

ZAMBIA

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By 2021, 95% people living with HIV are aware of their HIV status, 95% of those diagnosed are on antiretroviral treatment (ART), and 73% of those on therapy are virally suppressed.	WITHIN REACH	By end 2020, an estimated 86% people living with HIV knew their HIV status of whom 95% accessed treatment, and 93% of the people living with HIV on treatment were virally suppressed (GAM 2021).
By 2020, the 95-95-95 targets are achieved among vulnerable and key populations across all provinces and selected cities.	ON TRACK	No national data on the 95-95-95 targets in key populations. Implementation of projects aiming at increasing access to HIV testing, treatment and viral load monitoring among key populations continued in priority districts in 2020.
Prevention of mother-to-child transmission of HIV (PMTCT) coverage for pregnant women living with HIV is sustained at 95%, and the mother-to-child transmission of HIV rate at the end of breastfeeding period is $\geq 5\%$.	ON TRACK	An estimated 86% of pregnant women living with HIV received ART; and mother-to-child transmission of HIV was at 10% at the end of 2020 (HMIS, 2020).
Healthcare systems are strengthened and sustainable, with improved efficiency, innovation, and integration of services, including through the Universal Health Coverage.	ON TRACK	Domestic funding for the HIV response remains at less than 10% of the overall response's funding, but HIV is fully integrated in the national Health System. Delivery of HIV services was maintained during COVID-19, and multi-month dispensing of ARVs was scaled up to ensure access to treatment for people living with HIV during the COVID-19 pandemic.

JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

HIV continued to disproportionately affect young people, particularly adolescent girls and young women, and key populations in Zambia. In 2020, the Joint UN Team on AIDS played a pivotal role in expanding sexual and reproductive health (SRH) and HIV services among adolescent and young people. Comprehensive sexuality education (CSE), distribution of HIV prevention commodities and information materials, sensitization of adolescent girls and young women on sexuality health, rights, and gender-based violence (GBV), capacity building, and peer education and counselling services have been scaled up. Support was also provided to increase access to HIV testing and treatment adherence services among encamped refugees in three settlements.

HIV TESTING AND TREATMENT**ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS**

Technical and financial support was provided to the Ministry of Health and the National AIDS Council to raise awareness and ensure continuity of HIV testing, including HIV self-testing, ART, including Dolutegravir regimen, viral load testing, family planning, tuberculosis preventive therapy, viral hepatitis, and pre-exposure prophylaxis (PrEP) services throughout 2020. For instance, the Joint Team provided technical assistance to the Ministry of Health to review national guidelines for HIV testing services and conduct a HIV drug resistance survey data analysis.

In 2020, a total of 175 refugees and people from host communities living with HIV were registered in the three settlements—142 in Mayukwayukwa, 1428 in Meheba, and 652 in Mantapala. The Joint Team supported ART and tuberculosis adherence, drug compliance counselling, and support services targeting the refugees living with HIV who are on treatment. As a result, 6239 (4841 females, 1398 males) refugees received HIV testing and counselling services and 29 363 condoms were distributed in the three settlements.

HIV PREVENTION AND SEXUAL REPRODUCTIVE HEALTH**CAPACITY BUILDING; SENSITIZATION; TECHNICAL SUPPORT**

The Joint Team provided technical and financial support for the rollout of various campaigns, including the Young, Safe, Smart – HIV Free, and CONDOMIZE! in 55 districts reaching over 500 000 adolescent and young people with HIV prevention information. Social and behaviour change communication materials on HIV, SRH, and GBV were developed and distributed during these campaigns. Over a million condoms were also distributed in hotspots areas in Zambia to improve access and consistent use of condoms.

Around 7155 adolescent girls and young women were reached via “safe space”—a formal or informal place where women and girls feel physically and emotionally safe—to build their skills and protective assets of preventing early sexual debuts, HIV infection, early pregnancy, child marriage, gender-based violence, and sexually transmitted infections (STI). Community action plans were also developed to reduce HIV infection, early and unintended pregnancy, and child marriage in selected provinces.

A pilot community-based service delivery package was rolled out by the Joint Team in two provinces reaching 22 984 (13 283 female and 9698 male) adolescent and young people with comprehensive HIV, SRH and GBV prevention information and services, of which 4486 were referred to health facilities. The comprehensive prevention services, which included peer-to-peer counselling sessions, HIV testing, STI screening, and pregnancy tests were provided by trained community volunteers at community service points.

The Joint Team implemented a series of combination prevention programmes to expand access to HIV services for adolescent and young people. In- and out-of-school CSE programmes were scaled-up in target provinces reaching over 250 000 learners. In partnership with the Ministry of General Education, 618 teachers were trained to build their capacity on delivery of CSE in classrooms. 112 schools were abetted to improve the quality of their CSE prospectus and increase uptake of adolescent and sexual reproductive health services.

