

Approved



Zambia

Country Operational Plan

FY 2014

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.



Operating Unit Overview

OU Executive Summary

COUNTRY CONTEXT

Zambia is a landmass covering 741,000 square kilometers (286,000 square miles) and is geopolitically divided into ten provinces and more than 100 districts. The country has a population reported at 13,092,666 by the 2010 Census of Population and Housing, a 32% growth between 2000 and 2010. With around three % annual rate of population growth, more recent estimates place the population at over 14 million people. Approximately 60% of Zambia's population lives in rural areas with low population density, while the rest live in urban areas along the line of rail.

Over the past decade, Zambia has recorded significant improvements in its generalized HIV epidemic. The 2013 UNAIDS Report on the Global AIDS Epidemic reports Zambia has reduced new infections by at least 50% between 2000 and 2012. New adult HIV infections have decreased by 60% while the number of HIV-related deaths has been halved. These improvements have been attributed to a combination of HIV interventions ranging from the biomedical to the socio-behavioral. For 2013, more Zambians were newly started on antiretroviral treatment than became HIV infected, estimated at a ratio of 0.6. This is widely referred to as the 'tipping point' toward an AIDS-free generation.

The 2007 Zambia Demographic and Health Survey (DHS) measured adult HIV prevalence at 14.3%. The 2012 UNAIDS Report on the Global AIDS Epidemic estimated Zambia's HIV prevalence among 15-49 year olds to have declined to 12.7 %. A 2013 DHS which includes both HIV prevalence and incidence is currently in final stages. Preliminary findings suggest significant gains in controlling the epidemic, but a continued generalized epidemic with a significantly higher burden of disease in urban settings. While prevalence has decreased since 2007, Zambia still suffers from one of the world's most devastating HIV and AIDS epidemics, with an estimated one in eight adults living with HIV. Infection rates are twice as high in urban as in rural areas, while life expectancy is estimated at 49 years (2010 UNAIDS). The HIV epidemic is geographically diverse, with provincial prevalence ranging from 6.8% to 20.8%. The Northern and Northwestern provinces have the lowest prevalence at just below 7%. Both of these provinces are predominantly rural with low population density. In contrast, Lusaka, Central and Copperbelt Provinces are densely populated urban areas with prevalence of 17% and higher.

The six key drivers of the HIV and AIDS epidemic in Zambia are: 1) high rates of multiple concurrent partnerships; 2) low and inconsistent condom use; 3) low rates of voluntary medical male circumcision (VMMC); 4) population mobility; 5) vulnerable groups with high-risk behaviors; and 6) mother-to-child transmission (MTCT). In addition, other factors such as gender-related inequality, disparity, socio-cultural practices, and stigma contribute to low knowledge of partner HIV status and interact with these drivers to



sustain high levels of risk and vulnerability.

The vast majority of HIV transmission in Zambia is through heterosexual contact, exacerbated by high-risk sexual practices (such as multiple concurrent partnerships). Limited data suggest that slightly less than 1% of new infections are due to men having sex with men and 11% from transactional sex. 10% of transmission is due to MTCT. Zambia is home to approximately 600,000 AIDS-related orphans and vulnerable children (OVC). The 2007 DHS also found that four in ten children under age 18 were not living with both parents and that 15% of children under age 18 were orphaned.

In line with the UNAIDS “three ones” principle, the HIV response in Zambia is coordinated by the National HIV/TB/STI Council (NAC), a statutory body established by an act of parliament. NAC leads the process of establishing the national response to the epidemic; puts in place a National HIV/AIDS Strategic Framework (NASF); and conducts national-level joint annual and mid-term HIV program reviews. The array of stakeholders implementing HIV activities include the Government of the Republic of Zambia (GRZ), international bilateral and multilateral cooperating partners, local and international non-governmental organizations, civil society organizations and Zambian communities. The country’s long-term vision calls for a “nation free from the threat of HIV and AIDS by 2030.” This ambitious goal is supported by the country’s 2011-2015 documents: the NASF and its complementary National Operational Plan, the National Health Strategic Plan (NHSP), and the Sixth National Development Plan (SNDP). The SNDP lists HIV and AIDS as a key cross-cutting issue requiring a robust and sustained multi-sectoral response. The 2013 World AIDS Day theme of “Getting to Zero” new infections is the driving impetus guiding the development of an updated NASF. The PEPFAR Zambia team participated significantly in the 2013-2014 NASF revision process to ensure PEPFAR resources are programmed most effectively and efficiently in support of Zambia’s priorities in the national HIV response.

