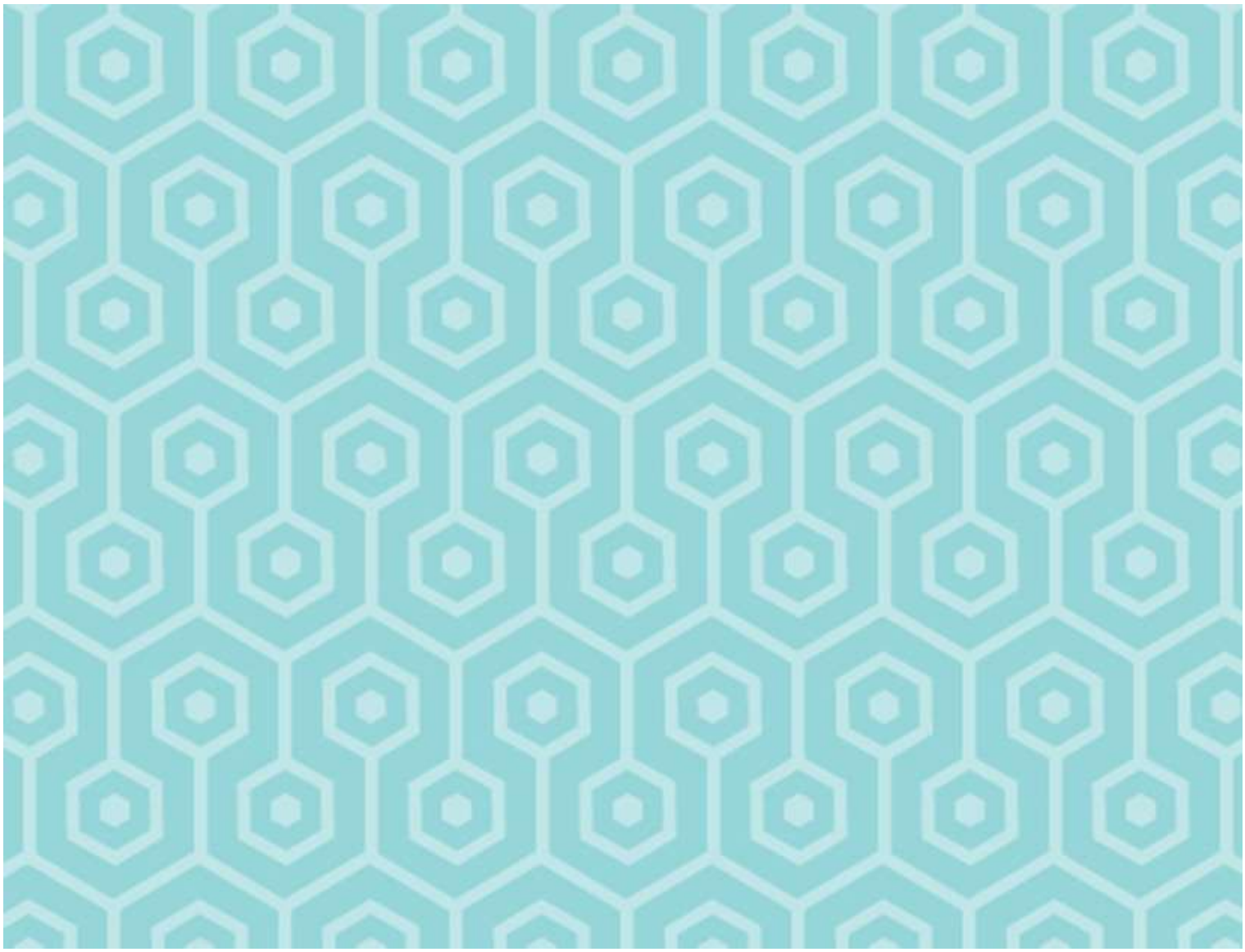
Country progress report - Zambia

Global AIDS Monitoring 2018



Contents

Overall

Fast-track targets

Progress summary

Zambia has a population of 16.2 million people and it is estimated that 1.2 million people are living with HIV (PLHIV) (all ages). This figure is expected to increase to 1.3 million by 2020. HIV prevalence among the adult population has steadily decreased over time, from 15.6% in 2001-2002, to 14.3% in 2007, to 13.3% in 2013-2014. More recent data from the Zambia Population Based HIV Impact Assessment (ZAMPHIA) survey suggests that HIV prevalence has continued to decline, with an overall adult HIV prevalence of 12% recorded in 2015-2016. Despite this progress, there remain distinct gender- and age-related disparities in HIV burden, with 14.3% prevalence among women compared to 9.3% prevalence among men. This disparity is most pronounced among young people aged 20-24, where HIV prevalence is more than four times higher among women (5.7%) as compared to their male peers (1.8%).

Along with age and gender variance, HIV is not uniformly distributed across the country. Adult (15-59) HIV prevalence varies dramatically by province, ranging from 5.9% in Muchinga to 16.1% in Lusaka. Data indicate that most HIV positive individuals live in high population density areas. Disease burden is highest in densely-populated Lusaka, Copperbelt, and Southern provinces with populations of PLHIV of 250,975, 191,034, and 126,559 respectively.

HIV testing and treatment cascade

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

Progress summary

Antiretroviral therapy has perhaps become the single most efficacious dual method for treating patient living with HIV and further preventing new infections. Accordingly, Zambia has moved to implement test-and-start as national policy. This is anticipated to lead to increased patient load hence the need to move to differentiated care. The number of people living with HIV enrolled on ART increased from 530,702 in 2013 to 855,070 in 2017.

Policy questions (2017)

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 it the implementation status?

No threshold; TREAT ALL regardless of CD4 count; Implemented countrywide

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, fully implemented

Prevention of mother-to-child transmission

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

Progress summary

Vertical transmission of the HIV virus from mother to child at birth or during breastfeeding accounts for 90% of HIV infection in children. Increasing the level of knowledge about HIV transmission from mother to child and reducing the risk of transmission by using antiretroviral before delivery are critical in reducing mother to child transmission (MTCT).

