



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	10.9	United Nations
Population in urban areas (%)	2003	35.8	United Nations
Life expectancy at birth (years)	2002	39.7	WHO
Gross domestic product per capita (US\$)	2001	342	IMF
Government budget spent on health care (%)	2001	13.5	WHO
Per capita expenditure on health (US\$)	2001	19	WHO
Human Development Index	2001	0.386	UNDP

3. Situation analysis

- Epidemic level, trend and gender data.** Zambia has a generalized HIV/AIDS epidemic that appears to be stabilizing. The Zambia Demographic Health Survey, 2001–2002 estimates that the national HIV seroprevalence among people 15–49 years old is about 16%. It is considerably higher among women (18%) than among men (13%) and higher in urban populations (25–35%) than in rural populations (8–16%). Zambia has an estimated 1 million people living with HIV/AIDS. The HIV/AIDS epidemic is estimated to have resulted in at least 600 000 orphans. HIV/AIDS morbidity and mortality also results in an estimated 50% of general hospital admissions and more than 70% of specialized medical hospital admissions.
- Major vulnerable and affected groups.** Women are one of the major vulnerable groups. According to the Zambia Demographic Health Survey, 2001–2002, women account for 54% of all people living with HIV/AIDS. HIV infection is also high among both men and women 15–49 years old, the most economically productive age. The HIV prevalence among girls 14–19 years old is six times that of boys in the same age group. Women 20–29 years old are also vulnerable, as are orphans and other vulnerable children. Other vulnerable groups are military personnel, sex workers, truckers, fisheries workers and fishmongers.
- HIV testing and treatment policy.** The HIV testing policy requires full pretest counselling. The government has recently decided that diagnostic testing and counselling should be offered to sick people as part of a comprehensive HIV/AIDS care package. It is also considering putting in place a policy of opt-out HIV testing to further expand access to HIV testing. In 2002, the government decided to make antiretroviral therapy widely available to everyone needing treatment and allocated US\$3 million to purchase

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	13.5–20.0%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	730 000–1 100 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	2001	44 942	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	8 500	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	140 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	62.2%	WHO

- antiretroviral drugs for 10 000 people, to be provided through the public health service.
- Antiretroviral therapy: first-line drug regimen, cost per person per year.** The main first-line antiretroviral drug regimen is stavudine + lamivudine + nevirapine in accordance with WHO recommendations, with a fixed-dose combination being widely used. The regimen comprising zidovudine + lamivudine + nevirapine is also a recognized first-line regimen but less commonly used. The cost of the main regimen averages US\$ 480 per person per year but is subsidized by the government.
- Assessment of overall health sector response and capacity.** The government is highly politically committed to addressing HIV/AIDS. Several national support structures have been put in place, including a high-level Cabinet Committee on HIV/AIDS, which provides policy direction and regularly reports to the Cabinet on HIV/AIDS issues. The National HIV/AIDS/STI/TB Council (NAC), established in December 2002, coordinates the national multisectoral response, one component of which is the health sector response. Zambia has also developed policies, planning frameworks, guidelines and protocols to guide the national response. A national HIV/AIDS policy is being finalized. A national strategic plan for intervention in HIV/AIDS and sexually transmitted infections has been developed and the costs determined, and it includes a component on scaling up care and treatment. Zambia has been scaling up the health sector response to HIV/AIDS through several initiatives, including the Poverty Reduction Strategy Programme, the Highly Indebted Poor Country Initiative, the Zambia Social Investment Fund, the Zambia National Response to HIV/AIDS Project (funded through the World Bank Multi-Country HIV/AIDS Program for Africa) and



the Global Fund to Fight AIDS, Tuberculosis and Malaria grant from Round 1. This response includes voluntary counselling and testing, providing antiretroviral therapy, developing home-based care, managing opportunistic infections, strengthening laboratory capacity, ensuring blood safety, managing sexually transmitted infections and encouraging multisectoral behaviour change.

- *Issues and challenges.* The major challenge to scaling up antiretroviral therapy in Zambia is to guarantee continued funding for drugs and supplies. A crucial challenge to the programme of scaling up treatment is the low rate of disbursement of pledged funds. Another significant challenge is the lack of human resources. Much stigma is still associated with HIV/AIDS, limiting the number of people who seek HIV testing and care.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total funding required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 70 000 people by the end of 2005 is between US\$ 228 million and US\$ 248 million.
- In 2003, the government allocated US\$ 3 million from the national budget to purchase antiretroviral drugs. The same amount is committed to scaling up antiretroviral therapy in both 2004 and 2005.
- Preliminary estimates indicate that the United States President's Emergency Plan for AIDS Relief may commit up to US\$ 125 million for 2004–2005.
- The Global Fund to Fight AIDS, Tuberculosis and Malaria granted Zambia US\$ 92 million over five years for HIV/AIDS in Round 1. It is estimated that about US\$ 13.5 million of this amount will be committed to scaling up antiretroviral therapy during 2004–2005. There are plans to reprogramme the grant to match current needs.
- The Country Coordinating Mechanism has submitted a proposal for US\$ 253 million over five years to the Global Fund to Fight AIDS, Tuberculosis and Malaria for Round 4 with a focus on scaling up access to treatment.
- The World Bank granted Zambia US\$ 42 million under the second Multi-Country HIV/AIDS Program for Africa (MAP2). The grant includes an antiretroviral therapy component in the context of MTCT-Plus through which both mothers and fathers will have access to treatment.
- Other sources of support include the Japan International Cooperation Agency, the United States Centers for Disease Control and Prevention, nongovernmental organizations and United Nations agencies.
- Taking into account funds committed to date for scaling up antiretroviral therapy, WHO estimates that the total funding gap for Zambia to reach 70 000 people by the end of 2005 is between US\$ 63 and US\$ 83 million.

