



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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**Zambia**  
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## Country Situation

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AIDS is the most serious threat to the development agenda in Zambia. Most Millennium Development Goals (MDGs) will not be achieved unless the response to HIV prevention, treatment, care and support is scaled-up. 15.2% of the adult population, according to the 2001 DHS, are infected. (New data in April 2007). With 18% of women and 13% of men infected countrywide. Girls aged 15-19 years are disproportionately affected as they are nearly four times more likely to be infected than boys their own age. The number of persons dying as a result of AIDS is estimated to be approximately 90 000 per year, leaving behind a growing number of orphans, currently estimated at 801 000. Progress has been made although much more needs to be done. Approximately 25% of HIV positive women receive a complete course on antiretroviral therapy prophylaxis to reduce the vertical transmission of HIV. Just over 13% of the adult population have been tested for HIV and know their HIV status. While there has been massive scaling-up of treatment services with antiretroviral therapies, with about 134 000 people receiving the life-saving drugs, this represents about 30% of women and men who need to be on treatment; of these, only 8% are children. Just 13% of orphans and vulnerable children receive free basic external support and although up to 70% of PLHIV are coinfecting with tuberculosis (TB), much more still needs to be done to make TB treatment and control an entry point into HIV management. To compound the service delivery crisis, Zambia is in the midst of a human resources crisis. At the present time, a humanitarian floods crisis has devastated livelihoods and PLHIV from a significant vulnerable subpopulation. The Government of Zambia, civil society, private sector and cooperating partners have recognized the need to do more to effectively tackle AIDS. There is a National AIDS Strategic Framework 2006-2010, described within the 5th National Development Plan (FNDP) 2006-2010, that provides the basis for coordinating the work of all partners, developed by the multisectoral National AIDS Coordinating Authority (NAC). A prioritized national action plan for 2007 reflected the 2007 priorities. An agreed M&E framework provides the indicators that all partners will contribute to. The NAC, formed as an Act of Parliament, has decentralized offices at the provincial and district levels. These structures continue to play a key role in coordination, planning and M&E. The Joint Assistance Strategy for Zambia describes how the cooperating partners should harmonize their support to Zambia with the AIDS sector being led by the UN for the period of the FNDP, supported by DfID. UNAIDS provides a key entry point for government, civil society and the private sector to access technical support and information related to AIDS. UNAIDS convenes the Cooperating Partners (CPs) on a monthly basis.

### **UNAIDS activities at country level during 2007**

The Joint UN Team on AIDS in Zambia has developed a joint UN programme of Support on AIDS in which it has defined its support to the national response, based on its comparative advantage. Technical and financial support was provided.

1. UN support to achieve an effective and efficient NAC that is able to fulfill its mandate – District and Provincial AIDS Coordination Advisers nationally have been provided to support coordination, planning M&E at the decentralized levels. These advisers work with representatives of civil society, private sector, government ministries and cooperating partners in AIDS Task Forces. With the UN support, capacity building has been conducted resulting in better prioritized action plans at lower levels, monitoring of the national targets and collection of data, knowledge of the CRIS to be installed in 2008. In addition, UN provided support to the NAC to conduct the National AIDS Spending Assessment, population of the UNAIDS Modes of Transmission model, the drivers of the epidemic consultation, the 5-year GFATM evaluation, the 2007 Demographic and Health Survey and the ANC Sentinel surveillance survey. In addition, the UN provided technical and financial support to 2 joint missions in the western and northern province.
2. UN support to improve access to an effective and comprehensive package of prevention services – technical assistance was provided to the Ministry of Health to finalize the PMTCT guidelines and to train nurses and doctors on the new guidelines. A national scale-up plan on PMTCT with targets was also implemented. The development of a national condom strategy was supported by the UN with capacity for enhancement of the institutions involved.
3. UN support to improve access to treatment, care and support – finalization and implementation of the national antiretroviral therapy plan with targets developed, including for children. Food provision.
4. UN support to national institutional capacity to mitigate the socio-economic impact for PLHIV and their families – Parliamentarians, Judges, Zambia Development Law Commission, Gender in Development Division.

### **UNAIDS achievements at country level during 2007**

#### ***Technical assistance and capacity building***

By far, the most support provided by the Joint UN Team has been technical assistance (permanent staff & consultancies). In total, there are 28 staff working both full-time and part-time on AIDS with a range of expertise within all 13 UN organizations. This is reflected in our annual workplan. In 2007, the Joint UN team contracted consultants to work with a range of partners – the NAC, line ministries and civil society. The main focus of TA was on strategic and action

planning and M&E for all groups, followed by TA to support resource mobilization and utilization. Capacity building for NAC and line ministries remains a key activity for our 2008 plan of action.

### ***Joint UN planning and programming***

The first year of implementation of the Joint UN Programme of Support on AIDS, working as one, with one workplan and one budget, has been a challenge. The Joint Team works with the division of labour respected by staff from all agencies.

Feedback from national partners had been encouraging. One entry point for technical support - UNAIDS - for the NAC - has meant that we have reduced duplication of activities and time wastage. The division of labour has also meant that representation at fora is strategic and not random. We have developed a technical support services directory which we hope will make us more accessible and relevant.

### **Main challenges / activities for 2008**

- ▶ Sustaining a full-scale AIDS response over at least another generation. This means that AIDS needs to be part of everyone's agenda. There is a need to engage the private sector and traditional leaders more and ensure that the relationship between government and civil society is strengthened. Even more emphasis needs to be put on the meaningful engagement of PLHIV especially at service delivery level
- ▶ Scaling-up meaningful and relevant HIV prevention activities – based on a sound understanding of the modes of HIV transmission in Zambia. This will probably involve tackling the sensitive issues which are drivers of the epidemic.
- ▶ Achieving full, predictable and sustained financing of the AIDS response. Noting that the government financial commitment is a fraction of what is required, more resources will be required, if the national target on prevention, treatment, care and support is to be achieved. Those PLHIV who have been started on antiretroviral therapy will need to continue. The need to get AIDS funding onto the Mid-Term Expenditure Framework (MTEF) will ensure long-term financial planning.
- ▶ AIDS must remain at the centre of the development agenda and not be treated as just another disease since the human impact on most productive Zambians is very significant.