
UNAIDS PCB Field Visit to Zambia

Introduction

A delegation from the UNAIDS Programme Coordinating Board (PCB) including representatives of all regional groups undertook a field visit to Zambia from 4 to 6 November 2013.

The delegation, led by the UNAIDS Deputy Executive Director, Management and Governance, included members from Australia, Brazil, Congo, India, Norway, Poland and Zimbabwe, as well as representatives of PCB NGOs, UNAIDS Cosponsors, and the UNAIDS Regional Director for Eastern and Southern Africa. The delegation met with a range of stakeholders in Zambia's multi-layered, multisectoral response to HIV, including the Vice President, the First Lady, the Minister of Health, the Minister of Chiefs and Traditional Affairs, government officials, development partners, and civil society and youth representatives, including people living with HIV.

The visit was a valuable opportunity for Board representatives to observe the AIDS epidemic and response of a high impact country and experience the challenges related to the sustainability of the response in countries moving to middle-income status. The visit also served to demonstrate the value of an integrated multisectoral response (Joint Programme) and the role of UNAIDS leading a Joint Team in support of the national response, in the context of the UN Country Team (UNCT) led by the UN Resident Coordinator.

The visit also provided a unique opportunity to see firsthand how the UN coordinates its contribution to national priorities in a self-start "Delivering as One" country. In addition to joint planning and programming within the UN at country level, the Delegation saw how the UN family aligns itself to the broader coordinating structures designed to streamline Cooperating Partners' support to the Government for an integrated and multi-sectoral response to AIDS in Zambia.

Background to the AIDS epidemic in Zambia

1. Approximately 13 per cent of adult Zambians are living with HIV or almost one million adults (15-49 years). HIV incidence is estimated at 1.6% which translates into 224 new infections per day and slightly over 82,000 new infections per annum. HIV prevalence is higher in women (16.1%) than men (12.3%).
2. The predominant mode of transmission is unprotected heterosexual accounting for 90% of all adult infections, which encompasses unprotected sexual activity with casual, long-term or concurrent sexual partners. Key populations are estimated to contribute to between 7% and 11% of new infections in Zambia and remain an important entry point for effectively addressing the epidemic.
3. The key drivers of the HIV epidemic in Zambia are:
 - Multiple and concurrent partnerships;
 - Low and inconsistent condom use;
 - Low level of knowledge on HIV amongst young people;
 - Low level of testing among young people;
 - Low levels of male circumcision;
 - Mobility and labour migration;
 - Sex workers and Men who have Sex with Men; and
 - Mother to child transmission
4. Progress of the AIDS response in Zambia include :
 - a 92% treatment coverage of eligible adults (CD4 < 350);
 - a 51% reduction in new HIV infections among children since 2009;
 - a 95% coverage of pregnant women who need antiretroviral medicines to prevent mother-to-child transmission of HIV;
 - an increase of the domestic contribution to the HIV response in 2013;
 - demonstrated results in addressing gender inequalities – Zambia’s Anti-Gender Based Violence Act is one of the most comprehensive laws on Gender-based violence in the SADC region; and
 - a recognition of the importance of providing integrated HIV services at all levels by all stakeholders in the country.
5. Key challenges include:
 - one of the lowest HIV testing rates in the region;.
 - ART coverage of eligible children at only 36%;
 - rising infections among young people - every hour, about 3 youth (15-24 years) are infected with HIV in Zambia;
 - the financing of the response, which remains predominantly externally funded (86%); and
 - limited data on the sizes, HIV prevalence and related behaviours of key populations, and stigma and discrimination against these populations.

Monday, 4 November

1. Prior to the start of the formal field visit programme, members of the delegation visited Kasisi Childrens Home on the outskirts of Lusaka. The home is run by nuns from Poland and houses 250 children aged from birth to 18 years, around one-third of whom are HIV positive. The home provides housing, education at an adjacent school, and has recently opened an hospice. Kasisi is an example of the role that civil society and faith-based organisations play in protecting some of the most vulnerable in society. It is funded solely by donations. Kasisi goes beyond providing basic care and support and is an example of what can be achieved with unwavering compassion. In recognition of its efforts the home has been named one of PEPFAR Zambia's inaugural 12 heroes in 2013.