5. Antiretroviral therapy coverage

- Zambia's total treatment need for 2005 is estimated to be 140 000 people, and the WHO "3 by 5" treatment target is 70 000 people (based on 50% of estimated need).
- The government declared a national treatment target of 100 000 by 2005. The government's national antiretroviral therapy programme began in 2002 with two pilot sites at the University Teaching Hospital and Ndola Central Hospital. It has since expanded to all provincial hospitals and 33 district hospitals. As of June 2004, an estimated 5000 people were accessing antiretroviral therapy through the public sector, and another 3500 people were estimated to be accessing antiretroviral therapy through the private sector.
- National estimates project an additional antiretroviral therapy coverage to 4000 people per year through the MTCT-Plus project funded by the World Bank Multi-Country HIV/AIDS Program (MAP2) and to 20 000 people per year with funds from a Round 1 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- The Global Fund to Fight AIDS, Tuberculosis and Malaria Round 4 proposal includes the provision of antiretroviral therapy for 25 000 people in the first year and 105 000 people by the fifth year.

6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The NAC coordinates the national multisectoral response to HIV/AIDS. The Ministry of Health sets health policy related to HIV/AIDS, and the Central Board of Health is contracted to implement the health sector response to HIV/AIDS. The NAC has established national technical working groups, which include the Implementation of Care and Treatment Technical Working Group. This is composed of technical experts in care and treatment from various stakeholder organizations, including the public, nongovernmental organizations, faith-based organizations and the private sector, and provides technical guidance to the national coordinating bodies, including the NAC and the Central Board of Health. WHO is supporting the development of a national operational plan for scaling up antiretroviral therapy. The United Kingdom Department for International Development, the United States Centers for Disease Control and Prevention, the European Commission and other bilateral partners support the strengthening of the health system.

- *Antiretroviral therapy service delivery.* The Central Board of Health is the lead agency in delivering antiretroviral therapy services. It supervises and provides technical support to a network of government and health facilities and district health services. The Churches Health Association of Zambia coordinates the programmes of faith-based hospitals. Numerous private practitioners provide antiretroviral therapy. WHO provides normative support for developing tools and guidelines (such as guidelines on antiretroviral therapy; HIV testing and counselling; and laboratory services). WHO and the United States Centers for Disease Control and Prevention support capacity-building activities. UNICEF supports procurement and capacity-building for supply management.
- *Community mobilization.* Care-related activities performed by nongovernmental organizations and community-based organizations include home-based care, voluntary counselling and testing and psychosocial support. The Network of Zambian People Living with HIV/AIDS has branches in all districts. The International HIV/AIDS Alliance provides technical support to community groups in antiretroviral therapy support and strengthening community- and home-based care programmes. WHO and UNICEF are supporting the development of a communication strategy for antiretroviral therapy.
- *Strategic information.* The Central Board of Health coordinates efforts in surveillance, monitoring and evaluation of antiretroviral therapy services. Other key institutions include the University Teaching Hospital and the Tropical Diseases Research Centre. WHO, UNAIDS and the United States Centers for Disease Control and Prevention provide technical guidance.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Conducting a WHO scoping mission in October 2003 to assess the situation of antiretroviral therapy implementation and to identify opportunities for rapidly scaling up antiretroviral therapy programmes and areas for WHO support
- Providing technical assistance to the Central Board of Health, the National AIDS Council and other partners in developing a comprehensive national plan for scaling up antiretroviral therapy
- Providing technical assistance to the Country Coordinating Mechanism for developing a Round 4 proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria with a focus on HIV/AIDS treatment and care and to accelerate the disbursement and implementation of the Round 1 grant
- As part of the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, supporting the strengthening of community- and home-based care for people living with HIV/AIDS in five districts (Kasama, Mansa, Chipata, Mazabuka and Mongu) and supporting building institutional capacity at the central and district levels to coordinate and monitor activities

Key areas for WHO support in the future

- Establishing a "3 by 5" country team to support the government and all partners in scaling up antiretroviral therapy
- Providing technical assistance for streamlining the procurement and supply management of antiretroviral drugs and diagnostics
- Providing technical assistance in approaches to increasing the use of antiretroviral therapy and addressing issues of equity of access to treatment
- Providing technical assistance to the government in reviewing policies and normative documents and standards on HIV/AIDS treatment and care for different levels of the health care system (primary, secondary and tertiary)
- Collaborating with the World Food Programme to ensure adequate food aid and nutritional support for people receiving antiretroviral therapy
- Providing technical assistance to develop a communication strategy for antiretroviral therapy
- Providing technical assistance to develop a national plan for building human resources capacity

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer for HIV/AIDS, and the recruitment of an international "3 by 5" Country Officer is currently underway.
- Additional staffing needs identified include three National Programme Officers to be seconded to the Central Board of Health to support scale-up activities.

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This country profile was developed in collaboration with national authorities, the WHO Country Office for Zambia and the WHO Regional Office for Africa.

