

Country progress report - Zambia

Global AIDS Monitoring 2017



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Overall

Fast-track targets

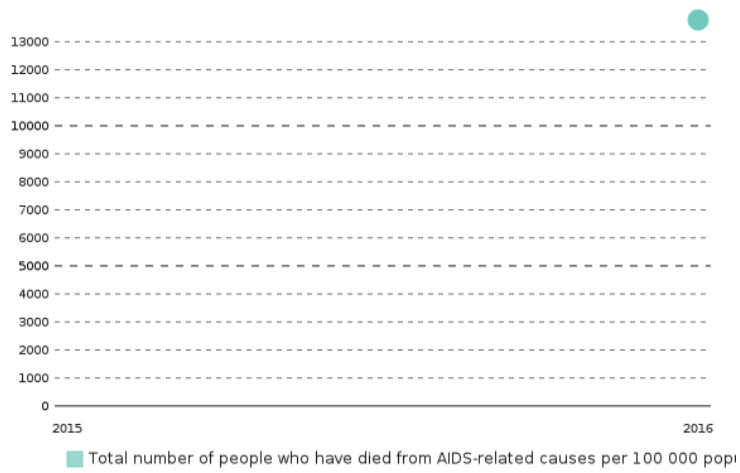
Progress summary

The Zambian Government has made substantial progress in the response to HIV and AIDS and demonstrated political leadership by prioritizing and domesticating the SDGs as well as the 2016 HLM political targets in its National Development plans.

The Government of Zambia is fully committed to ending AIDS in the SDG era by;

- a) SUPPORTING strong accountability mechanisms to ensure that the commitments made in this 2016 AIDS Declaration are translated into effective HIV and AIDS responses;
- b) ENGAGING in and SUBMITTING to periodic stock taking, auditing, inclusive reviews and reporting of the various national HIV responses, and/or interventions to account for progress towards meeting the set targets
- c) CREATING an enabling legal and social policy environment that combats discriminatory practices and attitudes that deny, or prevent key populations from accessing quality HIV prevention, treatment and other care services;
- d) FAST TRACKING THE RESPONSE to achieve 90-90-90 targets through Treat & All, Scaling up treatment services including provision of routine viral load monitoring.
- e) FAST TRACKING Elimination of Mother to child transmission (EMTCT) and scaling up access to appropriate paediatric treatment and care.
- f) SUPPORTING and ENGAGING Local Civil Society Organisations and Community groups to play their role in planning, implementation and monitoring of the response.
- g) EXPLORING alternatives for, and ENSURING strengthened sustainable domestic health care financing in line with international and domestic obligations.
- h) REVIVING THE PREVENTION REVOLUTION to strengthen Comprehensive prevention interventions targeting the most vulnerable population such as adolescent girls, young women including key populations.
- i) ACHIEVING GENDER EQUITY and EQUALITY by empowering women and girls and engaging communities to reverse harmful gender norms, ensure social protection, universal access to sexual reproductive health and rights, in order to mitigate risks and impacts of HIV and AIDS.
- j) ENSURING access to affordable essential medicines and STIMULATING the pharmaceutical industry by harmonizing quality standards and regulations.

3.1 AIDS mortality, Zambia (2015-2016)



Commitment 1

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

To achieve the fast-track targets above, it will be imperative to build on existing structures and scored successes, by making use of HTS avenues that have proved effective. It will be essential to ensure that hard-to-reach populations such as men and adolescents are mobilised for HTS. Special attention will need to be given to key populations, where the HIV infection is most concentrated. While this will require significant changes in the legal environment, existing efforts for certain key populations could be harnessed and leveraged to provide targeted HTS work for key populations. Men are generally left behind in HIV testing so it is important to target them with appropriate strategies.

Strategies

In addition to the strategies outlined in the NASF, the following fast-track strategies are suggested to be adapted based on the lessons learned shared by the stakeholders at the consultation:

1. Full implementation of the revised HIV prevention and testing guidelines is a crucial step ahead;
2. Go where men are, targeting men through workplaces and other HIV testing programs;
3. Scale-up of HIV self-testing informed by the pilot testing approaches and populations;
4. Strengthen community-led HIV testing for marginalised populations;
5. Improve reporting by adapting the same indicators for all the partners working on HIV testing;
6. Strengthen coordination of data reporting at a national level through one national M&E system that works. Expand unique identifiers to address multiple HIV testing services through facilities, communities and self-testing; and
7. Motivate and engage lay community counsellors for their work through standardised incentive systems.