Human resource limitations remain a key area of concern requiring long-term solutions. The HIV response is constrained by a recurrent chronic shortage of healthcare workers (HCWs). There is also an unequal distribution of HCWs with urban areas having a higher clinician-to-patient ratio than rural areas. According to figures from the 2008 mid-term review of the 2006-2010 NHSP, a total of 861 doctors were in the public and mission hospital health system, resulting in an average doctor-to-population ratio of 1:14,000 across the country. An analysis of the Ministry of Health (MoH) human resource databases revealed that Lusaka, the most urbanized province, had a doctor-to-population ratio of 1:6,200 compared to 1:65,700 in Northern Province, a more rural region (2008 Ferrinho et.al). Recognizing the severity of the human resource shortage, the GRZ and its cooperating partners developed the Human Resources for Health Strategic Plan for 2011 - 2015.

The number of cooperating partners directly supporting Zambia’s national HIV response has continued to



decline. By the end of December 2013, the Netherlands, Denmark, Norway and Japan had announced their cessation or phasing out of direct funding for HIV work in Zambia. The number of donors financially supporting the NAC's Joint Financing Agreement (JFA) has also reduced from the original five down to two. The United Nations Joint Team is a non-cash contributing third JFA member. Britain and Ireland have refocused their resources from direct JFA funding to other project-specific initiatives. Some other governments continue to channel investments for HIV in Zambia through The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM or GF). The Clinton Health Access Initiative ended its procurement of pediatric antiretroviral drugs (ARVs) in 2012. The continued reduction in donor resources for HIV and AIDS in Zambia has placed further pressure on PEPFAR to fill key gaps.

The U.S. government is the current lead for donor coordination in HIV and AIDS in Zambia, and represents all bilateral partners as a voting member of the GF Country Coordinating Mechanism (CCM). In January 2013, PEPFAR Zambia placed a GF Liaison at the NAC to work with the CCM to strengthen its capacity. The CCM currently oversees the development of Zambia's 2014 GF application under the new funding model, representing important resources for the national HIV response.

To ensure sustainability of the national response, PEPFAR Zambia actively engages the GRZ to increase its financial contribution to key areas such as drug and commodity procurement and service delivery for newly identified priority areas including VMMC. The GRZ has in the last three years increased its domestic budget for procurement of ARVs from \$5 million in 2011 to \$45 million in 2014. The government has also increased its support for procurement of laboratory commodities from \$1.2 million in 2012 to \$5.4 million in 2014 of an estimated \$40 million needed annually. In addition, the GRZ has hired 2007 health care workers in 2012 and a similar number in 2013; added a new cadre of Community Health Assistants; and invested in substantial infrastructure projects to construct 650 new health posts nationwide. Many ART clinics now are overcrowded and despite increased support for lab commodities, gaps in funding for lab and clinic infrastructure threaten expansion of HIV and AIDS services. This is partly due to the rapid increase in individuals put on HIV treatment in the last decade, as well as a changing paradigm of the specific laboratory studies used to manage the individual patient. Innovations that increase the number of people placed on treatment will require complementary increased funding for other related commodities from the GRZ.

PEPFAR FOCUS IN FY 2014

Extensive consultations with stakeholders outside of the USG commenced following interagency USG technical working group portfolio reviews. The Permanent Secretary (PS) for the MoH changed midway through original COP development, necessitating consultations first with the MoH to understand their priorities for PEPFAR in FY 2014 to best support Zambia's HIV response, and then again with the new PS to validate progress made and ensure that proposed PEPFAR priorities were still in line with the vision of



new MoH leadership. PEPFAR Zambia took the call for greater civil society engagement to heart, holding half day consultations with seven different civil society groups: key populations, people living with HIV (PLHIV), people with disabilities, youth, women, and community and faith-based organizations. Following the extensive consultation process, PEPFAR agency heads in country identified key priorities for COP 2014:

