment for people living with HIV/AIDS. PEPFAR continues to support development of laboratories in Zambia through the renovation and rehabilitation of the Voluntary Counseling and Testing (VCT) centers. This includes creating adequate laboratory space, procuring laboratory equipment and supplies, and training laboratory technicians and clinical officers. The USG focuses on procurement of automated laboratory testing systems as well as reagents and consumables to enhance the limited human resource capacity of the laboratory personnel. Onsite training programs have been implemented and supported to improve quality in laboratory testing facilities.

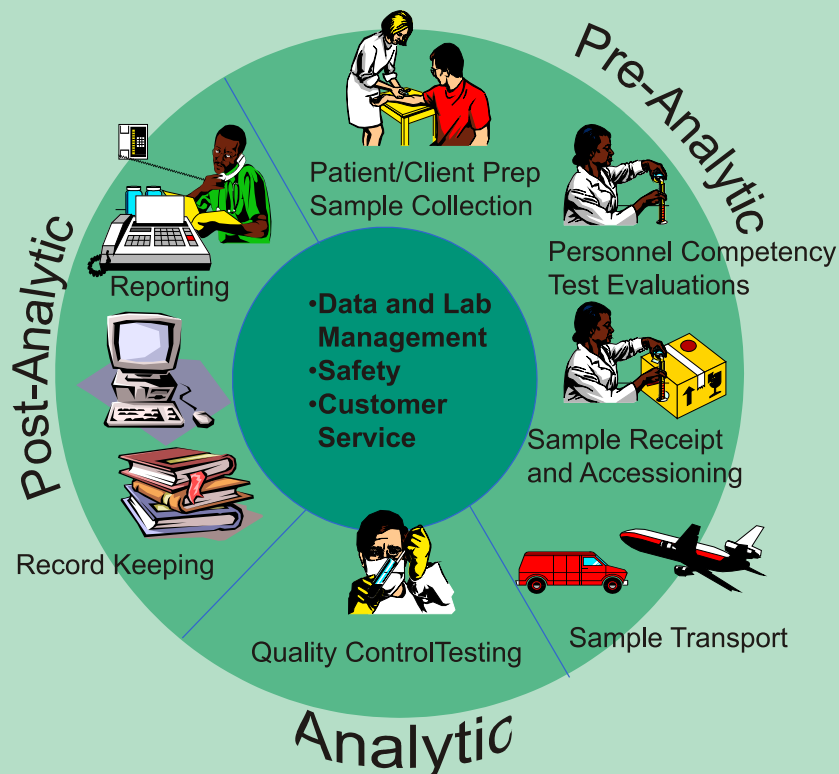


Improving the quality of HIV/AIDS Counseling and Testing Centers allows the Ministry of Health to provide greater access to HIV testing and comprehensive ART to Zambians. In 2005, the TB/HIV ward at Livingstone Hospital was renovated and equipped to serve as a major entry point for antiretroviral therapy as well as to provide VCT services. Four other VCT centers in Southern Province and a police clinic in Lusaka have been renovated and will receive new laboratory equipment. In addition, two clinics will be renovated to expand their capacity to provide Prevention of Mother-to-Child HIV Transmission therapy.

The U.S. Centers for Disease Control and Prevention and the Department of Defense work in close partnership with Maina Soko Military Hospital and the Ministry of Health in supporting “state of the art” equipment selection and service, staff training and support for the newly equipped facilities, which serve a wide range of the population throughout the country.

In the coming year, the USG will continue with infrastructure development and assist the GRZ in addressing the many facets of HIV/AIDS-related needs in the health system. The Ministry of Health and the Zambia Defense Force will select additional sites for rehabilitation of the existing facilities, procurement of laboratory equipment, and VCT and ART training, with a particular focus on the availability of VCT centers in remote areas. The USG supports the GRZ in strengthening laboratory systems in view of the increasing the demand for health services related to the HIV/AIDS epidemic.