Meeting with UN Resident Coordinator, UN Country Team, and UN Joint Team



2. The UN Resident Coordinator, provided an overview of the UN Joint Programme on HIV and AIDS in Zambia and its coordination. She noted that being a Delivering as One (DaO) country means that programming, policy, and advocacy are delivered with one voice. The HIV response was seen as a pathfinder for joint UN action and support to the national response.
3. The UN Joint Team in Zambia, convened by UNAIDS, is responsible for the implementation of the Joint Programme of Support with the overall strategic guidance of the Resident Coordinator. It draws on existing accountability frameworks and processes of agencies and organizations and focuses time and technical contributions towards meeting agreed deliverables of a joint work plan. All UN organisations with a presence in Zambia are members of the UNJT, including non-Cosponsoring Agencies such as International Organization for Migration.

4. Key issues discussed included:
 - UN contribution to national priorities through the UN Development Assistance Framework – challenges and emerging opportunities;
 - Overview of progress and remaining challenges of the HIV response in reaching the global AIDS targets and attaining the MDGs;
 - The post-2015 development agenda and the priorities in Zambia;
 - UN support to the National AIDS Council to strengthen its capacity to deliver on its mandate, particularly that of coordination;
 - The African Union roadmap toward sustainability;
 - The situation of young people, and
 - Inequality, injustice and the UN’s response, particularly around creating a positive and enabling legal and social environment that protect human rights, dignity and access to HIV services for all.

Working dinner with Senior Government officials, civil society leaders and media



5. The PCB Delegation met the Minister of Health, Minister of Chiefs and Traditional Affairs, Deputy Minister of Education, Chairman of the Board and Director General of the National AIDS Council, leaders of the Treatment and Literacy Campaign (TALC) and the Network of People Living with HIV (NZP+) and other civil society organizations. The Minister of Health, in his address, highlighted how the HIV response has brought rights-based approaches into public health and stressed that the support of UNAIDS has been instrumental to this ongoing change of approach to delivery of health services. The UNAIDS Deputy Executive Director took the opportunity to congratulate Zambia on achievements made in the response to HIV including: 58% decline in new infections and 56% reduction in AIDS-related deaths since 2001; 45% increase in the health budget in 2013; and, a doubling of the ARV budget.

6. The meeting was also an opportunity to discuss the sustainability of the response to HIV in Zambia, which remains predominantly

externally funded (86%) despite the recent impressive scale up of domestic investment to reach USD 40 million annually – a clear confirmation of the commitment of the Government of Zambia to the response. Overall, there has been an increase in resources spent on HIV from US\$257 million to US\$281 million between 2010 and 2012. The major sources of funding are the United States Government (USG) through the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund. In 2012, the PEPFAR and the Global Fund accounted for \$235.6 million (89.7%) and \$13 million (5%) respectively of all the external AIDS expenditures (NASA 2013 preliminary results). The majority of these funds are supporting the ART programme (commodities grants for medication, reagents, test kits, etc). The PCB delegation also discussed the possibly adverse impact of the stagnating or declining investments in HIV prevention.

7. Zambia has been a recipient of Global Fund support since the launch of Round 1 in 2003 - a total of \$655,201,148 for HIV programming. In August 2009, the Global Fund suspended disbursements to Zambia after a forensic audit by the Zambian Auditor General identified at least one irregularity related to a Global Fund grant. 11 months later, UNDP assumed the role as Principal Recipient (PR). Similarly, following irregularities in the management of funds by the civil society umbrella group that was acting as PR, Churches Health Association of Zambia (CHAZ) took over as PR for the two ongoing HIV grants. In October 2013, Global Fund signed a grant agreement with Zambia through the Single Stream Funding modality that consolidated HIV grants from Rounds 8 and 10 using UNDP and the Ministry of Health as PR. The grant is scheduled to run from through 31 August 2016 and is worth US\$156 million – with US\$98 million (63%) being spent solely on ARVs. In addition, the Zambia CCM has been invited to submit a Concept Note under the global Fund's new funding model for additional funding in May 2014.
8. A Joint Mid-Term Review of the NASF 2011-2015 was recently concluded as 2013 marks a midpoint in its implementation. This process and other data-driven studies - such as a National AIDS Spending Assessment and a Modes of Transmission Analysis applied an "investment lens" in the analysis, assessment and evaluation. Currently, NAC is leading the revision of the strategic framework using the findings and recommendations from these studies. The investment approach to strategic planning which moves beyond the "Know Your Epidemic/Know Your Response" of prioritization is being used in the revision process. The resulting document will be used as the basis for the Concept Note in Zambia's application to the Global Fund in the first half of 2014 under the New Funding Model. The investment approach considers

resource allocation by including two additional focus areas for analysis within the strategic framework:

- i. Building efficiency gains and cost cutting mechanisms into service delivery (including community-based service provision) and into the following investment streams: drug quantification and forecasting, procurement, storage, supply chain and distribution; data collection, analysis, and use for decision making; and service integration and decentralization;
- ii. Identifying longer term fiscal sustainability measures; understanding the longer term return on 'upfront' investments; and projecting an outlook on increased domestic sources of funding.