The Elimination of Mother to Child Transmission (eMTCT) programme has been introduced into clinic-based services throughout the country. The intervention has been successfully integrated into mother and child health programming, HIV treatment centres, HTC, STI clinics and other reproductive health service centres to increase eMTCT coverage. The eMTCT package offers comprehensive services, including health education, HTC, prophylaxis to prevent vertical transmission, partner testing, screening and treatment of STIs and cervical cancer and family planning. This approach explicitly links with the country's 8-year Family Planning Scale-up Plan, and has strong political support. Integration with other services has significantly increased women's access to PMTCT and improved the life opportunities for both mothers and their babies.

Current PMTCT program challenges include: limited health care worker capacity; prolonged turnaround times for early infant diagnosis and results return; poor 24-month retention with an increasing number of children infected in the breastfeeding period; weak cohort monitoring systems for tracking mother-baby pairs along the PMTCT cascade; and limited community support systems.

Policy questions (2016)

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; `

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

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

HIV prevention; Key populations

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

Like in many other countries, Zambia has prohibitive legal and policy framework against some key populations. As a result, they face barriers and challenges in accessing HIV-related prevention, treatment, care and support. Legal, policy, and socio-cultural barriers prevent entire communities from accessing health and HIV care. From a public health perspective, the national response in Zambia through the National AIDS Strategic Framework (NASF) 2017-2021 defines and highlights the need to programme for key populations that include adolescents, sex workers, men who have sex with men 9MSMs) among others.

As a result, Zamia is among 24 all countries that formed part of the Global HIV Prevention Coalition in October 2017 because it is one of the highest HIV burdened countries in the world. The coalition aims to achieve 75% reduction in new HIV infection focusing on the five priority pillars; Adolescent girls and Young Women, Pre-Exposure Prophylaxis (PrEP), VMMC, Key Populations and Condom Programming. The country is required to provide quarterly updates over an array of indicators through the agreed upon score card. This will be done to provide an update on the progress made towards the attainment of prevention targets.