The Quality Assurance Cycle



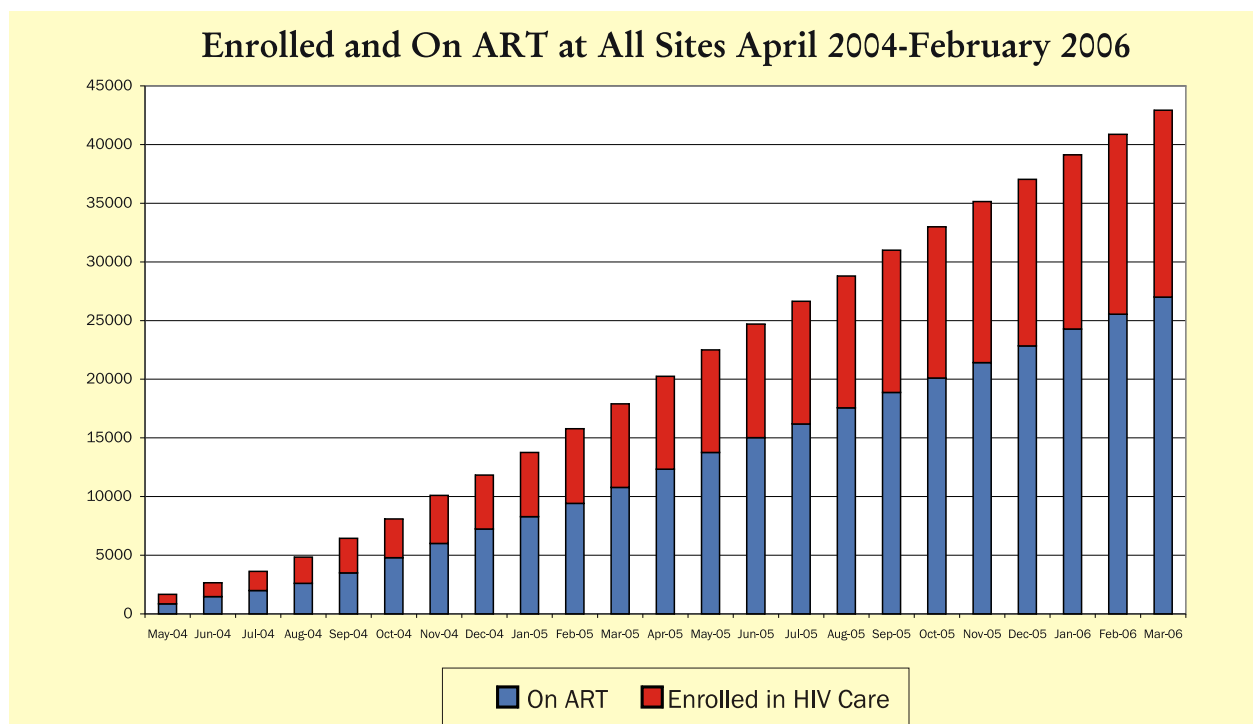
SAFER • HEALTHIER • PEOPLE



ANTIRETROVIRAL THERAPY

The expansion of HIV/AIDS clinical care and antiretroviral treatment (ART) services is a priority of the Government of Zambia (GRZ). Cooperating partners funded by the President's Emergency Plan for AIDS Relief (PEPFAR) collaborated with Zambian clinicians to develop up-to-date technical guidelines and competency-based training materials for the management of ART and opportunistic infections. Doctors, nurses, and medical students received training on the provision of ART and the management of related opportunistic infections.

The dissemination of information to health care workers at the district level is a key element in successful program scale-up. For instance, with support from PEPFAR and the Global Fund, the Lusaka Health District has been rapidly expanding access to ART at the primary care level in Lusaka. The figure below shows the massive scale-up of HIV treatment services in the Lusaka Health District between May 2004 and March 2006. Over 42,000 patients were in regular care and 27,000 were on ART at primary health clinics by the end of March 2006. Monitoring and evaluation data demonstrate that most mortality occurs early, during the first three months after starting treatment. This observation suggests that earlier diagnosis and treatment may further improve outcomes.



The expansion of HIV clinical care and ART has allowed for the training of over 500 health care workers from all nine provinces and 265 graduating students from each of the health education programs (medical, nursing, clinical officer). There are more than 70 health facilities in 41 districts currently providing ART services, and the GRZ currently estimates that about 50,000 patients are receiving ART in Zambia, up from approximately 3,000 patients at the start of the scale-up. In 2006, eleven rural mission hospitals will also begin receiving direct support from PEPFAR in the rapid scale-up of ART and related services. Although ARV drugs are becoming more accessible to Zambian people living with HIV/AIDS, obstacles to treatment adherence still pose a challenge. Through clinical skills training, on-site performance improvement, supportive supervision, and assurances of an unbroken supply chain of antiretroviral drugs and other commodities, PEPFAR-funded cooperating partners are assisting the Ministry of Health in ensuring that the expanded access to quality HIV/AIDS clinical services will be sustainable in the coming years.



ANTIRETROVIRAL THERAPY PEDIATRICS



Many patients in the pediatric oncology ward at University Teaching Hospital (UTH) are HIV-positive and need antiretroviral treatment. The picture includes (from left to right): Dr Tendai Msoka, pediatric oncologist at UTH; Dr Marc Bulterys, director, CDC-Zambia; and Dr Chipepo Kankasa, clinical head of the Department of Pediatrics at UTH.

