

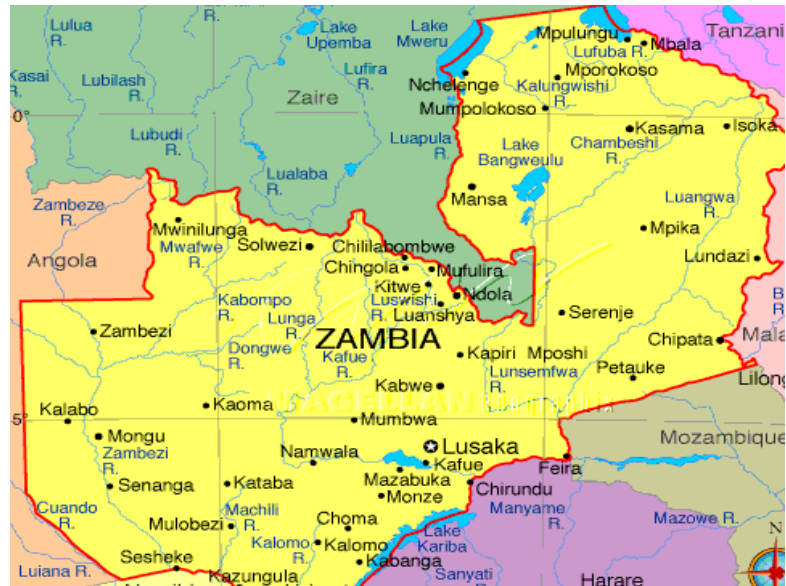


Facts about HIV/AIDS in Zambia

Contact Info:

The Republic of Zambia and its nine provinces had an estimated 2009 population of 12,896,830¹. HIV prevalence among adults 15-45 years of age is estimated to be 14.3% (12.3% in men and 16.1% in women).²

Provincial and district data on population, people living with HIV, and orphans and vulnerable children (OVC) in Table 1 are drawn from projections based on the 2000 Census. These are currently the only estimates available at this level of detail but they differ slightly from more recent estimates such as those above. Sophisticated modelling techniques will be used to develop new estimates in the near future, based on the 2010 Census and multiple HIV prevalence indicators.



Republic of Zambia

The effects of HIV first became noticeable in Zambia in the late 1970s and 1980s, and the first reported AIDS case was reported in 1984. The Government of Zambia responded by developing a coordinated national strategy and response. Since the late 1990s, Zambia has received international aid to support HIV/AIDS programmes.

Table 1. Summary of National and Provincial Statistics, 2009

Area	Est. Population ³	Est. HIV Prevalence ²	Est. #PLWHA ³	PLWHA %female ³	Est. # OVC ³	% OVC single ³	% OVC double ³
Zambia	9,885,591	12.3%	889,108	54.9%	1,320,026	87.3%	12.7%
Central	1,012,257	12.7%	84,993	52.8%	124,920	88.6%	11.4%
Copperbelt	1,581,221	16.0%	259,111	53.5%	346,477	84.8%	15.2%
Eastern	1,306,173	11.3%	80,560	56.3%	124,207	89.4%	10.6%
Luapula	775,353	9.4%	50,959	52.8%	95,025	90.1%	9.9%
Lusaka Province	1,391,329	17.7%	144,640	55.3%	176,575	83.9%	16.1%
Northern	1,258,696	6.9%	65,772	58.8%	129,167	92.4%	7.6%
North-Western	583,350	7.4%	27,795	46.5%	54,011	91.4%	8.6%
Southern	1,212,124	13.8%	118,417	54.7%	181,299	87.0%	13.0%
Western	765,088	10.8%	56,861	63.6%	88,345	86.0%	14.0%

¹ Projected Mid-Year Population 2000 -2009, CSO, Vol 74, *The Monthly*

² 2007 Zambia Demographic and Health Survey

³ 2009 Epidemiological Projections Report. Single orphans refer to children with only one parent; double have lost both parents.