Policy questions

Is there a law, regulation or policy specifying that HIV testing:

a) Is solely performed based on voluntary and informed consent

Yes

b) Is mandatory before marriage

No

c) Is mandatory to obtain a work or residence permit

No

d) Is mandatory for certain groups

No

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

TREAT ALL regardless of CD4 count; -

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

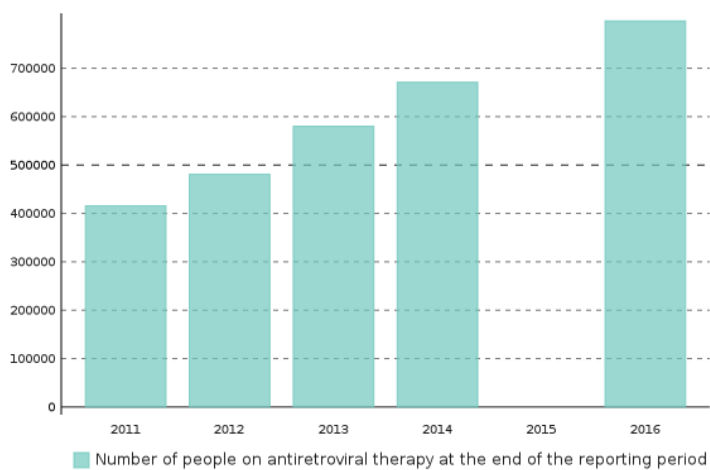
a) For adults and adolescents

Yes, fully implemented

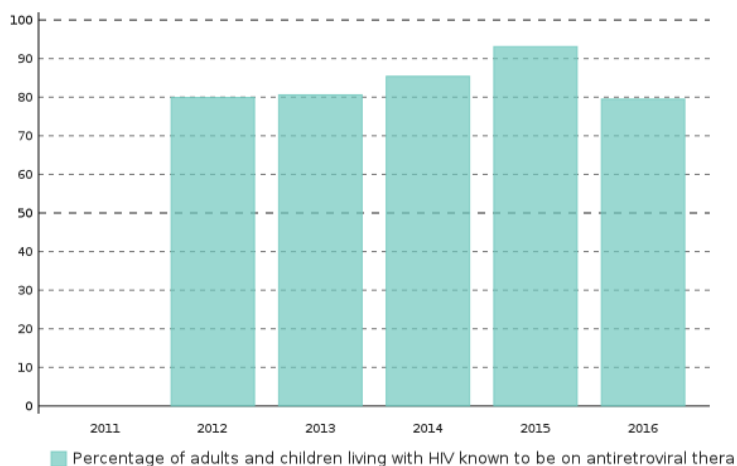
b) For children

Yes, partially implemented

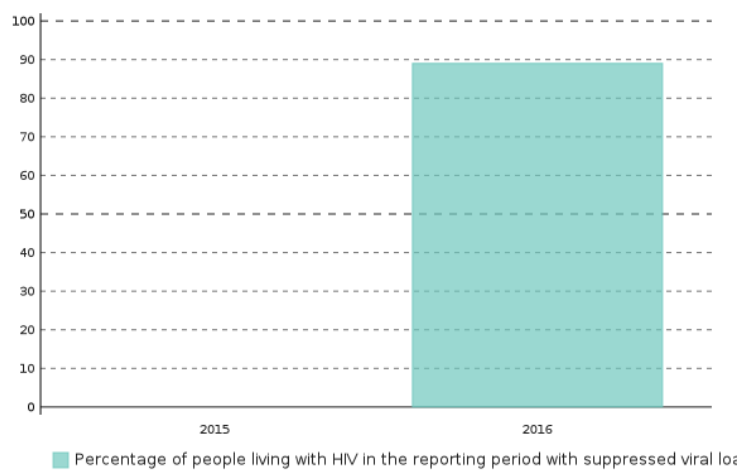
1.2 People living with HIV on antiretroviral therapy, Zambia (2011-2016)



1.3 Retention on antiretroviral therapy at 12 months, Zambia (2011-2016)



1.4 People living with HIV who have suppressed viral loads, Zambia (2015-2016)



Commitment 2

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

To achieve the Fast-Track targets for this commitment, there is a need to scale-up interventions that target eMTCT, including full coverage of Option B+ within all health facilities in Zambia. Coverage of ARVs for pregnant women must be stepped up in addition to their efforts to fully adherence to the treatment. In addition to strengthening the HMIS system to capture data, national MTCT studies that follow mother-baby pairs up until the cessation of breastfeeding must be implemented regularly to triangulate existing information and provide data on the status of eMTCT interventions.