Every year, an estimated 28,000 infants acquire HIV infection in Zambia. This presents a tremendous challenge on how best to manage these children. Most are not currently enrolled in HIV care and treatment programs because they are not accessing counseling and testing (CT) services. To increase the number of HIV-infected children receiving quality care and treatment, the U.S. Government (USG) has supported the University Teaching Hospital (UTH) Department of Pediatrics in developing a system to greatly increase the number of children/caretakers accessing routine HIV counseling and testing services. An inpatient pediatric HIV testing program using an opt-out approach was initiated to identify HIV exposed and infected children. During a six-month pilot period, of the 4,500 hospitalized children at UTH, 52 percent of caretakers received HIV counseling. Of those counseled, 86 percent agreed to have their children tested. Upon discharge HIV-positive children are referred to the newly established Center of Excellence (COE) for outpatient pediatric HIV care and treatment at UTH. The USG is also supporting two laboratories in Lusaka to pilot infant HIV diagnostic testing, using PCR techniques and dried blood spots, as part of a planned national level scale-up.

A multidisciplinary team, consisting of physicians, nurses, counsellors, social workers, nutritionists, a pharmacist and lab support, has been established at the UTH COE to provide a comprehensive approach to medical, social and psychological issues for infected children and their families. In addition to providing on-site training to teams of providers, the COE will also support mobile training teams to train, supervise and support multidisciplinary team initiating pediatric HIV care in neighboring provinces and districts. Monitoring & Evaluation (M&E) will be integrated into the COE on all levels to track program outcomes and to identify successes and challenges. Through these comprehensive programs and systems the COE aims to improve the quality of care and quality of life for children and families living with HIV/AIDS in Zambia.

Few HIV-infected children were receiving ART prior to 2004. The Emergency Plan is supporting efforts to institute pediatric and family ART at tertiary hospitals, district hospitals, and rural mission hospitals in Zambia. As of March 2006, approximately 3000 HIV-infected children were receiving ART at health facilities directly supported by the USG.



CONDOMS AND OTHER PREVENTION



Despite risk-reduction behaviour change interventions, only 42 percent of males and 34 percent of females in Zambia report using a condom during their last sexual encounter with a non-regular partner. Only 53 percent of men used a condom with a commercial sex worker.

The U.S. Government (USG) continues to address the sexual transmission of HIV through prevention programs targeting high risk individuals such as discordant couples, commercial sex workers and their clients, members of the uniformed services, truck and minibus drivers, migrant workers, prisoners, and fish traders. These programs promote correct and consistent condom use and behavior change through counseling, community outreach, targeted distribution, and peer education, and treat sexually transmitted infections (STIs). In addition, the USG provides support for Other Prevention activities that target the most-at-risk populations. This support addresses alcohol abuse and HIV transmission, partner reduction, gender issues, transactional and cross-generational sex, and sexual violence.

The Zambia Defense Force (ZDF) is particularly vulnerable due to its mobility, work environment, age, and other factors that expose military personnel to a higher overall risk. The USG promotes the use of condoms among the military by training peer educators on how to include condoms as an essential part of prevention programs. The USG is helping the ZDF ensure that personnel have regular access to reliable, affordable condoms. ZDF physicians also receive assistance to improve STI treatment services.



USG social marketing partners sold two million Maximum condoms to a faith-based non-governmental organization (NGO) as part of a three-year partnership starting December, 2004.