HIV & Risk in Zambia

Data from the 2007 Zambia Demographic and Health Survey (DHS)⁴ identify factors that may increase the likelihood HIV infection will continue to spread. Data on selected factors are presented below.

Adults:

- 13% of women and 28% of men had higher risk intercourse in the past 12 months
- 5% of men ages 15-49 paid for sexual intercourse in the past 12 months
- 35% of women have ever been tested for HIV and received their test results, and 19% of women have done so in the past 12 months
- 20% of men have ever been tested for HIV and received their test results, and 12% of men have done so in the past 12 months
- 63% of women and 46% of men know HIV can be transmitted by breastfeeding, and risk of MTCT can be reduced by the mother taking special drugs during pregnancy
- 37% of pregnant women were counselled and tested for HIV and received their results
- 7% of women report living in a household where the man is infected with HIV and the woman is not infected; 5% of men report living in a household where the woman is infected with HIV and the man is not infected
- 13% of men ages 15-49 report being circumcised, contrasted with 13% of all men in Zambia
- 4% of adults (women and men) tested positive for syphilis infection

Youth:

- 9 % of women and 4% of men 15-24 years of age who were tested were infected with HIV
- 59% of women and 51% of men ages 18-24 reported having their first intercourse before age 18
- Of women 15-24 years of age, 29% had premarital sex in the past 12 months, 31% had higher risk intercourse in the past 12 months, and 8% had sex when drunk or with a partner who was drunk within the past 12 months
- Of men 15-24 years of age, 38% had premarital sex in the past 12 months, 78% had higher risk intercourse in the past 12 months, and 5% had sex when drunk or with a partner who was drunk within the past 12 months

Orphans and Vulnerable Children

Nearly 1,300,000 children in Zambia (19% of all children) are estimated to be orphaned or vulnerable due to illness in the household, and 15% of children under age 18 have one or both parents dead. The 2007 DHS found:

- 88% of OVC ages 10-14 attend school, contrasted with 91% of non-OVC
- 53% of OVC ages 5-17 possess all three basic material needs, contrasted with 56% of non-OVC
- 16% of OVC under 18 years live in households receiving at least one type of external support to care for the children

⁴ 2007 Zambia Demographic and Health Survey

Drivers of the Epidemic

The HIV epidemic in Zambia is driven by six major factors: Multiple concurrent partnerships, low condom use, low circumcision uptake, mobility and labour migration, vulnerable and marginalized groups, and vertical transmission from mother to child.⁵³

National Response to HIV/AIDS

The National, Provincial, and District response to HIV/AIDS in Zambia is monitored and evaluated through a decentralized framework. There are three important volunteer groups in the provinces that lead the monitoring and evaluation (M&E) process. The Provincial AIDS Task Force, managed by the Provincial AIDS Coordinating Advisor, is responsible for coordinating all HIV-related initiatives in the province, and for overseeing M&E using the National AIDS Reporting Form (NARF). The District AIDS Task Force, managed by the District AIDS Coordinating Advisor, and the Community AIDS Task Forces, besides coordinating local HIV-related initiatives, are responsible for collecting and submitting the NARF from all implementing sites in their region on a quarterly basis.⁶ The findings presented below reflect the impact of NAC policy guidance, coordination across multiple sectors, as well as the impact of MoH and other providers' HIV-related service.

Selected National responses to the HIV/AIDS epidemic, based on the NARF data, are summarized below and in Table 2; selected trends are illustrated in graphs. These activities took place in 5,725 organizations (FBOs, CBOs, DPOs, and NGOs), 1,967 of which had functional M&E systems linked to the national M&E system. The data represent activities underway from 2006

through September 2009 and are necessarily incomplete.