Strategies

1. eMTCT cannot be achieved through carrying out business as usual, but requires accelerated innovative interventions. Furthermore, investments in capacity building of local structures and the decentralisation of health services are required to maximise coverage;
2. Prongs 1-2 of the eMTCT should be intensified to make an impact and to sustain the results;
3. Scale-up services for early infant diagnosis of HIV to all eMTCT sites and expand routine opt-out testing in all facilities;
4. Expand the roll-out of lifelong ART (Option B+) with an emphasis on retention in care for mother-baby pairs to reach all eMTCT sites in the country; and
5. Scale up community mobilisation to increase ANC attendance and facility deliveries for HIV-positive pregnant women by expanding community-led interventions. Capacitate PLHIV community groups to track and keep mother-baby pairs in care.

Policy questions

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: 0

Year: `

Elimination target(s) (such as the number of cases/population) and Year: 0

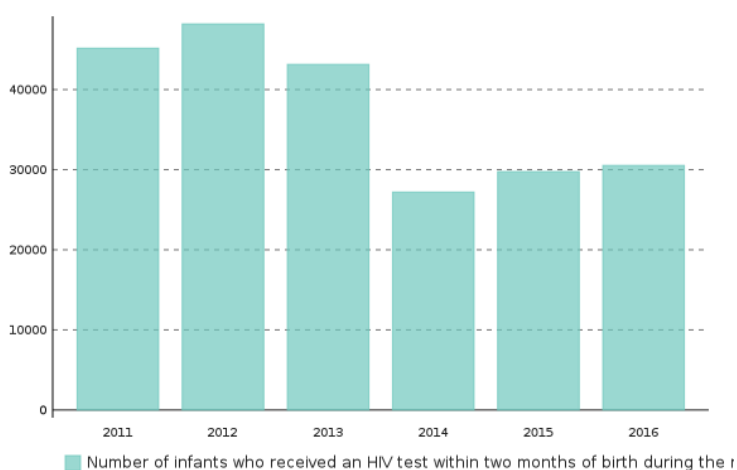
Year:

Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat All

Not implemented in practice

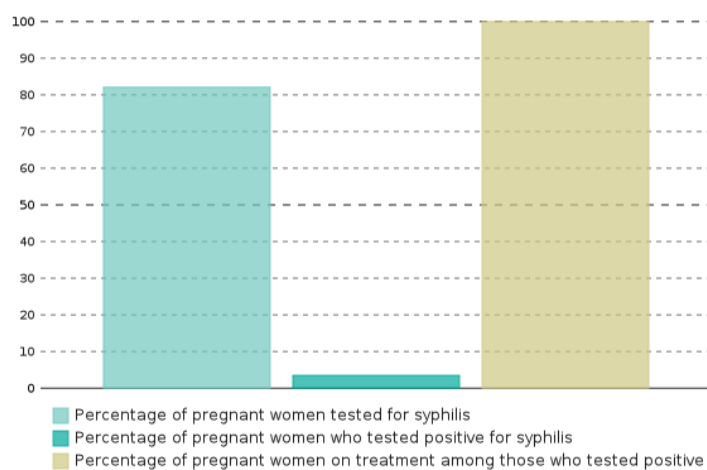
2.1 Early infant diagnosis, Zambia (2011-2016)



2.3 Preventing the mother-to-child transmission of HIV, Zambia (2011-2016)



2.4 Syphilis among pregnant women, Zambia (2016)



Commitment 3

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

This will require significant improvement in the existing legal, policy and program environment. There is a need to change the legal environment to one that recognises the existence and contribution of key populations to the Zambian HIV epidemic. Evidence suggests that key populations contribute significantly to new infections. To achieve the 2020 fast-track targets, the country will need to reorient the health system, and ensure that prevention interventions and services are friendly and easily accessible by key populations. The acceptance of the existence of key populations in Zambia has improved over time, however, they need to be decriminalised to ensure improved access to HIV services.