An assessment was conducted to examine sexual debut and risk taking among adolescent and young people. With technical support from the Joint Team, data was collected from 2114 adolescents and young people aged 12-24 years from 23 targeted primary and secondary schools in Mufumbwe and Solwezi. A gender comparison suggested that boys initiated sexual activity earlier than girls, yet there was an equal proportion of boys and girls initiating sex at the age of 16 years. Results further underscored the need to empower girls to fully realize their professional or career goals, and subsequently lead productive lives, through accentuating their access to high quality education that includes CSE and adolescent-responsive health services. The study findings will inform policy directions, and this linkage model of young people and adolescents to sexual and reproductive health services will be scaled-up to other schools in 2021.

To scale-up quality voluntary medical male circumcision (VMMC) services in Zambia, the Joint Team technically contributed to the development and implementation of various national VMMC guidelines. These included the Guidelines on Quality Improvement for VMMC Service Delivery in Zambia; Transition and Sustainability Plan for VMMC Programme; National Social Behaviour Change Communication Strategy for VMMC 2019–2022; VMMC National Operational Plan 2021-2025, and the VMMC Online Training Hub (OTH)—an e-learning platform that provides training modules and materials for healthcare providers working on VMMC. VMMC services were provided in two refugee camps, Mantapala and Mayukwayukwa, benefiting 1414 boys and men. Moreover, trained community healthcare workers and reproductive health promoters were supported to sensitize 149 320 refugees on SRH in those camps, as well as in Meheba camp.

In 2020, 2384 people from key populations were reached via outreach initiatives and accessed various services, including SRH, HIV testing, STI and malaria screening, PrEP, pregnancy testing, blood pressure checking, and condom distribution. In addition, 29 people from key populations in Mayukwayukwa and Mantapala camps received PrEP services.

PMTCT COVERAGE

POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

As a result of technical support to the Ministry of Health, a PMTCT and paediatric HIV dashboard was developed for the District Health Information Software II (DHIS2) to monitor programme implementation and progress towards achieving national and global goals on elimination of mother-to-child transmission of HIV. The dashboard was piloted in five provinces—Central, Copperbelt, Eastern, Lusaka, and Western—starting from end 2020 with a plan to complete the nationwide rollout of the dashboard by end 2021.

In 2020, 668 pregnant refugee women and pregnant women from the host community were reached with PMTCT services in Mayukwayukwa and Mantapala camps.

Based on evidence that majority of new mother-to-child transmission of HIV occur during the breastfeeding period, the Joint Team advocated and provided technical assistance for the inclusion of a guidance on HIV retesting within the pregnancy and breastfeeding period in the national HIV testing guidelines. The Joint Team also continued supporting health programmes that include SRH and PMTCT services for women in childbearing age. For example, support was provided for service quality assessments of PMTCT and paediatric HIV services which was followed by mentorship of health workers to improve quality of HIV testing, as well as treatment adherence counselling and documentation in three provinces. A total of 135 health workers received clinical mentorship following service quality assessments in 12 health facilities in Lusaka and Western Provinces.

In 2020, the Joint Team initiated a high-level advocacy initiative to raise awareness on the benefits of accessing early antenatal care and HIV services among pregnant and breastfeeding women, and male active engagement in HIV, SRH and PMTCT care. In this regard, public service announcements on these areas comprising messages by the First Lady of Zambia were developed and aired for a month on a national TV and radio broadcasting station with viewership and listenership across the country.

The Joint Team successfully advocated for the inclusion of guidance on implementation of PMTCT interventions tailored for adolescent girls and young women in the Adolescent HIV Surge—a national concept note guiding on accelerating efforts for addressing the HIV epidemic response among adolescents and young people.

HEALTH INTEGRATION, SYSTEM STRENGTHENING AND SUSTAINABILITY POLICY DIALOGUE; TECHNICAL SUPPORT; CAPACITY BUILDING

In 2020, various capacity building trainings and mentorship programmes were conducted to build capacity of healthcare providers on integrated SRH, HIV and GBV service delivery. About 264 health providers were trained on integration and delivery of SRH, HIV, GBV services; 154 healthcare workers in 27 facilities received coaching on integrated adolescent friendly services; 150 peer educators had capacity building training on demand creation for adolescent health services both at facility and community levels; and 150 healthcare workers received training on client-centred rights-based integrated services, including the provision of quality post abortion care and post abortion family planning. Additional eight trainings were conducted in target districts of selected frontline service providers on the delivery of integration of HIV, SRH, GBV services for key populations.

The Joint Team supported the development and submission of the Global Fund 2021-2023 grant mobilizing US\$ 262 431 537 to improve and expand HIV and tuberculosis services in Zambia. This included, management of HIV co-morbidities, such as hepatitis B and C among people living with HIV who are on ART; procurement of viral hepatitis and dual HIV/syphilis testing kits; scale-up of PMTCT services tailored for adolescent and young mothers living with HIV; and capacity building for mentor mothers to ensure adherence and retention among pregnant and breastfeeding mothers living with HIV. The Joint Team also promoted and financially supported the active participation of key populations in the Global Fund 2021-2023 grant proposal development process.