HIV Prevention:

- educational activities reached 984,956 15-24 year olds with life skills based HIV/AIDS education as well as 300,798 employees in worksites
- 13,195 outlets distributed 24,723,871 condoms through community sites and 24,555,512 through medical sites
- 4,490,972 IEC materials were distributed with up to 33% produced locally
- 2,056 service providers and 7,156 traditional healers were trained in infection prevention

HIV Testing:

- 864,693 people were tested for HIV at VCT and received their test results
- 1,296 facilities provided VCT services, and 3,910 professional and 3,580 lay/community providers were trained to provide these services

HIV Treatment:

- 796,079 persons with advanced HIV infection received ARV therapy
- 9,554 HIV positive pregnant women received a complete course of ARV prophylaxis
- 18,887 infants were tested for HIV and received results, 11,887 received a 2-month check up, and 6,901 received co-trimoxazole prophylaxis
- 404 sites provided ART in 71 districts, and 5,279 service providers and 6,531 community adherence supporters were trained to provide these services
- 1,081 sites provided PMTCT in 71 districts, and 4,048 professional and 3,368 lay/community health providers were trained to provide these services
- 4,370 service providers were

⁵ Zero Draft, HIV/AIDS Chapter, SNDP (2010)

trained in diagnosis and treatment of STI

HIV Care:

- 4,042 service sites provided HIV palliative (including TB/HIV) care, to 227,143 individuals, and 58,089 individuals were trained to provide these services
- 202,704 people enrolled in CHBC programs and 5,760 support groups served 148,260 people
- 1,831,431 OVC received care and support, 4,476 organizations were funded to provide these services, and 18,759 street children were reintegrated into homes

Lessons Learned

This initiative marks the first where multiple years of National and Provincial data gathered through the decentralized National AIDS Reporting Form monitoring and evaluation system have been presented. This provides an opportunity to evaluate the impact of HIV/AIDS programs over the last five years, and to also highlight the areas of need for the next five years. Some trends suggest clear opportunities for reinforcement and investment, however, data points that appear unusual or peculiar should be viewed with caution.

Limitations of the NARF Data:

- Though these data provide an important foundation for understanding the community-based response, many people and processes are necessary to collect valid and accurate data. Given the multiple steps in reporting and data summation, it is possible that data points may have been mis-measured, mis-recorded, or entered incorrectly into the data tracking system.
- NARF data do not include denominators. For example, NARF data provide information on

the number of HIV positive pregnant women who received ARV prophylaxis, but not on the proportion of all HIV positive pregnant women received ARV.

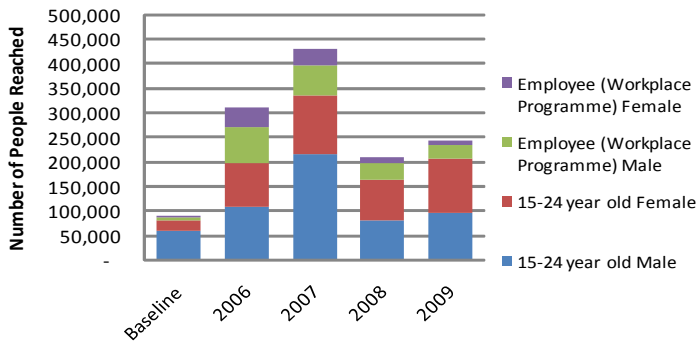
- It must also be noted that these data rely on all implementing agencies doing their part by completing and submitting the NARF. It has been noted in district assessments that this is not always the case.
- The NARF was modified in 2007 to include some variables that were not collected in 2006. In such instances, "n/a" is shown in Table 2. However, for graphing purposes and to show a trend line, the midpoint between the baseline and the 2007 data point was calculated.

The summation and presentation of these five years of data provide one basis on which to assess and review the decentralized monitoring and evaluation process, and to identify methods for continuous quality improvement. This is a critical and opportune time to do so, as the National HIV/AIDS/STI/TB Strategic Framework and M&E Plan will be reviewed and revised for the five year period of 2011-2015, and the M&E process will be rolled-out with renewed support.

This factsheet has been developed in collaboration with the Republic of Zambia National HIV/AIDS/STI/TB Council, by the National Alliance of State and Territorial AIDS Directors (NASTAD), with the support of CDC Zambia.