Strategies

1. Urgent need to have an estimation of key populations, and with clear association of risky behaviour and targets to measure the new infections among the population group;
2. Strengthen community sensitisation about the role of VMMC in HIV prevention to counter existing myths and traditions about male circumcision;
3. Integrate and mainstream the human rights approach in provision of HIV prevention services, especially to key populations;
4. Scale up key population-friendly HIV prevention messages through peer mobilisation and support including offering harm reduction interventions. Access to HIV testing among the key populations can be improved by providing them with various testing options through people and community-centered services including clinics and self-testing;
5. Expand access, demand, and use of condoms among sexually active populations;
6. Ensure that male and female condoms are made available and promoted to reach

adolescents and young people, key populations and other marginalised groups who face barriers to condoms and lubricants;

7. Scale up VMMC sites and enhance the capacities and skills of VMMC providers;

8. Implement appropriate, evidence-informed, communication and advocacy strategies to increase both healthcare provider and public awareness of PrEP within the context of HIV prevention in a way that eliminates stigma for users, and minimises potential for risky behaviours and harm resulting from overuse of PrEP; and

9. Promotion of a coherent national information system that will make data easily available for monitoring the response.

Policy questions: Key populations

Criminalization and/or prosecution of key populations

Transgender people

-

Sex workers

Partial criminalization of sex work

Men who have sex with men

Yes, imprisonment (up to 14 years)

Is drug use or possession for personal use an offence in your country?

Possession of drugs for personal use is specified as a criminal offence

Legal protections for key populations

Transgender people

No

Sex workers

No

Men who have sex with men

-

People who inject drugs

No

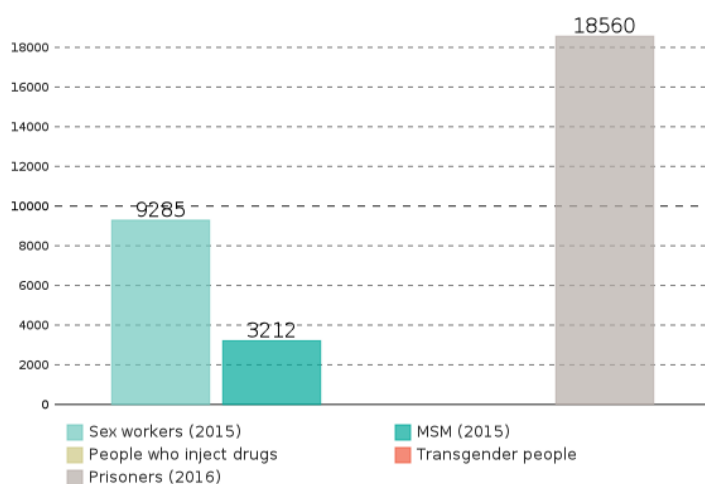
Policy questions: PrEP

Is pre-exposure prophylaxis (PrEP) available in your country?

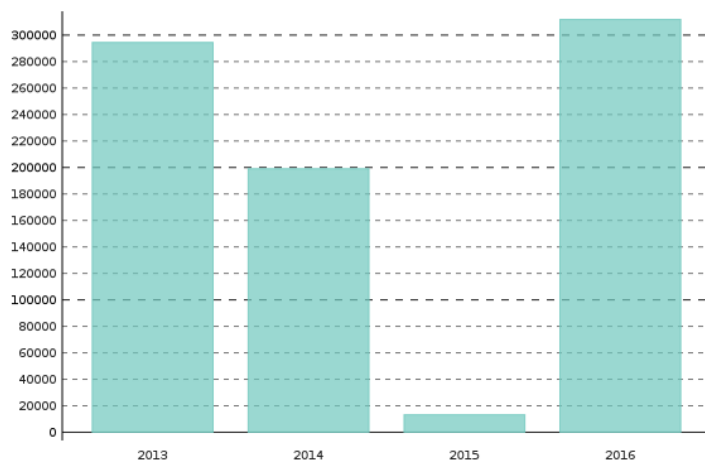
Yes

Provided as a national policy

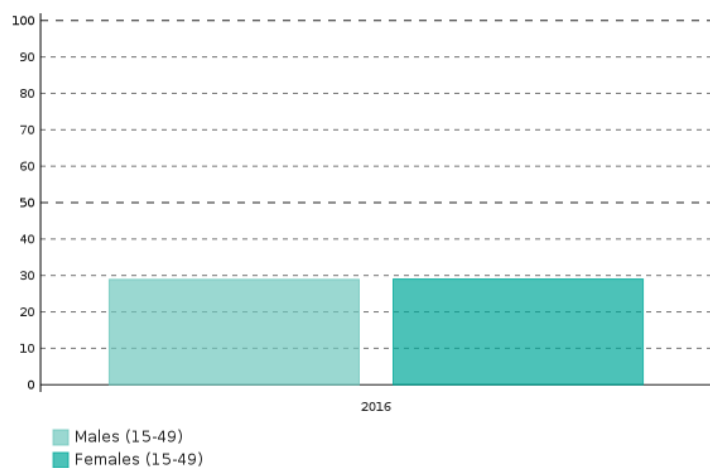
3.2 Estimates of the size of key populations, Zambia



