ZAMBIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

2008 Country Profile: Zambia

National HIV prevalence rate among adults (ages 15-49): 15.2 percent[1]
Adults and children (ages 0-49) living with HIV at the end of 2007: 1.1 million[1]
AIDS deaths (adults and children) in 2007: 56,000[1]
AIDS orphans at the end of 2007: 600,000[1]

Zambia is one of PEPFAR's 15 focus countries, which collectively represent approximately 50 percent of HIV infections worldwide. Under PEPFAR, Zambia received more than $81.6 million in fiscal year (FY) 2004, nearly $130.1 million in FY 2005, approximately $149 million in FY 2006, and approximately $216 million in FY 2007 to support comprehensive HIV/AIDS prevention, treatment and care programs. PEPFAR is providing more than $269.2 million in FY 2008.

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 (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 PEPFAR in Zambia is closely aligned with the Zambia National HIV/AIDS/STI/TB Strategy. The guiding strategic principles in Zambia to implement PEPFAR 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.

PEPFAR Results in Zambia	
# of individuals receiving antiretroviral treatment as of September 30, 2008[1]	**167,500**
# of HIV-positive individuals who received care and support in FY2007 (including TB/HIV)[1]	**229,700**
# of orphans and vulnerable children (OVCs) who were served by an OVC program in FY2007[1]	**397,300**
# of pregnant women receiving HIV counseling and testing services for PMTCT since the beginning of PEPFAR[1,2]	**605,000**
# of HIV-positive pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of PEPFAR[1,3]	**89,000**
# of counseling and testing encounters (in settings other than PMTCT) in FY2007[1]	**457,400**
# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2007	**1,625,200**
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2007	**683,200**
# of USG condoms shipped from Calendar Year 2004 to 2007	**59,708,000**

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 four-year period, e.g. HIV positive women who were pregnant more than once.

PEPFAR Activities in Zambia

HIV/AIDS in Zambia

Zambia is experiencing a generalized HIV/AIDS epidemic, with a national HIV prevalence rate of 15.2 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. In general, 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.

Challenges to PEPFAR 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 520 service outlets providing prevention of mother-to-child HIV transmission (PMTCT) services in FY2007.
- 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, 2008.

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