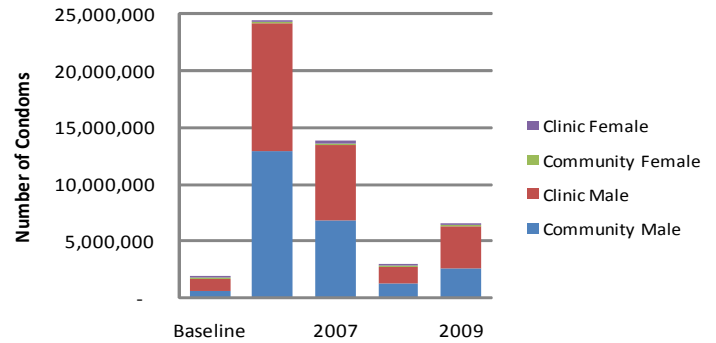
This publication was supported by Cooperative Agreement Number 1U2GPS001617 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

Graph 1: Trends in HIV Education - Male and Female Youth (15-24 years old) and Employees (District NARF Data, 2006 - Q3 2009)



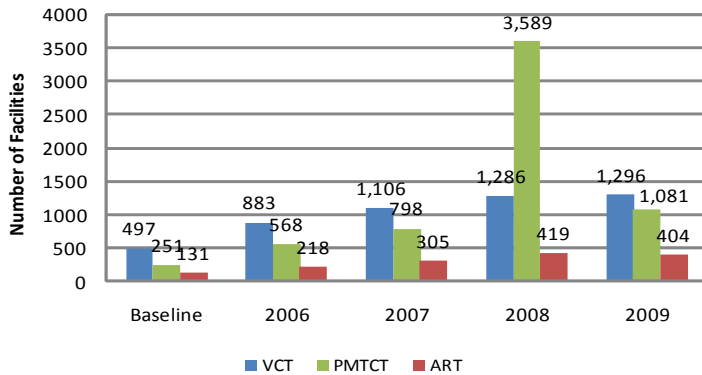
Each year since baseline (2005), more people have been reached for HIV/AIDS education and sensitization. The majority of this occurred in youth ages 15-24, when compared to workplace programmes targeting employees. Slightly more males were reached than females.

Graph 2: Total Number of Male and Female Condoms Distributed at Community and Clinical Sites (District and MOH NARF Data, 2006 - Q3 2009)



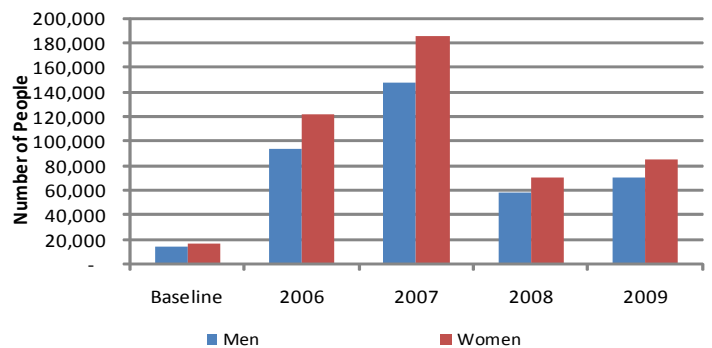
In 2006, close to 25 million condoms were distributed in Zambia. In the three years since 2006, condom distribution has been lower, with only about 3 million distributed in 2008. About 98% of the condoms distributed are male condoms.