3.17 Annual number of males voluntarily circumcised, Zambia (2013-2016)



3.18 Condom use at last high-risk sex, Zambia (2016)



Commitment 4

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

The youth and adolescents are the main populations on whom the nation relies for its prosperity. However, these populations face all types of challenges in regards to being healthy citizens. They are vulnerable to HIV infections, child marriage, teenage pregnancy which is further exacerbated by limited empowerment and access to services. The elimination of child marriage and early pregnancy is central to the success of achieving this target. In Eastern and Southern Africa, 34% of girls are married as a child, at the age of 13. Child marriage has been associated with higher exposure to intimate partner violence and commercial sexual exploitation.

When it comes to young people that are part of the key populations, the challenges are further multiplied. Existing cultural norms and traditions tend to hinder the elimination of gender inequalities and also fuel gender-based violence (GBV), particularly against women and girls. Furthermore, evidence already shows that gender inequalities fuel infection rates. To reach the 2020 fast-track targets, Zambia needs to invest in critical social enablers that will reduce discrimination and violence against women and young girls. To do this, there is a need for continued investment into gender awareness and sensitisation, already in place by the Ministry of Gender and other partners. The successful strategies for youth empowerment such as DREAMS should be scaled up to make a greater impact.

Strategies

1. Fully mobilise communities to create safe spaces for adolescents and young women, and engage gatekeepers such as traditional and religious leaders to fight existing harmful traditional and cultural norms. Additionally, men need to be equally engaged in the elimination of GBV and the promotion of gender equality by acknowledging their role in a non-threatening way;
2. Building capacity of already existing structures such as the Victim Support Unit (VSU) within the Zambia Police Service and fast-track courts, will be an effective way of eliminating gender inequalities and GBV. Furthermore, there is a need for strong enforcement of PEP to the survivor of sexual violence and assault;
3. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights (SRHR); and
4. Provide special support to key populations and people with special needs, such as people with disabilities, in order to demand and access to services on time.

Policy questions

Does your country have a national plan or strategy to address gender-based violence* and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

Yes

Does your country have any of the following to protect key populations and people living with HIV from violence?

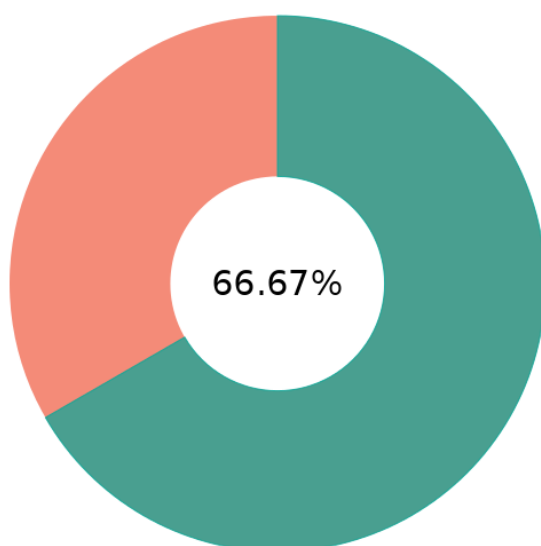
General criminal laws prohibiting violence

Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exists and are consistently implemented

Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



4 / 6

Commitment 5

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

Zambia will need to accelerate the provision of youth-friendly HIV prevention commodities and services, as a means of increasing their accessibility to and utilisation. Trends also show that sexual debut often occurs before the age of 15 years. While the current efforts of the Ministries of General and Higher Education (MoGHE) to introduce a CSE curriculum starts from grade 5 (about 10 years old), the knowledge and information needs to be complemented by services and commodities. However, access to condoms for youth and adolescents has been a major challenge as reported by the program partners, as well as the youth themselves.

Out-of-school, unmarried and unemployed youths must also be targeted with a set of combination prevention options including promoting access to condoms and HTS, as well as PrEP where needed. Both out-of school and in-school young girls and boys must have access to reproductive health services.

Strategies

1. Mobilise peer educators to reach more in-and-out of schools young people, with correct information and empower them to make correct decisions;
2. Youth and adolescents need to have more convenient and friendly points of condom distribution. This includes making condoms more attractive by producing them in different flavours and selling them through vending machines in various places such as outside the schools, talk-time and fruit sellers at the traffic lights at various junctions of the cities etc;
3. Provide training to health workers on the issues adolescents face and ensure the implementation of national adolescent HIV program guidelines effectively;
4. Implement life skill development program for adolescents and young women; and
5. Provide youth-friendly spaces in all health facilities to increase uptake of SRHR/GBV/HIV services by the youth.

