# HHS/CDC Global AIDS Program (GAP) in Zambia – FY 2003

## About the Country of Zambia

**Capital City:** Lusaka
**Area:** 752,600 sq km (290,580 sq mi)
**Population:** 10.5 million

## The HIV/AIDS Situation in Zambia

**HIV Infected:** 800,000[1]
**AIDS Deaths:** 120,000[2]
**AIDS Orphans:** 90,000[3]

UNAIDS estimates 1.2 million people in Zambia are living with HIV and that about 20% of the adult population (15 years and older) is infected. About 84% of these are between the ages of 20 and 29. Only 9.4% of women and 13.8% of men in Zambia have ever been tested for HIV. Despite limited HIV testing, it is estimated that 17.8% of women and 12.9% of men are currently infected. Also, urban infection rates (26.3% for women, 19.2% for men) are higher than rural infection rates (12.4% for women, 8.9% for men). Since 1984, HIV/AIDS has spread throughout Zambia with at least one case reported from all 72 districts in the country. Sexual contact is the number one mode of transmission for HIV in Zambia, often exacerbated by the presence of untreated sexually transmitted infections (STIs) during unprotected sex. The results of the HIV Sentinel Surveillance studies suggest a rapid rise in HIV prevalence during the 1980s and perhaps the early 1990s, with a leveling off of the prevalence over the past 10 years in Zambia. Estimated lifetime mortality risk from HIV/AIDS suggests that for a Zambian population with an HIV prevalence of 16%, more than half of all youth now age 15 will die of AIDS. Increased deaths among the most productive strata of society are a significant problem.

# About the Global AIDS Program in Zambia

**Year Established:** 2000
**FY 2003 Budget:** $3.68 million USD
**In-country Staffing:** 2 CDC Direct Hires; 10 Locally Employed Staff; 1 Contractor[4]

## Program Activities and Accomplishments

In FY 2003, GAP Zambia achieved the following accomplishments in the highlighted areas:

**HIV Prevention**

- Proposed a study of hepatitis C prevalence in the blood supply and supported increasing both sample size and testing scope to include HIV, hepatitis B, and syphilis to provide a more comprehensive national picture of the blood supply quality.
- Provided technical assistance to the Zambian government to develop ST) syndromic management standards.
- Provided financial and technical support for a study to validate the algorithm for syndromic management of STIs; the study is being conducted in 11 sites.

[1] Figure represents a 2003 estimate taken from unpublished data in the GAP M&E Annual Report.
[2] Figure represents a 2001 estimate taken from the CIA World FactBook.
[3] Figure represents a 2001 estimate taken from unpublished data in the Gap M&E Annual Report.
[4] Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

**Preventing Mother-to-Child HIV Transmission (PMTCT)**

- Provided technical assistance to the Zambian government to develop PMTCT standards.
- Worked closely with the United States Agency for International Development (USAID) to support the national PMTCT scale-up initiative. PMTCT HIV services are being provided in nine of 72 districts in Zambia, with plans of expanding services to all districts by the year 2005. The program advertises PMTCT services to antenatal clinic (ANC) patients; offers voluntary counseling and testing (VCT); provides antiretroviral (ARV) prophylaxis; nevirapine, or AZT, for pregnant mothers and newborns, and provides support services to HIV-positive mothers and their babies.
- Financially supported the development and dissemination of information, education, and communication materials used in ANC clinics to advertise PMTCT services to potential clients and inform the public of the PMTCT services available.
- Provided HIV test kits to partners to support PMTCT clinic activities.
- Collaborated with USAID to produce an integrated PMTCT implementation plan for the President's International Mother and Child HIV Prevention Initiative (PMTCT Initiative).

**HIV/AIDS Care and Treatment**

- Provided technical assistance to the Zambian government in developing standards for tuberculosis (TB) prevention and care by developing facilitator manuals to train TB treatment volunteers.
- Supported the expansion of ARV provision to all nine provincial capitals. Patients in sites undergoing VCT are provided with a range of services including prevention of TB, STI screening, and referral to other services. Home-based care is provided by various nongovernmental organizations (NGOs) and faith-based organizations (FBOs).
- Supported the development of guidelines for the management of HIV and opportunistic infections (OIs).

**Surveillance and Infrastructure Development**

- Completed the 2001-2002 sentinel surveillance report.
- Supported the dissemination of standardized care packages by developing a training manual and overseeing multiple training sessions for 44 community TB treatment supporters in managing TB treatment.
- Sponsored an international NGO to train 228 clinicians in TB identification and treatment regimens.
- Provided technical support to the Zambian government for Global Fund activities, most specifically in the development of the country proposal and through participation in the rapid assessment of five district TB programs.
- Supported the training of approximately 70 clinicians, clinic managers, lab techs, and data managers in the WHO STI syndromic management guidelines.
- Provided monitoring and evaluation technical assistance across all sectors with particular attention to PMTCT and to developing GAP Zambia's monitoring and evaluation plan.
- Began providing technical support for the development of a monitoring system for ARV treatment.

## Challenges

- The current Health Management Information System (HMIS) in Zambia is ineffective in collecting the data needs for the country as it focuses on low resolution aggregate data categories (no gender, two age groups).
- There is no national baseline data for many of the diseases being studied and monitored, and data collection and management is not standardized across facilities. Health facilities run by NGOs and donors may not follow the same care algorithms as government managed facilities.

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