CDC in Zambia

The Centers for Disease Control and Prevention (CDC) established an office in Zambia in 2000. CDC works with the Ministry of Health and provincial health offices to address HIV, tuberculosis, malaria, and other infectious diseases. CDC funds and assists international and local organizations that help build the capacity of the Ministry of Health and to provide health services at the national and community level. CDC also supports national program efforts in workforce development and health systems strengthening.

CDC STAFF

15 U.S. Assignees
56 Locally Employed

AT A GLANCE

Per capita income: $3,920
Life expectancy at birth: F 64/M 59 yrs
Infant mortality rate: 49/1,000 live births

Sources:
World Bank 2018, Zambia
Population Reference Bureau 2018, Zambia

TOP 10 CAUSES OF DEATH

1. HIV/AIDS
2. Neonatal disorders
3. Lower respiratory infections
4. Tuberculosis
5. Diarrheal diseases
6. Ischemic heart disease
7. Malaria
8. Stroke
9. Congenital defects
10. Cirrhosis

Source:
GBD Compare 2018, Zambia

HIV/AIDS and Tuberculosis

HIV is a leading cause of death and a health threat to many. As a key implementing agency of the U.S. President’s Emergency Plan for AIDS Relief (PEPFRAR), CDC works with Zambia to build a sustainable, high-impact national HIV response to accelerate progress towards the UNAIDS global targets to control the HIV epidemic by the year 2020.

CDC’s areas of strategic focus in Zambia include:

• HIV prevention and treatment
• Health systems strengthening that includes surveillance, laboratory, and health information systems
• Public health workforce capacity strengthening through a Field Epidemiology Training Program
• National Public Health Institute development and public health emergency preparedness

CDC, through PEPFAR, implements key HIV programs in Lusaka, Southern, Eastern, and Western Provinces to reduce new HIV infections and HIV-related deaths. In 2018, CDC worked closely with the Ministry of Health to accelerate treatment scale up in Lusaka Province. This resulted in over 240,000 among the 285,632 people living with HIV in the Province being maintained on HIV treatment, making Lusaka the first large urban center in Southern Africa to achieve the UNAIDS 90/90 target.

Tuberculosis (TB) is the leading cause of death among people living with HIV. CDC’s strategic focus includes integration of HIV and TB management. CDC supported the Tropical Diseases Research Centre to carry out an assessment to better understand knowledge, attitudes, and practices of miners, ex-miners, and health care workers related to accessing and providing...
HIV and TB services. Findings from over 2,500 current and ex-mineworkers and facilities were shared with key stakeholders and the National TB Program, and are being used to plan program activities to improve care for these populations.

Health Systems Strengthening
CDC’s health system strengthening support in Zambia includes building country capacity in:

- Workforce development, including expanding academic and clinical training programs in the University of Zambia and the University Teaching Hospital and using advanced technology like ECHO to expand clinical mentorship and train the next healthcare leaders
- Development of epidemiology, surveillance, health information systems, and program monitoring
- Development of a National Public Health Institute to strengthen public health surveillance and the capacity to detect and respond to health threats
- Evaluations to assess programmatic impact and enable rapid course corrections as necessary to address changes in the HIV epidemic

Health Information Systems
CDC, with PEPFAR funding, supported development of SmartCare, a national Electronic Health Record (EHR) system. SmartCare helps clinical care and continuity of care by providing confidential portable health records to clients on a SmartCard. More than 2 million persons are enrolled in the system at over 500 facilities, of which 120 have gone paperless (using the EHR at all service delivery points).

Field Epidemiology Training Program
CDC supports Zambia in strengthening capacity of its workforce to investigate and respond to disease outbreaks through the establishment of a Field Epidemiology Training Program (FETP). FETP trains a workforce of field epidemiologists—or disease detectives—to identify and contain outbreaks before they become epidemics. Participants focus on “learning by doing” to develop the skills for gathering critical data and turning it into evidence-based action.

Malaria
Malaria is a leading cause of death and disease in many countries, with young children and pregnant women as the groups most affected. Under the U.S. President’s Malaria Initiative, a CDC resident advisor is assigned to the malaria-endemic country of Zambia to support the implementation of malaria prevention and control interventions. CDC contributed to the development and evaluation of the WHO-recommended interventions that include:

- Providing long-lasting insecticide-treated nets and indoor residual spraying
- Preventing malaria in pregnancy
- Improving diagnostics and case management
- Monitoring and evaluation of malaria-related activities

Non-Communicable Diseases
Women living with HIV have a much higher risk of human papillomavirus infection and cervical cancer than HIV-negative women. Before the introduction of antiretroviral therapy (ART), there was a lack of cervical cancer screening among HIV-positive women. With support from CDC, Zambia launched a long-term, culturally appropriate, community-based training program in community health promotion to address cervical cancer. The program also enhances the “See and Treat Cervical Cancer Prevention Intervention” in Lusaka in association with clinics providing antiretroviral therapy.