Graph 3: Number of Facilities Providing VCT, PMTCT, and ART (MOH NARF DATA, 2006 - Q3 2009)



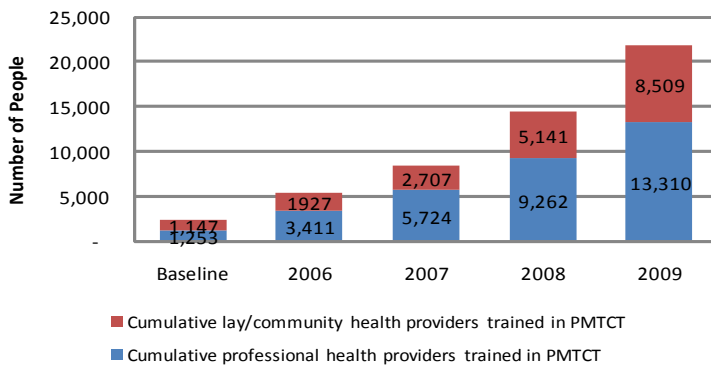
There has been a tremendous scale up of HIV/AIDS related services in Zambia over the last five years. The number of VCT sites has more than doubled. The number of PMTCT and ART sites has almost quadrupled.

Graph 4: Number of Males and Females Tested for HIV and Received Results (MOH NARF Data, 2006 - Q3 2009)



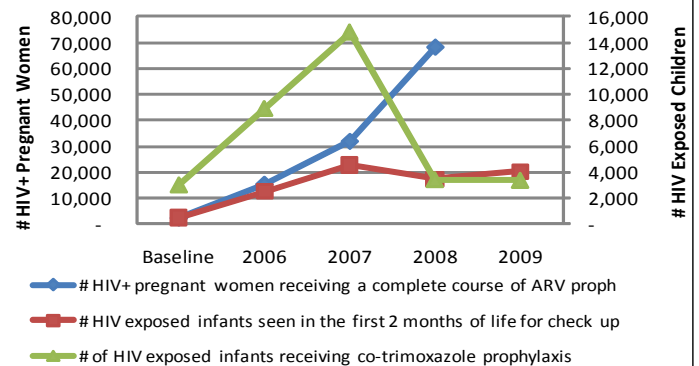
In Zambia, the rates of HIV testing have slowed over the last two years. Women are more likely than men to be tested for HIV and to receive results. For every four men who know their HIV status, five women do.

Graph 5: Growth in Capacity for PMTCT Services - Personnel (MOH NARF, 2006-Q3 2009)



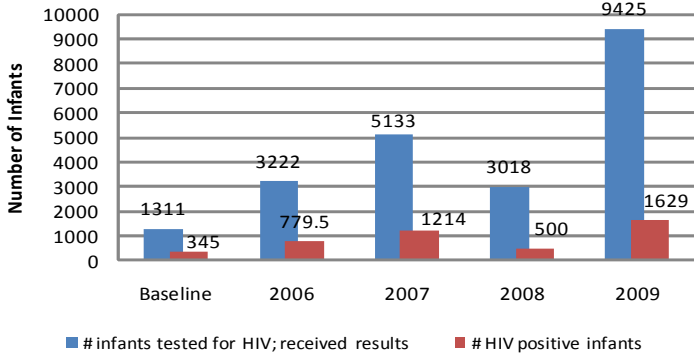
Over the last five years there has been a large increase in capacity for PMTCT services in Zambia. Not only are there four times as many sites (Graph 3), there are more than 10 times more trained personnel.

Graph 6: PMTCT Service Delivery Trends - HIV+ Pregnant Women and HIV Exposed Children (MOH NARF Data, 2006-Q3 2009)



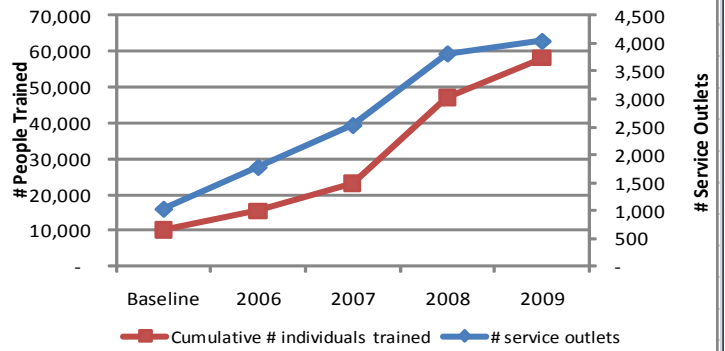
There has been an increase in the number of HIV positive pregnant women who receive medication to reduce HIV transmission to their unborn children. Needs remain for medical outreach and support for HIV positive women and their newborn children.