Tuesday, 5 November

Visit to Chimbokaila Prison (Lusaka Central)

9. The PCB Delegation was accompanied by the National and regional HIV Coordinator of UNODC and by the Chargé d'Affaires from the US Embassy and the PEPFAR Coordinator. The Delegation met with the Zambia Prison Service Commissioner who provided information on the prison services.
10. The visit started with a discussion on the UN's support to prison services at the regional level, largely with the Southern African Development Community (SADC), including a pilot project for developing sustainable livelihoods for prisoners, and implementing the Minimum Standards for HIV Prevention in Prison Settings to which all SADC Member States are signatory. This was followed by a tour of the facilities and engagement of the delegation with the accompanying officials.
11. While Zambia has one of the highest HIV prevalence rates in the world with an HIV prevalence of some 13% in the adult population, a recent survey conducted in Zambian prisons showed that the epidemic in prisons is at an even higher level with 27.4% of prisoners testing positive for HIV infection. The prevalence was recorded to be highest in Lusaka (42.1%). Female prisoners had a higher HIV prevalence (43.3%) as compared to male prisoners (26%). Chimbokaila Prison is mainly a receiving centre for remandees and prisoners awaiting their appeals in both the High and Supreme Courts of Zambia, and is the most congested prison in the country. Prisoners at Lusaka Central come from all parts of the country. The Prison was originally built to hold a capacity of 260 prisoners, the current population is 1,260.

12. The Zambia Prisons Service is poorly funded and receives very little support from Cooperating Partners. The legal environment makes HIV prevention difficult in a prison setting: currently the distribution of condoms in prisons is illegal, as it is perceived as encouraging sex between men (sodomy), an illegal act punishable by law. However, the evidence is clearly indicative of the fact that sex between men in prisons is happening, be it consensual, through rape, or as a currency for food, soap and other basic materials. The Ministry of Health through the provincial office is providing services at a clinic annexed to the prison. The clinic also provides services to the community surrounding the prison.
13. The delegation discussed how efforts to use awareness raising on HIV programming in prison settings have helped to illustrate the need for HIV programming for key populations more widely; arguably as a result of providing clear data, and being able to demonstrate the impact of HIV on this sub-group and compare with the general population, and in showing decision makers. The aim is that this work of the UNJT will provide an entry point for working with key populations more broadly.

Visit to Chawama Clinic

14. The delegation visited the Chawama Clinic, Chawama Clinic, which is among the facilities that were recently upgraded from health centre (Clinic) to a Level 1 Hospital. The health facility is situated in one of the high population density areas of Lusaka and has a catchment population of 135,172. The Lusaka District Medical Officer provided the delegation with an overview of the Clinic's outpatient services, including HIV prevention, treatment and care, the District referral system, and the support the Clinic receives from foundations and bilateral donors. The delegation did a tour of the facility and discussed with clinic staff. Delegates noted that the four ART clinicians were seeing 400 patients a day.



15. The importance of providing integrated HIV services at all levels has received increased recognition from the Government. Although integration has not been fully scaled up a number of facilities have made notable strides towards this. The delegation saw how the Chawama Clinic has recently upgraded from health centre (Clinic) to a Level 1 Hospital and provides services including: cervical cancer screening, family planning, maternal and child health

services, HIV prevention and care and treatment services such as HIV testing and counselling, ART, PMTCT, VMMC, and TB screening, as well as male circumcision. The health facility is situated in one of the high density areas of Lusaka and has a catchment population of 135,172.

16. The delegation observed the provision of HIV services for pregnant women and children below 18 months. There were also sessions for men who had accompanied their pregnant wives. All pregnant women seen at the facility were offered an HIV test, and if found positive are either started on ARVs prophylaxis for PMTCT or initiated on treatment. Initiation of treatment in pregnant women and children below 18 months is done in the MCH unit. Chawama health centre is one of the facilities with the highest number of patients on ART in Lusaka district, in addition 150 to 200 males are circumcised every month, rising to 500 during school holidays.
17. The delegation took the opportunity to discuss the potential for further scale-up of services in light of the new WHO guidelines on HIV treatment and the challenges given the relatively low number of staff. There were also discussions on the role of communities in HIV service delivery and the delegation noted the non-remuneration of certain services already provided by communities.