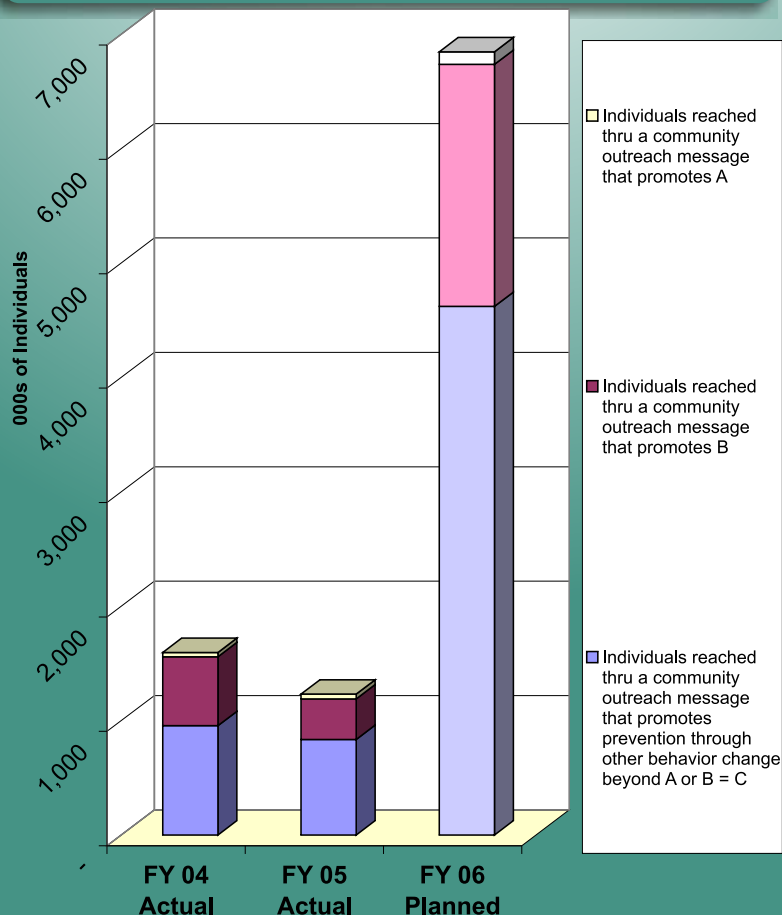
The USG reached 512,778 high risk individuals with HIV prevention services and behavior change interventions during 2004. Over 14.5 million Maximum brand condoms were distributed to 1,300 outlets frequented by high-risk populations. This included 963 outlets supported through the Corridors of Hope program, which works along borders and high transit routes and provides STI treatment, testing and counseling, and community outreach.

In 2006, the USG will expand other prevention efforts. ZDF chaplains and counselors will be trained to promote condom use in their HIV counseling and testing. A follow-on to the Corridors of Hope will be initiated. The USG will continue to partner with community-based distributors, NGOs, and the private sector to improve the availability of condoms to high-risk populations. The USG expects a five-fold increase in individuals receiving prevention messages in 2006, including prevention messages other than Abstinence or Be Faithful as the attached graph indicates.



Drama Depicting Condom Use - Zambia Defense Force
(Still Photo Projects 2005)

Individuals Reached with A, B, or C Messages since FY 2004 All USG Sources





PEPFAR PARTNERS IN ZAMBIA 2006

ABT Associates ▪ Academy for Educational Development ▪ American International Health Alliance ▪ Association of Schools of Public Health ▪ Axiom Resources Management ▪ CARE International ▪ Catholic Relief Services ▪ Central Board of Health ▪ Central Contraceptive Procurement ▪ Central Statistics Office ▪ Centre for Development and Population Activities ▪ Chemonics International ▪ Chest Diseases Laboratory ▪ Christian Aid ▪ Churches Health Association of Zambia ▪ Columbia University Mailman School of Public Health ▪ Cooperative League of the USA ▪ Copperbelt Energy Corporation PLC ▪ Development Aid ▪ Development Alternatives, Inc. ▪ Dunavant Zambia Limited ▪ Education Development Center ▪ Elizabeth Glaser Pediatric AIDS Foundation ▪ Family Health International ▪ First Quantum Minerals Limited Kansanshi Mining PLC ▪ First Quantum Minerals Limited Bwana Mkubwa Mining Limited ▪ Hope Worldwide ▪ IAP Worldwide Services, Inc. ▪ International Executive Service Corp ▪ International Youth Foundation ▪ JHPIEGO



PEPFAR PARTNERS IN ZAMBIA 2006

▪ John Snow Research and Training Institute ▪ John Snow, Inc. ▪ Johns Hopkins University Center for Communication Programs ▪ Johns Hopkins University Institute for International Programs ▪ Konkola Copper Mines PLC ▪ Macro International ▪ M-Films Production ▪ Mkushi Farmers Association ▪ Mopani Copper Mines PLC ▪ National AIDS Council, Zambia ▪ National Arts Council of Zambia ▪ National Association of State and Territorial AIDS Directors ▪ National Department of Social Development ▪ Opportunity International ▪ Pact, Inc. ▪ PLAN International ▪ Population Services International ▪ Project Concern International ▪ Provincial Health Offices ▪ Regional Procurement Support Office ▪ Tropical Diseases Research Centre ▪ Tulane University ▪ United Nations High Commission for Refugees ▪ University of Nebraska ▪ University of North Carolina - Carolina Population Center ▪ University of Zambia ▪ University Teaching Hospital ▪ US Health Resources and Services Administration ▪ Working Capital Fund ▪ World Concern ▪ World Vision International ▪ Zambia National Blood Transfusion Service ▪ Zambia Sugar PLC