Graph 7: PMTCT Service Delivery Trends - Infants Tested for HIV (with results) and # HIV+ (MOH NARF Data, 2006 - Q3 2009)



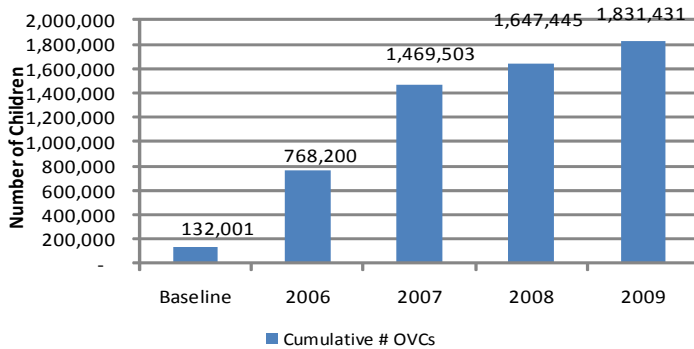
In the first two years for which data are available, about 25% of children born to HIV positive mothers, who were tested, were found to be HIV+. Since then, the rate has fallen to 17%. This trend likely reflects the growth in PMTCT capacity and increased.

Graph 8: Growth in Capacity for Palliative Care - Personnel and Service Locations (MOH NARF Data, 2006 - Q3 2009)



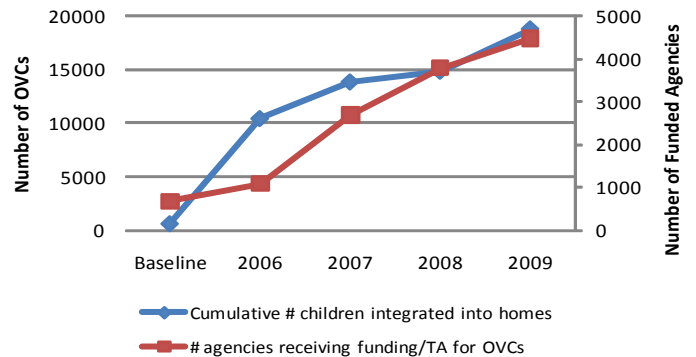
Similar to other HIV/AIDS services, capacity for palliative care has increased tremendously over the last five years. There are four times as many service outlets, and almost six times as many service providers.

Graph 9: Cumulative Orphans and Other Vulnerable Children Receiving Care and Support Services (District NARF Data, 2006 - Q3 2009)



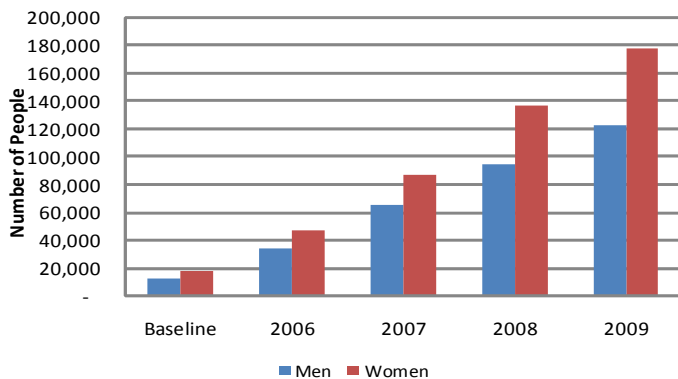
The number of orphans and vulnerable children who are receiving care and support has increased significantly. In 2005 there were 132,000 OVC receiving support. In 2009, more than 13 times that number receive support.