Policy questions: Key populations (2016)

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 (2017)

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

Yes, PrEP guidelines have been developed and are being implemented

Gender; Stigma and discrimination

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

Women and children are increasingly becoming vulnerable to HIV/AIDS. Findings from several studies including successive ZDHS have concluded that women are the most affected and/or infected group. The recent Zambia population-based HIV Assessment has demonstrated that women are disproportionately affected by HIV with the prevalence rate and annual incidence being 14.3% and 1.08%, respectively as compared to men with prevalence rates and annual incidence of 9.3% and 0.33%, respectively.

There are many complex reasons for this new trend of feminization with biological, social, cultural and economic factors playing different roles. Furthermore, Zambia reports a higher vulnerability to HIV among its female migrants than male. These factors have to be understood in the context of complexities of the HIV dynamics, vulnerability of women and the HIV response. Gender inequality, discrimination on the basis of sex and all forms of violence against women are root causes that foster the spread of the HIV epidemic. Gender-based violence (GBV) in various forms is commonplace in Zambia. Demographic Household Survey (DHS) data indicates that from the age of 15 years onwards almost half of all Zambian women have experienced physical violence, and a third had experienced physical violence in the 12 months preceding the survey. Factors contributing to GBV include sexual cleansing rituals, initiation ceremonies, women's economic dependence on men, socialisation of boys and girls at home and in school, inadequate laws on GBV and domestic violence, a lack of law enforcement, and intimate partner violence

Policy questions (2016)

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

What protections, if any, does your country have for 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

Knowledge of HIV and access to sexual reproductive health services

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

The Government of the Republic of Zambia through funding from Global Fund and PEPFAR is expected to deliver a six-pronged comprehensive package of health and empowerment programs for adolescents and young people, with an amplified focus on Adolescent Girls and Young Women (AGYW). The six prongs will include interventions such as Social and behavioural change communication (SBCC) and comprehensive sexuality education (CSE), Adolescent-friendly service provision, Socioeconomic support (cash transfers and school support), Research and implementation science, Adaptive leadership and Coordination and youth engagement.

This support is expected to be geographically targeted in alignment with PEPFAR's DREAMS program. In discussion with PEPFAR, the country proposed to channel Global Fund resources to the same 8 districts where PEPFAR is implementing DREAMS (Chingola, Chipata, Kabwe, Kapiri, Kitwe, Livingstone, Lusaka and Ndola), but to work in defined zones (facility catchment areas) that are not part of the PEPFAR program. The intention is to maximize saturation of the highest-burden districts while minimizing coordination risks. This approach will enhance impact against shared district-level targets for reducing AGYW HIV incidence. Resources will also be prioritized to a few districts with early warning signs (teenage pregnancy, school drop-outs) to prevent them from becoming HIV hot spots.

In addition, the SBCC prong will support age-appropriate delivery (grouped in age brackets of 10–14, 15–19 and 20–24) of life skills and CSE through peer educators' groups. For out-of-school youth, peer educator groups set up by CSOs/FBOs will use the new out-of-school CSE

curriculum. Using programmes such as the Tune-me78, U-Report and Tikambe79 platforms, a wide range of SRHR, HIV/TB prevention, HIV/STI/TB treatment and care and GBV information will be disseminated, including linkage to care. Further, this program will also support the promotion and distribution of male and female condoms targeting adolescents and young people, through social marketing, social media platforms and mass media.

Policy questions (2016)

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

Social protection

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 is increasingly being accepted as a core poverty reduction strategy to reach the most vulnerable communities by helping them better cope with external shocks that affect their livelihood security. Social protection interventions include: cash transfers; social insurance; as well as actions to reduce barriers to accessing services and legislation to reduce exclusion. The programme priority was to reduce the impact of HIV and AIDS on vulnerable households and individuals.