CONTRIBUTION TO THE COVID-19 RESPONSE

The Joint Team supported the Government to develop a national guideline on continuity of HIV and essential health services to minimize the impact of COVID-19 pandemic and subsequent restrictions on people living with HIV and key populations. The guideline included HIV self-testing and prevention, family planning, viral hepatitis management, PrEP, and scaling-up multi-month dispensing of ART and tuberculosis treatment.

The COVID-19 pandemic affected a significant proportion of healthcare providers across the country, further compounding service delivery of both COVID-19 and continuity of essential services including for those living with HIV and/or affected by tuberculosis. In this view, the Joint Team provided financial support for procurement of COVID-19 personal protective equipment (PPE), such as medical masks, examination gloves, gowns, protective goggles, face shields, respirators FFP2/N95, scrubs, heavy duty aprons, and gloves for healthcare providers and community.

Technical and financial support was also provided to the Ministry of Home Affairs to reduce COVID-19 infections and subsequent mortality in prisons and the points of entry in Zambia. This included procurement and distribution of 2000 surgical gloves, 2000 cloth face masks sewn by inmates, 200 N95 masks, 500 bottles of disinfectant, and 1000 pieces of information education and communication materials, infographics leaflets, and posters. Capacity building was also provided for 20 prison healthcare workers and 45 prison staff improving their knowledge on COVID-19 case identification and operating procedures in prisons—the 45 general staff were also trained on HIV and tuberculosis prevention and services.

The Joint Team supported the Ministry of General Education by developing and disseminating 25 000 child and youth friendly COVID-19 booklets in five provinces—Central, Eastern, Lusaka, North-Western, and Southern. Solar powered radios were also procured and distributed in the five provinces to promote access to youth talk and radio educational programmes, especially during the COVID-19 pandemic. To protect young people from COVID-19 infection, the Joint Team procured and distributed 25 000 face masks for learners in schools in the five provinces and 1000 branded foot operated hand washing stations were donated for learners in schools in four provinces—Central, Eastern, North-Western, and Southern.

In collaboration with the Zambia Network of Young People Living with HIV, an awareness raising initiative was organized to reach 400 members from the network with COVID-19 risk reduction messages. The initiative also sought to sharpen advocacy efforts for continuity of treatment and psychosocial support for HIV services for adolescent and young people.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team in Zambia is contributing to the realization of the 2030 Agenda through implementation of the United Nations Sustainable Development Partnership Framework (2016-2021). For example, following the Delivering as One approach, support is being provided for the economic development and resilience of vulnerable farmers in Zambia, and work is ongoing to change social norms and achieve gender equality, including by tackling female genital mutilations.

The Joint Team, in collaboration with the National AIDS Council, held a high-level policy dialogue with representatives from the Ministry of Health, Ministry of Justice, Ministry of Gender, Ministry of National Guidance and Religious Affairs, and the Ministry of Home Affairs to discuss social, legal and policy barriers of access to SRH and health services among vulnerable and key populations. Participants underlined their commitment to improve integrated HIV, SRH, GBV and other health services to improve the health outcomes of the people in Zambia.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic has derailed the national HIV response, including with disruption of HIV prevention, testing and treatment services impacting health outcomes of people living with HIV and key populations, and threatening progress towards ending the AIDS epidemic.</p>	<p>Continue to provide technical and financial support to the National AIDS Council and the Ministry of Health to raise awareness about continuity and availability of essential health services, including HIV prevention, facility-based, at workplaces and self-testing of HIV, family planning, ART, PrEP, PMTCT, viral load testing, viral hepatitis management, and tuberculosis preventive services during the COVID-19 pandemic.</p> <p>Continue to provide technical and financial support to the Zambia Network of Young People Living with HIV to engage in income generation activities to mitigate the negative impact of the COVID-19 pandemic on the livelihoods of people living with HIV.</p>
<p>Specific challenges faced by key populations hinges on the lack of comprehensive sexual and reproductive health and rights, HIV prevention, treatment, and care programmes in Zambia. The focus on addressing policy, legal, institutional and facility level barriers to key populations service accessibility should be strengthened.</p> <p>Continued discrimination, stigma, and criminalization of sex work, same sex practices, and injecting drug use are some of the challenges impeding the national HIV response.</p>	<p>Continue to provide technical support on evidence generation and documentation on stigma and discrimination and other barriers to access healthcare among key populations.</p> <p>Continue to support capacity building efforts among health professionals for tailored services for key populations in Zambia.</p>
<p>Irregular implementation of HIV services in workplaces and inadequate HIV knowledge among young people continue to pose challenges in Zambia.</p>	<p>Support intensification of health promotion initiatives on HIV and reducing co-morbidities in workplaces and learning institutions at higher level.</p> <p>Support the Zambia Federation of Employers to scale up the rolling out of HIV self-testing in workplaces.</p> <p>Support the National AIDS Council to review and update the National Workplace HIV and AIDS Policy, as well as the development of a Workplace Wellness, HIV and AIDS and Tuberculosis Policy for Zambia.</p>

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