Policy questions

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education*, according to international standards*, in:

a) Primary school

Yes

b) Secondary school

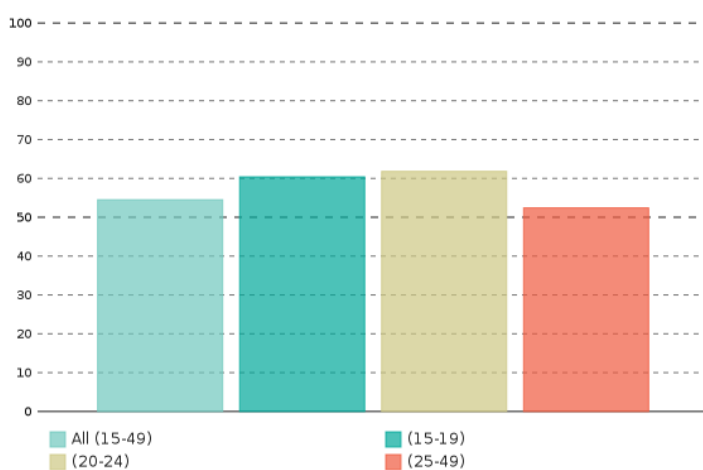
Yes

c) Teacher training

Yes

5.2 Demand for family planning satisfied by modern methods, Zambia (2016)

Percentage of women of reproductive age (15-49 years old) who have their demand for family planning satisfied with modern methods



Commitment 6

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

Social protection programmes have increasingly become HIV-sensitive and more numbers of vulnerable households affected by HIV are being reached through these programs. Social protection programmes enable the HIV/AIDS response to be more effective in addressing the underlying economic drivers of the epidemic, reduce the social and economic barriers to universal access, contribute to reductions in new infections, increase access to prevention and treatment services and help mitigate the impact of the epidemic.

Presently, under the leadership of the Ministry of Community Development and Social Welfare, several government departments and non-governmental organisations are piloting and implementing social protection programmes to improve the wellbeing of vulnerable populations in Zambia. However, spelling out PLHIV as a target group in the national policy limits the concept of HIV-sensitive social protection. There is a need to build on the HIV-sensitive social protection assessment done in 2015 in Zambia and ensure that PLHIV and key populations in need have full access to and utilisation of the programmes to reduce the impact of AIDS on vulnerable households and individuals. To reach the fast-track targets set above, there is a need to triple existing efforts with a special emphasis on reaching vulnerable young women and girls. There is also need for the PLHIV networks to ensure that their members benefit from the national social protection program including SCT program. Furthermore, these networks should provide the required data generated and feed into the information system.

Strategies

1. Scale up innovative social protection delivery mechanisms that are responsive to the needs of people affected and living with HIV, and enhance outreach and cost effective mechanisms;
2. Ensure that appropriate legal redress mechanisms exist to improve access to social protection services free from stigma and discrimination;
3. Advocate for inclusive, enabling and HIV-sensitive social protection policy and regulatory environment;
4. Improve collaboration among the major players in social protection programmes including Ministries of Community Development and Social Services, Agriculture and Livestock and Local Government and Housing;
5. Strengthen the coordination, M&E of social protection measures to ensure the inclusion of all vulnerable groups, including those vulnerable as a result of HIV; and
6. Operationalisation of the Social Health Insurance Scheme.

Policy questions

Yes

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

Yes

d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize people affected by HIV (children and families) as key beneficiaries?

Yes

f) Does it address the issue of unpaid care work in the context of HIV?

Yes

Do any of the following barriers limit access to social protection* programmes in your country

Government Bureaucracy and Corruption

Commitment 7

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

These indicators are set as a preliminary indicative, one based on the available global reporting tool. More indicators will be added in the coming year in this commitment area as the global reporting tools and guidelines will be available for reporting. To achieve the fast-track targets under Commitment 7, it will be essential to improve and strengthen accountability, commitment and good governance of the national multi-sectoral HIV and AIDS response that ensures community-lead strategies in addition to provincial and district lead strategies.