Graph 10: Orphans and Other Vulnerable Children Reintegrated into Homes and Agencies Receiving Support for OVCs (District NARF Data, 2006 - Q3 2009)



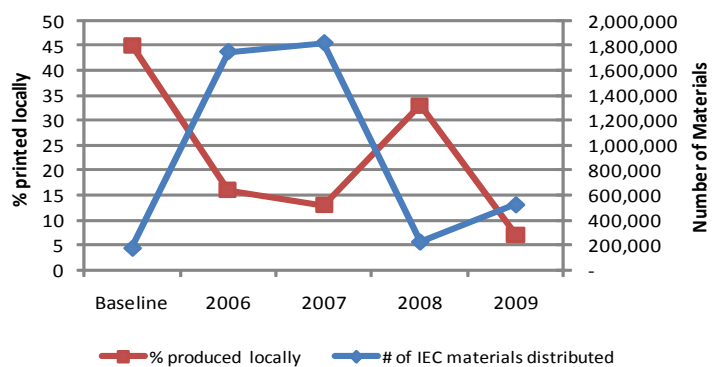
There are a large number of services available for OVCs. In 2009, there were over 4,000 community-level programs, up from 667 in 2005. Likely related to this, there has been a huge increase in the number of OVC reintegrated into homes in this period.

Graph 11: Number of People with Advanced HIV Receiving ART (MOH NARF Data, 2006 - Q3 2009)



Over the past five years, there has been a 10 fold increase in the number of people with advanced HIV who receive ART; totalling 300,836 in 2009. More women than men on ART, likely because more women know their HIV status (Graph 4).

Graph 12: Number of IEC Materials Distributed and % Produced Locally (District NARF, 2006 - Q3 2009)



In 2006 and 2007, a great number of IEC materials were distributed in Zambia. Distribution dropped to about one-sixth of this level in 2008 and 2009. About 25% of the materials are designed and printed locally to better target the community.

Table 2: Zambia NARF Data Presented by Program Area (Baseline & 2006- Q3 2009)

