



CDC in Zambia

Factsheet

Staffing
12 U.S. Assignees
34 Locally Employed
4 Fellows/Contractors

Impact in Zambia

- In FY 2012 alone, CDC directly supported the provision of antiretroviral drugs to 30,250 HIV-positive pregnant women to prevent transmission to their infants.
- As of September 2012, CDC directly supported the provision of antiretroviral treatment to 275,966 men, women, and children
- Zambia developed a national action plan for preparedness and response to influenza threats
- From 2006 to 2010, the percentage of pregnant women who received two doses of IPTp during pregnancy increased from 59 to 70%, in 2010, 73% of households were covered by at least one ITN or had IRS in the last 6 months, from 2006 to 2010, the percentage of children ages 0-59 months with parasitemia decreased from 22 to 16%.
- 30 participants representing nine Zambia Ministry of Health provinces, Department of Defense and the Guinea Bissau Ministry of Health completed Management for Public Health training program coursework.

The Centers for Disease Control and Prevention (CDC)/ Division of Global HIV/AIDS Zambia office was launched in December 2000 and has worked with the Government of the Republic of Zambia (GRZ) ministries and provincial health offices to support the national strategy to combat HIV/AIDS. CDC focuses on program areas that make optimal use of its institutional strengths and concentrates on funding and assisting programs through international and local organizations to build the capacity of the Ministry of Health (MOH) to ensure sustainable programming. Through established cooperative agreements, CDC staff members are substantially involved with national program efforts in malaria, pandemic influenza, HIV prevention, care and treatment, tuberculosis (TB); blood safety, maternal health, health worker training, laboratory capacity, surveillance and

Top 10 Causes of Death in Zambia

1. HIV/AIDS	20%	6. Diarrheal Diseases	4%
2. Malaria	12%	7. Meningitis	4%
3. Lower Respiratory Infections	7%	8. Ischemic Heart Disease	3%
4. Protein-Energy Malnutrition	5%	9. Syphilis	2%
5. Stroke	4%	10. Road Injuries	2%

Source: GBD Compare (<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2010

HIV/AIDS

Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the CDC Zambia office provides technical support to assist the Ministry of Health (MOH) in implementing an effective, efficient national HIV program. This support has contributed to saving the lives of men, women and children through HIV treatment services and a comprehensive combination prevention strategy. Using a data-driven approach, this strategy is tailored to the unique characteristics of the local epidemic for maximum health impact and improved program performance.

CDC works closely with the MOH and other in-country partners to scale-up HIV prevention, care and treatment services including preventing mother-to-child HIV transmission (PMTCT), voluntary medical male circumcision, HIV treatment, HIV/counseling and testing services, behavioral prevention, and integrated TB/HIV service delivery. Couples counseling and testing as well as prevention for people living with HIV activities is also gaining momentum and is currently being scaled up nationally.

Health Systems Strengthening

Health system strengthening support in Zambia includes building country capacity in the areas of workforce development, epidemiology, surveillance, health information systems, and program monitoring and evaluation to assess impact and make rapid course corrections to keep pace with changes in the local epidemic.



Zambia at a Glance

Population:	13,711,000
Per capita income:	\$1,280
Life expectancy at birth women/men:	49/49 yrs
Under 5 mortality	84/1000 live births

Population Reference Bureau World Population Data, 20112011Sheet, 2011

Workforce development includes the expansion of academic and clinical training programs in a number of international universities including the University of Zambia and the University Teaching Hospital. This includes the launch of a new HIV Medicine postgraduate program at the University of the Zambia School of Medicine, the development of the ART Nurse Prescriber program, and providing on-going HIV clinical services in-service training to health workers.

Laboratory systems strengthening has been particularly impressive and CDC continues to increase lab capacity in the area of microbiological testing, External Quality Assurance programs for CD4 count, TB, and HIV rapid testing, as well as chemistry and hematology testing. Support is also provided for the development of laboratory management/quality assurance systems and for building workforce capacity through training, mentoring and technical assistance.

Influenza

CDC has a four-year (2009–2013) cooperative agreement with the MOH. This cooperative agreement is helping to strengthen influenza surveillance and the surveillance of other communicable diseases in Zambia by bolstering the public sector laboratory and surveillance capacity for influenza-like illness (ILI) and severe acute respiratory infection (SARI). The cooperative agreement was implemented by the UTH and the Lusaka District Health office on behalf of the MOH and in close collaboration with CDC-Zambia, CDC-South Africa, and the National Institutes for Communicable Diseases (NICD-South Africa), and the World Health Organization (WHO).

Malaria

Under the U.S. President's Malaria Initiative (PMI), CDC has assigned a Resident Advisor to Zambia as part of an interagency team with USAID to support the MoH in implementing malaria prevention and control interventions; these include providing long-lasting insecticide mosquito nets and indoor residual spraying (IRS); preventing malaria in pregnancy; improving diagnostics and case management; surveillance, and monitoring and evaluation of malaria-related activities. Specific examples of CDC technical support have included: participating in developing the National Malaria Strategic Plan, assisting with an IRS strategy for emerging insecticide resistance, and providing input for active surveillance of malaria cases in Lusaka.

Noncommunicable Diseases

Cervical Cancer Prevention: Women living with human immunodeficiency virus (HIV) infection have a much higher risk of human papillomavirus (HPV) infection and cervical cancer than do HIV-uninfected women. Before the introduction of antiretroviral (ARV) therapy, the lack of cervical cancer screening among HIV-infected women probably had little influence on their life expectancies because of the high competing mortality associated with other causes, but the situation is changing rapidly everywhere. The incidence of cervical cancer is 44.3 per 100,000 women in Eastern Africa, reaching 61.08/100,000 women in Zambia compared to 4.8 per 100,000 women in Western Asia. This Project aims to establish a long-term, culturally appropriate, community-based training program in community health promotion to address cervical cancer in Zambian women and to enhance the See and Treat Cervical Cancer Prevention Intervention currently operating in Lusaka in association



Publication Date: October 2013

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