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[http://zambia.usembassy.gov/
zambia/U.S.Zambia](http://zambia.usembassy.gov/zambia/U.S.Zambia)

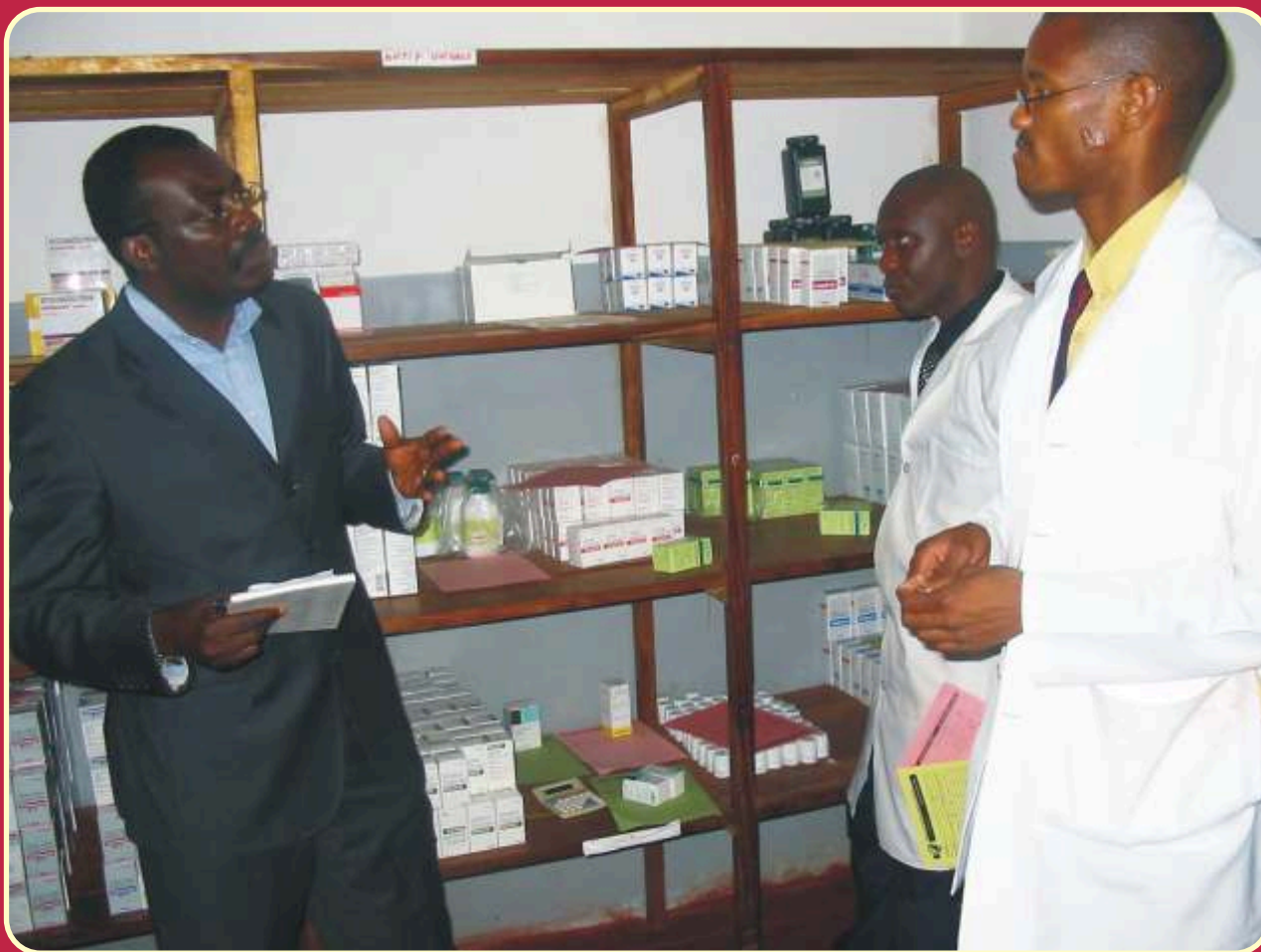
Centers for Disease Control & Prevention (CDC)
P.O. Box 31617
Lusaka, Zambia
Tel: 260-1-250955 Ext. 2206/2208
[http://www.cdc.gov/nchstp/od/
gap/countries/zambia.htm](http://www.cdc.gov/nchstp/od/gap/countries/zambia.htm)

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gov.africa.zambia](http://www.peacecorps.gov.africa.zambia)



President's Emergency Plan for AIDS Relief LUSAKA, ZAMBIA Achievements and Programs

ZAMBIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS



Kasama General Hospital