The Government of Zambia considers Social Protection as a key strategy to support economic growth, reduce poverty, and promote equity and human rights. Towards these objectives, the Ministry of Community Development and Social Welfare (MCDSW) implementing important social protection schemes: Public Welfare Assistance Scheme (PWAS) and the Social Cash Transfer Scheme (SCT) implemented by the Department of Social Welfare, and the Food Security Pack (FSP) and the Women's Empowerment Fund (WEF) implemented by the Department of Community Development. The program essentially relies on voluntary community structures to identify beneficiaries. A review by the National HIV/AIDS/STI/TB Council (NAC) found that PLHIV are some of the beneficiaries of the SCT program.

Policy questions (2016/2017)

Yes and it is being implemented

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?

No

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?

No

What barriers, if any, limit access to social protection programmes in your country?

Government Bureaucracy and Corruption

Community-led service delivery

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

Progress summary

Community response is a necessity if Zambia is to end the three diseases as public health threats by 2030. National modelling shows that resources for community mobilization must nearly double from 2016 to 2020. Further, spending on social enablers (including advocacy, political mobilization, law and policy reform and human rights) are expected to reach 8% of total AIDS expenditure in Zambia by 2020. Based on the need to scale up community responses and systems, Zambia prioritizes three key interventions through Global Fund support.

First, the support will strengthen the capacity of community structures to deliver inclusive and gender responsive HIV/TB/GBV, SRHR and malaria, to meet specific needs of key and vulnerable populations. This will include conducting a capacity assessment of CBOs, NGOs, FBOs and community groups in 30 target districts, documenting and identifying providers to provide capacity development support to improve service delivery. In addition, funding will provide organisation and program support to 60 CSOs in 30 targeted districts. This is a critical action towards expanding community-led service delivery to cover at least 30% of all service delivery by 2030 - a key commitment in the 2016 political declaration on HIV and AIDS, to which Zambia is signatory.

Second, funding will support advocacy for enabling environments and social accountability for marginalized, left out/hard to reach populations and communities. The investment will support community structures in 30 districts to engage with local authorities to prioritize local resources for HIV, TB and malaria, and conduct public social accountability. The UNAIDS–Lancet Commission has called on the partners like the Global Fund to “invest in activism as a global public good.”

Third, this investment will enhance community structures’ monitoring of interventions, including for human rights violations of vulnerable populations. This activity will include developing tools for community monitoring, orienting community representatives, and supporting them monitor. In addition, the investment will support civil society and community groups to conduct, publish and disseminate community-based research on access to HIV, TB and malaria services in at least 3 districts. Community monitoring activities have been shown to directly lead to increased impact.

Policy questions (2017)

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

Yes

What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

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

a) Male condoms:

-

b) Female condoms:

-

c) Lubricants:

-

HIV expenditure

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 Zambia has maintained a steady allocation towards drugs for HIV and TB, and has continued to fulfil its commitment to provide support for health personnel emoluments and other health programs. The government has also invested over ZMW6 million towards the establishment of the National Social Health Insurance Scheme, which is aimed at providing sustainable funding for essential healthcare in the long run. After Cabinet approval of the proposed Bill, the Minister of Health presented it to Parliament for ratification.

Despite all these efforts, the Government still requires and recognizes the critical contributions made by cooperating partners who continue to fund a significant portion of the country' HIV and TB responses.

Empowerment and access to justice

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

The implementation of the NASF 2017-21 takes cognisance of the preamble of the Revised Zambian Constitution and upholds human rights and fundamental freedoms of all Zambians. Through provision of information, people living with, at risk of and affected by HIV know their rights and to access justice and legal services to prevent and challenge violations of human rights. Civil Society Organisations representing PLWHIV for example, have petition government on several occasions over rationed ARV drugs and many other human rights violations.

Policy questions (2016)

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

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

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

The Zambian government is committed to taking AIDS out of isolation by ensuring that everyone participates in the national response as stipulated in the Seventh National Development Plan (7NDP. The country has categorised HIV and AIDS as cross cutting implying that it affects all sectors of the economy and communities. This is based on the fact that strong and resilient communities can scale up prevention, eliminate stigma, ensure the inclusion of vulnerable and high risk groups such as key populations, improve health seeking behaviours, create linkages between health service providers and communities to improve follow-up and provide household care and support for the sick and OVC.

Policy questions (2016)

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