Furthermore, if HIV prevention service delivery targets are to be met, there should be meaningful community engagement with the relevant key government stakeholders such as the Ministry of Community Development, Ministry of Chiefs and Traditional Affairs, Ministry of Gender and CSOs. There is a need to increase resources for community support services such as funding for community health workers involved in HIV counselling and other related HIV prevention services at community level. Community based advocacy will also need to be carried out to sensitise communities on HIV prevention services such as PrEP and PEP services.

Strategies

Community-led health services cater for communities and increase service uptake, therefore it is important to engage communities in HIV service delivery to complement the health system's capacity for HIV prevention. It is also important to work with local government and city councils to empower community groups for delivering services and making them part of the local government in the HIV response.

1. Sustain leadership at community levels by promoting partnership with the local government;
2. Support key populations at a decentralised level to form their support groups and capacitate them in leadership and service delivery;
3. Enhance leadership, governance and oversight for implementing of the CSO self-coordinating mechanism and promote its ownership on the community response to HIV/AIDS;
4. Utilise traditional and religious leaders to encourage uptake of HTS and SRHR; and
5. Develop mechanism for the recognition of HIV response Champions at community levels.

Policy questions

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?

Registration of HIV CSOs is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Number of condoms and lubricants distributed by NGOs in the previous year

a) Male condoms:

-

b) Female condoms:

-

c) Lubricants:

-

Commitment 8

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

Progress summary

The Government of the Republic of Zambia has continued to increase spending on the national health budget with increasing allocations for annual HIV programmes, and provides varying budgetary allocations to Ministries for public sector HIV and AIDS mainstreaming activities. Alternative funding options including National Health Fund and Social Health Insurance Scheme are being explored and HIV has been mainstreamed into the public sector. However, HIV financing is not completely integrated and there is no framework to compel funding partners to report their contributions to the HIV response. The bulk of support still targets specific areas of the response. Attaining all fast-track targets by the year 2020 will require more resources, given the funding challenges; it will be imperative to enhance efficiency in programmes and in the use of funds, increase domestic resource mobilisation and ensure equity of access and utilisation.

Strategies

In light of the highlighted lessons learnt above, the following additional strategies are required for the attainment of the fast-track targets.

1. Effective resource mobilisation locally is required as donor assistance has declined steadily over the past several years and is likely to continue;
2. There is a need to showcase the positive impact of successful strategies with clear evidence to motivate external funding agencies; and
3. There is a need to strengthen financial resource tracking to determine the amount of funding allocated to health services, specifically the HIV services. A good financial resource tracking system will also enable the response to provide data on the proportion of HIV funding is spent on HIV prevention.

Commitment 9

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

This will require the integration of health services and advocating with government for supportive policies. There will be a need to advocate and promote legal reforms against laws and policies that hinder access to HIV services. It will also be imperative to support communities to harmonise their customary laws with statute law, national policies and human rights principles. Key population's access to legal support will also need to be improved if the targets are to be achieved by the year 2020.

Strategies

In addition to the strategies highlighted above, the following strategies are vital in attaining the fast-track targets for Commitment 9.

1. Eliminate discrimination against PLHIV and other key and marginalised populations;
and
2. Establish mechanisms for stakeholder engagements with the Law Development Commission and law policy and enforcing bodies to change discriminatory laws.

Policy questions

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale, at the sub-national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

No

Does your country have any of the following accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings?

Procedures or systems to protect and respect patient privacy or confidentiality

Does your country have any of the following barriers to accessing accountability mechanisms present?

Awareness or knowledge of how to use such mechanisms is limited

Commitment 10

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

Mechanisms for the coordination of collaborative TB/HIV interventions need to be strengthened if fast-track targets under Commitment 10 are to be attained by 2020. What also requires strengthening are TB/HIV infection prevention and control measures in health care and community settings. There is also need to scale up TB/HIV control in special settings and populations such as prisons.

Additionally, there is need to promote orientation, training, mentoring and technical support for healthcare workers in TB/HIV interventions. Attaining these fast-track targets will also require the support of coordinated TB case finding among PLHIV and ensuring that partners of TB patients who are co-infected are tested for HIV. Coordination, linkages and referral systems between TB and ART programmes will also need to be strengthened and community health workers will need to be mobilised and engaged to support referral systems of patients from one programme to another in order to reduce loss-to-follow up.