	Baseline	2006	2007	2008	2009	Total
HIV Prevention						
C # of IEC materials distributed (% printed locally)	176,040 (45%)	1,748,165 (16%)	1,818,408 (13%)	225,428 (33%)	522,931 (7%)	4,490,972
C # 15-24 year olds who receive life skills based HIV/AIDS education (% female)	80,242 (27%)	197,740 (45%)	335,331 (36%)	164,734 (50%)	206,909 (54%)	984,956
C # condoms service outlets providing condoms	2,333	n/a	5,734	15,252	13,195	13,195
C # condoms distributed - Community sites(% female)	656,895 (11%)	13,024,128 (1%)	7,016,452 (2%)	1,302,548 (4%)	2,723,848 (3%)	24,723,871
M # condoms distributed - Medical sites (% female)	1,107,525 (1%)	11,409,926 (2%)	6,777,628 (3%)	1,533,655 (2%)	3,726,778 (1%)	24,555,512
M # service providers trained in infection prevention	327	n/a	1,799	2,113	2,056	6,295
C # traditional healers trained in infection prevention (national standards)	1,873	n/a	4,308	6,207	7,156	19,544
C # employees trained to provide HIV behaviour change to fellow employees	2,472	22,927	3,617	4,364	2,305	35,685
C # employees reached through workplace programmes (% female)	11,072 (38%)	113,947 (37%)	94,296 (34%)	46,208 (30%)	35,275 (24%)	300,798
HIV Testing						
	Baseline	2006	2007	2008	2009	Total
M # facilities providing VCT services	497	883	1,106	1,286	1,296	1,296
M # professional providers trained to provide VCT services	2,021	2,969	3,297	3,827	3,910	13,055
M # lay/community providers trained to provide VCT services	1,384	n/a	2,154	3,081	3,580	10,199
M # tested for HIV at VCT and receiving their test results (% female)	30,685 (54%)	215,919 (57%)	333,615 (56%)	128,852 (55%)	155,622 (55%)	864,693
HIV Treatment						
	Baseline	2006	2007	2008	2009	Total
M # districts with facilities providing ART services	71	n/a	71	71	71	71
M # of public/private facilities for ART (% w/o ARV drug stock outs of >2 wks)	131 (99%)	218 (100%)	305 (100%)	419 (100%)	404 (100%)	404
M # persons with advanced HIV infection receiving ARV therapy (% female)	30,103 (58%)	81,298 (58%)	152,301 (57%)	231,541 (59%)	300,836 (59%)	714,781
M # community adherence supporters trained to provide ART services	1,261	n/a	2,970	5,329	6,531	16,091
M # service providers trained to provide ART services	1,026	2,394	4,050	5,382	5,279	15,737
M # service providers trained in dx/tx of STIs; national guidelines	2,577	n/a	2,701	3,170	4,370	12,818
M # HIV+ pregnant women receiving a complete course of ARV proph	2,396	15,364	31,831	67,999	9,554	111,780
M # professional health providers trained in the provision of PMCT	1,253	2,158	2,313	3,538	4,048	11,152
M # lay/community health providers trained to provide PMTCT	1,147	n/a	1,560	2,434	3,368	8,509
M # districts with facilities providing PMTCT services	71	n/a	71	71	71	71
M # district facilities providing PMTCT services	251	568	798	3,589	1,081	1,081
M # infants tested for HIV and receiving test results (% HIV+)	1,311 (26%)	n/a	5,133 (24%)	3,018 (17%)	9,425 (17%)	18,887
M # HIV exposed infants seen in the first 2 months of life for check up	504	n/a	4,546	3,473	3,364	11,887
M # of HIV exposed infants receiving co-trimoxazole prophylaxis	3,018	n/a	14,772	3,424	6,901	28,115
HIV Care						
	Baseline	2006	2007	2008	2009	Total
C # service outlets providing HIV related palliative care including TB/HIV	1,027	n/a	2,531	3,818	4,042	4,042
C # individuals provided with HIV palliative care including TB/HIV	24,024	n/a	124,556	39,457	39,106	227,143
C # individuals trained to provide HIV palliative care including TB/HIV (% female)	10,190 (57%)	15,508 (62%)	23,177 (57%)	47,078 (60%)	58,089 (60%)	138,534
C # chronically ill people enrolled in CHBC programs (% female)	31,263 (58%)	84,338 (58%)	141,096 (55%)	188,025 (54%)	202,704 (55%)	563,088
C # PLWHA enrolled in PLWHA support groups (% female)	9,374 (60%)	49,757 (60%)	93,349 (61%)	126,772 (60%)	148,260 (60%)	377,755
C # PLWHAs support groups	583	2,177	3,293	4,748	5,760	5,760
C # OVCs receiving care and support from CBOs./NGOs/FBO/DPOs (% female)	132,001 (54%)	636,199 (52%)	701,303 (53%)	177,942 (49%)	183,986 (50%)	1,831,431
C # street children reintegrated/integrated into homes (% female)	629 (55%)	9786 (42%)	3,403 (42%)	999 (40%)	3,942 (53%)	18,759
C # CBOs/NGOs/ FBOs/DPOs receiving funding/TA to care/support OVCs	677	1,081	2,689	3,783	4,476	4,476
M&E						
	Baseline	2006	2007	2008	2009	Total
C # FBOs, CBOs, DPOs and NGOs (% with HIV/AIDS action plans)	2,259 (54%)	n/a	3,593 (62%)	5,094 (64%)	5,725 (68%)	5,725
C # FBOs, CBOs, DPOs and NGOs with full-time focal point persons for HIV/AIDS	818	n/a	1,419	1,770	2,221	2,221
C # orgs with functional M&E systems linked into the national M&E system	334	n/a	1,051	1,487	1,967	1,967
C # institutions/organisation with full-time M&E persons	186	n/a	460	674	1,070	1,070

C Community-level NARF: data collected from implementing sites quarterly
M Health Facility NARF: data collected from the Ministry of Health quarterly

Cumulative	New incidents are reported each quarter; all added to measure total
Additive/Current	A current measure is calculated each month, accounting for old and new incidents; total is most recent