Meeting with Representatives from Civil Society and young people

18. The meeting was an opportunity for the PCB Delegation to engage with two important constituencies: civil society organizations and young people. Some twenty Civil Society Organizations, largely those working with Key Populations, PLHIV, and Community Granting Institutions, were represented and three key issues were discussed:
 - CSO financing landscape, coordination and self-regulation in view of the NGO Act (a recent enactment requiring CSOs to register and be regulated),;
 - Access to and sustainability of treatment, prevention and care in view of the implications of Option B+ and treatment as prevention; and
 - Institutional, political, legal, social and professional ethical environment for programming for key populations in Zambia.
19. Some AIDS advocates suggested that available funding for CSOs was earmarked for service provision and demand creation for services rather than advocacy around rights, dignity, access and

policy change. Others emphasized that work around rights, notably those of key populations, was much needed in Zambia. Others noted that even when community-based initiatives, often run by women, were linked to services such as support for adherence to treatment, there is an expectation that provision of this service would be “volunteer” and unpaid.

20. There was also a presentation of the U-Report, a free, SMS platform for adolescents. A young woman from Chainama Compound, one of Lusaka’s urban slums, described her experience as a U-Reporter joining 75 young delegates from Copperbelt and Lusaka at a Consultation on Adolescents. The delegation also discussed the potential of innovative approaches such as this interactive counseling and education on HIV and STIs through SMS (free-of-charge and confidential). This is particularly relevant in the Zambian context in the light of an estimated mobile phone penetration at 63%. Youth and young adults (15-29) represented 52% of all mobile phone users. The delegation agreed that an important programmatic benefit of the SMS platform is its ability to provide real-time monitoring of the utilisation, availability and quality of adolescent and youth friendly HIV services.
21. Within the Zambian multi-sectoral response, CSOs play a prominent role. While their contribution may not always be measureable in discrete units of output within monitoring and evaluation systems, the impact of these efforts across Zambian society is nevertheless tangible and highly valued. CSOs engage in a wide variety of activities, from promoting and distributing health products for preventing the spread of diseases, to caring for and supporting infected individuals, reducing stigma and discrimination, advocating for the protection of human rights for both infected and affected individuals, and caring for orphaned and vulnerable children (OVC). The nature of CSOs’ involvement within the national responses to HIV, AIDS, STIs and TB raises challenges of fragmentation and competition for resources, which may limit the impact at the community level.
22. The delegation also discussed how the policy and legal environment is even more challenging for CSOs working in the areas of LGBT. Some civil society representatives suggested that cultural and religious values were at times used to suppress any meaningful discussions on key populations and public health related issues. Civil society representatives referred to the findings of the Stigma Index Study, conducted in 2011 with the support of the UNJT, that suggest that people living with HIV in Zambia experience stigma and discrimination in various settings, including places of worship, local community, within the household, workplaces and health care facilities. About 30% of the men and 36% of the women reported

having been excluded from social activities on account of their HIV status. This treatment pushes key populations to the margins of society where they live double lives so as not to be identified as such.

23. Other civil society representatives iterated that intolerance of key populations is often overlooked – in the press and among Government and Church officials – who believe that they are acting in line with legal and social norms. Particularly, it was discussed, how gaps in strategic information on populations, such as sex workers, truck drivers, MSM, Injecting drug users (IDUs), members of fishing communities, and others present a key challenge for the HIV response. Recent issues around MSM have illustrated the need for strategic information to advocate for targeted responses for key populations..

Visit to Kabulonga Primary School

24. The Delegation visited Kabulonga Primary School, a pilot school for the integration of Comprehensive Sexuality Education (CSE) into



the national curricula. The 1434 children of the school come from poorer Zambian neighborhoods. The teacher/student ratio is 1:50 and there are an equal number of girls and boys.

25. The delegation met with the Headmaster, the CSE Coordinator, and the Science Teacher who

explained the rationale and methodology behind the integration of CSE into the curricula. The Delegation was informed of a noticeably high dropout rate in Zambia among young girls due to pregnancy but also that national HIV infection rates are increasing among young adults. The CSE follows international sexuality education guidelines, and has not been created as a stand-alone course, but integrated into science, social science, biology, home economics, etc and will be introduced in Grade 5 (9-10 year olds) at the primary level and Grade 9 (13 -14 year olds) at the secondary level.

26. The Delegation was invited to join the Grade 9 (boys and girls) Biology class where, the teacher was lecturing on the sexual hormones estrogen, progesterone and testosterone, their functions, the specific organs that produce them, and the signs and symptoms

of puberty in boys and girls. The pupils were very engaged and asked many questions that were all answered very well by the teacher.