- Biomedical interventions
 - Treatment scale up, with special focus on pediatric treatment
 - PMTCT / Option B+ implementation
 - Continued scale-up of VMMC with increased focus on demand creation

- Quality of data and services

- Systems strengthening
 - Integration with other health platforms and initiatives including family planning (FP) and Saving Mothers, Giving Life (SMGL)
 - Increasing geographic coverage of services to ensure quality service delivery in poorly served areas.
 - Focus on commodity security (supporting last mile implementation). In FY 2014, PEPFAR Zambia will lobby for increased investment in commodity procurement by the GRZ.
 - Governance with a focus on increased government capacity and sustainability of the HIV response

- Key populations

Focuses on youth and increased demand creation for HIV services at the community level were identified as cross-cutting themes underpinning all of PEPFAR's programs.

While these priorities remain consistent throughout Zambia's 2014 COP, a significant shift was made in August 2014 to align PEPFAR resources to areas of highest HIV burden across the country in order to accelerate control of the HIV epidemic. Starting in FY 2015, PEPFAR Zambia will target four provinces for saturation of HTC, PMTCT and ART services: Lusaka, Central, Copperbelt and Southern. Zambia's six remaining provinces will receive targeted saturation support to high yield sites (or 'hotspots') and district and provincial above-site level support to remaining sites. This approach will allow PEPFAR to increase support to sites with the greatest number of patients and the greatest chance of identifying new PLHIV in order to focus on preventing new HIV infections and saving more lives. Representatives from Zambia's Ministry of Health, National AIDS Council and Ministry of Community Development, Mother and Child Health were briefed on this new approach prior to final COP submission and agreed with the more targeted approach for PEPFAR resources.



The ongoing categorization of sites into saturation or above-site support in the six provinces, in addition to increased site monitoring through the site improvement monitoring system, will require even greater collaboration with the Zambian government to ensure resources are allocated for greatest impact within the national HIV response. A more detailed description of PEPFAR Zambia's strategy to focus geographically in order to control the HIV epidemic is found in the Treatment and Prevention Technical Area Narratives. Two charts depicting results of analysis to categorize sites into above-site or site-level support are included in Zambia's COP 14 document library.

PROGRESS AND FUTURE

On November 24, 2010 the U.S. government and the GRZ signed a Partnership Framework (PF) to support the Zambia's HIV response. The PF articulates a five-year agenda between the GRZ and the U.S. government to support Zambia's national response to the HIV and AIDS epidemic and provides a framework for collaboration with other cooperating partners.

Instead of conducting a separate process to update the Partnership Framework Implementation Plan (PFIP) this year, the PEPFAR team participated significantly in the GRZ's revision of its NASF, simultaneous with COP 2014 development and the writing of the HIV concept note for the Global Fund, submitted in May 2014. The concurrent development of these three strategies/work plans allowed for meaningful collaboration and harmonized support to Zambia's HIV response. It also allowed stakeholders to assess progress toward the goals and indicators outlined in the PFIP, and update/revise these objectives in accordance with the revised NASF.

Country Ownership Progress and Focus in FY 2014:

Political Ownership

The GRZ's increasing political ownership of its national HIV response is demonstrated by financial commitments for ARVs, health worker salaries and infrastructure. The GRZ has driven the policy shift to Option B+ for HIV positive pregnant women as the next step in the phased approach toward a "test and treat" policy, building on its commitment to treat discordant couples, which was included in the 2010 ART guidelines. The GRZ has also demonstrated increased political will and support for scale-up of VMMC. Members of Parliament and traditional leaders have publicly endorsed and shared their own experiences in accessing VMMC services. The country continues to increase its domestic budget for the HIV response. In FY 2014 it will be important for the country to increase its commitment to the purchase of essential drugs and laboratory commodities.