Strategies

In addition to the strategies highlighted above, the following fast track strategies will need to be given priority:

1. Increase program visibility and priority within the health portfolio and at all levels of the health care system;
2. Strategically disseminate critical information to key stakeholders including regular campaigns on TB, cervical cancer and hepatitis B and C;
3. Support the provincial level through secondment, joint-planning and direct budget support for TB, cervical cancer and hepatitis B and C activities, depending on the provincial needs;
4. Revamp the District Technical Committees to enable routine program management and partner collaboration at this level; and
5. Expand existing capacity to provide comprehensive TB, cervical cancer and hepatitis B and C services by introducing pre-service training, eliminating missed opportunities for service delivery and efficiently deploying innovative methods such as devices for service delivery.

Policy questions

Is cervical cancer screening and treatment for women living with HIV recommended in:

a. The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

Yes

b. The national strategic plan governing the AIDS response

Yes

c. National HIV-treatment guidelines

Yes

What coinfection policies are in place in the country for adults, adolescents and children?

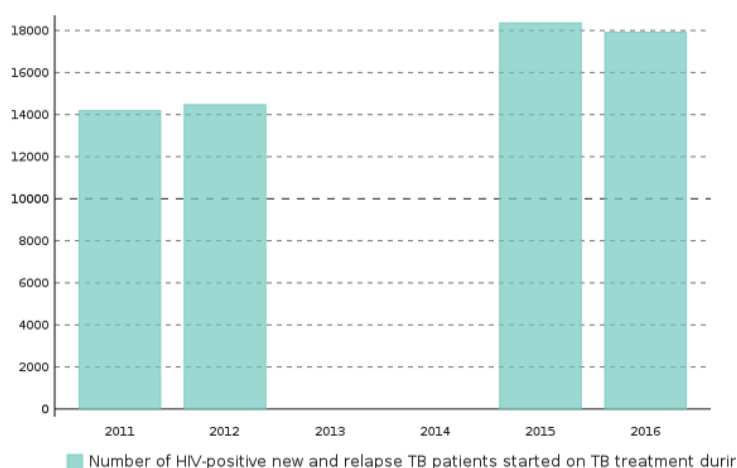
Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

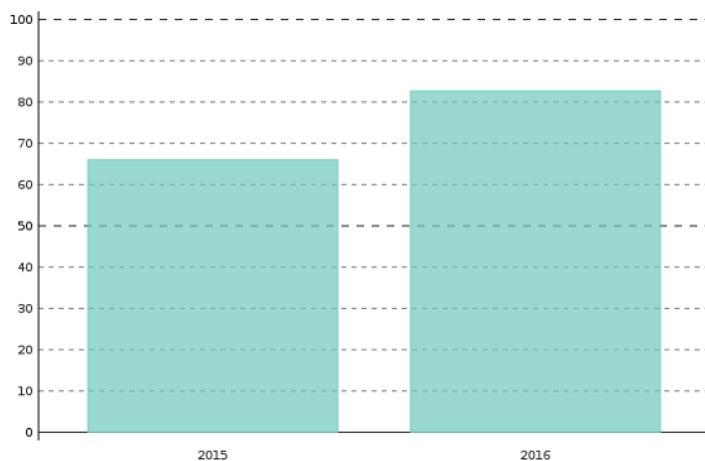
Co-trimoxazole prophylaxis

Hepatitis B screening and management in antiretroviral therapy clinics

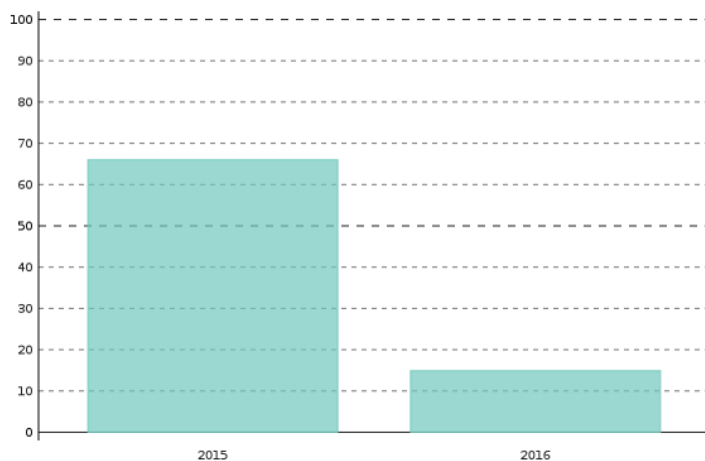
10.1 Co-managing TB and HIV treatment, Zambia (2011-2016)



10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Zambia (2015-2016)



10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Zambia (2015-2016)



10.6/10.8 Hepatitis B and C testing, Zambia (2015-2016)



10.10 Cervical cancer screening among women living with HIV, Zambia (2016)