27. Following the CSE class, the Delegation watched a skit on “Stigma and Discrimination” by a network of young people living with HIV. Most of the students were part of the “Catch them Young” club that empowers positive students to sensitize their peers, parents and teachers about the harmful effects of discrimination, the challenges of being positive, and more importantly about the inspiration and power of living positively.



28. The Delegation was very impressed with the level of the sexuality education and saw it as an important step to address 27,000 new HIV infections among young people (aged 15-24) in Zambia annually or 3 young people every hour, 2 of whom are girls. The CSE is likely to also reduce the current number of 17,000 girls under the age of 18 who drop out of school due to pregnancy each year.

Engagement with Key Stakeholders

29. Her Excellency Dr Christine Kaseba, First Lady of Zambia, was the guest of honor at a reception that was organized to include all key stakeholders, including ministers and senior government officials, development partners, civil society groups and the media.



30. Dr Kaseba has used her role as First Lady to champion the fight against HIV and AIDS, cancer, Gender Based Violence, and other injustices affecting women and children. In her address, the First Lady stressed the need to address HIV as a public health imperative with great attention to rights and

highlighted the specific vulnerabilities and needs of women and girls and men who have sex with men. She called on Zambia to also address the difficult issues that are inherent to an effective AIDS response and to ensure that services are provided to all Zambians.

Wednesday, 6 November

3rd National HIV Prevention Convention

31. Delegates participated in the Prevention Convention opened by the Vice President of Zambia. In his remarks, he highlighted the importance of Traditional Leaders in changing cultural norms and creating demand for high impact services and interventions and noted that there was stigmatism long before HIV and that the Church, too, has a role in ending stigma.

The UNAIDS Deputy Executive Director spoke on behalf of multilateral partners in the national response. She highlighted the need for social inclusion and a rights-based approach to Zambia's vulnerable groups who face high risk of infection and who have been marginalized by society including men who have sex with men, sex workers, prisoners and others. She also spoke to the vulnerability of young people, particularly young women and the need to include their voices when designing targeted programming.

The UNJT launched a Condomise Campaign at the Convention running until World AIDS Day, with the goal of raising awareness, through civil society organisations on the need for the correct and consistent use of condoms and to support the distribution of some two million condoms nationally.

Meeting with Cooperating Partners and Country Coordinating Mechanism Members



Discussions at this informal meeting provided the Delegation with the opportunity to better understand the architecture of coordination between the Government and its Cooperating Partners (CPs), including the Global Fund-mandated Country Coordinating Mechanism (CCM).

32. The PCB Delegation asked questions around the withdrawal of financial and technical support to CSOs and the National AIDS Council (NAC), as both are seen as essential entities in the HIV coordination architecture.



There were also discussions around the impact of the move of countries to middle-income status while poverty is still widespread. Contributions from cooperating partners have come in the form of direct funding to NAC operations (through a multidonor Joint Funding Arrangement); and through implementing partner arrangements (USAID, CDC, PEPFAR). In addition, technical assistance has been provided. Despite concerns regarding flat-lining of international resources for HIV, following the withdrawal of some key donors, increases in funding from the United States have in part compensated for this.

Debrief on Field Visit with UN Joint Team

33. The PCB Delegation concluded its visit with a debriefing with the UN Joint Team to reflect on the visit.

34. Key observations and take home messages included:

- the unique convening capacity of UNAIDS which ensures engagement of all stakeholders and a true multisectoral response;
- the capacity of UNAIDS to provide the space for political debate at the highest level on difficult issues;
- the energy and courage of adolescents (in school and out) – It was noted that they were the only stakeholders who consistently offered solutions to every challenge that confronts them;
- the power of the comprehensive sexuality education that Zambia is introducing in its curriculum.;
- the importance of integrated health services, but the impact of the severe shortage of qualified health care workers and their reliance on volunteers to support both the facility and community based services;
- the innovations such as the U-report;
- the disproportionate impact of the epidemic on women, in particular young women.
- the challenging situation of vulnerable and marginalised groups, particularly prisoners, and their voiceless-ness;
- the fragmentation of civil society; and
- the adverse impact of retraction of international financing including for the National AIDS Council.



35. The UN Country Team also found the visit of the PCB delegation helpful to their work, including :
- the freshness of seeing the Zambian epidemic through a different lens and receiving inputs from a very diverse set of stakeholders; and
 - the political attention that the visit had brought in Zambia and the possibility to convene all key stakeholders at the highest level.