Institutional Capacity and Local Ownership

PEPFAR Zambia recognizes the value of local knowledge and the importance of institutional and



community ownership in developing HIV and AIDS programs. Increased engagement of the GRZ and other local stakeholders in decisions affecting them contributes to more sustainable outcomes. In FY 2014, PEPFAR Zambia will continue to implement procurement reforms to enable more local partners to receive direct PEPFAR funding. PEPFAR Zambia will look for innovative ways to build the capacity of local organizations and foster an enabling environment for Zambians to take leadership in the response. Nearly all clinical sites in Zambia are owned, and operated by the GRZ or faith-based organizations (FBOs). Therefore changes in PEPFAR support may or may not result in changes in the provision of specific services at a given site, depending upon resources and decisions of the local GRZ or FBO leadership.

Capability Building

In FY 2014, PEPFAR Zambia will support the Ministry of Community Development, Mother and Child Health (MCDMCH) in its efforts to strengthen the Health Management Information Systems (HMIS) and linkages with the national electronic health record system. This will assist in the robust monitoring of implementation of option B+ and broaden the capacity for use of data for program improvement. The MCDMCH is responsible for primary health care implementation and health facility data management up to and including the district hospitals while the MoH is responsible for health policy and secondary and tertiary hospital-level services and data management at the provincial and national levels. PEPFAR funding will enable U.S. government supported staff who are embedded in both Ministries build the capacity of Ministry counterparts by providing targeted technical assistance. A proposed new agreement with MCDMCH will support the Ministry through its district offices and health facilities to coordinate PMTCT, TB, HIV testing and counseling (HTC), strategic information and VMMC programs. In addition, PEPFAR will provide targeted M&E assistance in specific sectors such as in the development of a national OVC database.

PEPFAR Zambia will continue to support the Field Epidemiology Training Program initiated in 2013 in collaboration with the MoH, the University of Zambia (UNZA) School of Medicine Department of Public Health and CDC. This and other training efforts for public health leaders at all levels of the health system will strengthen capacity in Zambia for use of data for surveillance, monitoring and evaluation, policy development and quality improvement. Management capacity is also being developed with different local partners through short courses in both pre-service and in-service settings.

Accountability

In FY 2014, mutual accountability is a priority for both the U.S. government and GRZ. Governance and financial transparency of Zambia's expenditures on health remain concerns for the U.S. government. Areas of focus will include procurement, audit and internal controls. The GRZ also has been more vocal in seeking greater accountability of U.S. government-funded implementing partners to the GRZ and ultimately, the Zambian people. PEPFAR agencies will work with their implementing partners to benchmark progress toward more cost-effective and efficient programming, using expenditure analysis results as a partner



management tool to increase efficiencies and accountability while improving program planning and implementation.

Trajectory in FY 2015 and beyond

Zambia was designated a “long-term strategy” country in the PEPFAR country categorization process for furthering country ownership. While PEPFAR Zambia continually looks for ways to leverage increased GRZ funding for Zambia’s national response, and ways to foster sustainability and increased accountability of the partner government, Zambia is a country in need of external support for its HIV response in the long term. In high burden countries like Zambia, as articulated in the PEPFAR Blueprint, PEPFAR is committed to making strategic, scientifically sound investments to rapidly scale up HIV prevention, treatment and care interventions. Given this, PEPFAR Zambia supports direct service delivery with aggressive targets.

PROGRAM OVERVIEWS

As mentioned previously, PEPFAR’s FY 2014 strategy has a deliberate focus on quality of both data and services. These areas of focus are woven throughout all program areas and activities supported by PEPFAR in COP 2014. In the past year, significant attention has been paid by the interagency PEPFAR team to improve data quality and harmonization of indicators across all implementing partners. Indicators are being harmonized in conjunction with SmartCare staff to increase confidence of all partners to consistently use this national electronic health record system for both patient management for better continuity of care (service quality) and for program evaluation and monitoring (data quality). Efforts will be directed towards supporting partners to utilize the capability of SmartCare to electronically populate the HMIS as currently over one million patients are registered in SmartCare and it is installed in 800 facilities. An independent evaluation of SmartCare is also planned in COP 2014.

Data quality assessments (DQAs) are a regular activity by the interagency Strategic Information TWG and include technical leads from other TWGs such as Treatment. Partners reporting low treatment numbers in previous reporting periods will be targeted for in-depth DQAs to bring greater understanding of treatment coverage and challenges experienced at ART sites. Agencies are tracking the treatment indicators with their implementing partners on a monthly basis and are conducting site visits. These site monitoring visits, which in 2013 included visits to approximately 100 of the largest clinics, will continue and expand. These visits have allowed PEPFAR staff to compare paper and electronic registries for accuracy, review charts for quality of clinical care, assess operating procedures in clinics and labs, and evaluate the efficacy of partner support. These intensive DQA activities will continue to result in improved data quality as areas for improvement are identified and corrected.

Health Systems Strengthening:



In 2012, Zambia conducted a health facility listing exercise which identified 1,956 facilities providing HIV and related health services, although the vast majority of care occurs in several hundred of the larger clinics. In FY 2014, PEPFAR Zambia continues to work through these facilities and other community-based activities to support delivery of quality health services for HIV prevention, care and treatment. With the continued transfer of supervision for health facilities from MOH to MCDMCH, PEPFAR will strengthen its relationship with the MCDMCH. In FY 2014, PEPFAR will strengthen and expand programs aimed at improving the number of skilled personnel capable of delivering the highest quality of HIV services. High staff vacancies and staff turnover are characteristic of most health facilities, especially in the rural areas.

Laboratory strengthening activities will continue, including support to laboratory accreditation, quality systems, and infrastructure development and expansion, in order to provide critical laboratory diagnostic and monitoring services in support to the overall quality of HIV service.

Zambia's strong HIV drug and commodities logistics system minimizes the occurrence of stock-outs at the facility level. However challenges remain in achieving complete commodity security as national stock levels are still too low to ensure a consistent supply. In FY 2014, PEPFAR will work to build capacity of the Medical Stores Limited (MSL), the national unit that procures and distributes various commodities in collaboration with the Global Fund.

In FY 2014, working together with other partners, PEPFAR will provide financial and technical support to national priority surveillance activities including reporting ANC sentinel surveillance and HIV drug resistance (HIVDR) from antenatal clinics; expansion of the Sample Vital Registration with Verbal Autopsy to strengthen vital registration systems in all regions of Zambia through support to the Department of National Registration, Passports and Citizenship. Data collection for the DHS+ started in 2013 and was completed in March 2014. Data cleaning and analysis is currently underway. PEPFAR Zambia, a significant contributor to this all-important survey, will support analysis and dissemination of DHS+ results to ensure quality data is promptly available for decision making including national-level dissemination through the Central Statistics Office with the GRZ, civil society, implementing partners and multilateral stakeholders in addition to the U.S. government. Provincial-level dissemination meetings will also be held although PEPFAR is not funding those directly. All stakeholders are interested in analyzing prevalence, incidence and CD4 data to determine the current unmet need for treatment and geographical differences in the epidemic. Although the DHS+ will determine HIV prevalence and some indications of incidence, to provide definitive incidence biomarkers among other impact measures, FY 2014 funds will support planned new HIV surveillance, including an AIDS Indicator Survey; evaluation of Integrated Community-Based and Clinical HIV/AIDS Interventions; implementation of a behavioral and biological survey among key populations at risk of HIV, an assessment of the utility of PMTCT program data for HIV surveillance and maternal mortality surveillance.



PEPFAR appreciates the strong linkage between program Quality Assurance/Quality Improvement (QA/QI) and good data. In FY 2014, PEPFAR will improve recording, reporting, and use of data in all program areas, working with the GRZ and other stakeholders to integrate indicators that best measure program performance tailored around key patient outcomes such as those in the new PEPFAR Monitoring, Evaluation and Reporting System (MER). PEPFAR will also seek to work with national stakeholders to modify data collecting and collating tools to promote user-friendliness and will develop a data flow network with feedback circuits where required. In order to support this enhanced recording and reporting plan in FY 2014, PEPFAR will train clinicians, M&E personnel, and program managers in monitoring and evaluation skills. Additionally, the Quality Improvement through Data Use (QIDU) program, which has trained over 600 HCWs, will continue its transition to full country ownership through a train-the-trainer model.

Prevention:

HTC continues to be an integral part of the HIV response in Zambia as it is a critical entry point to prevention programs and treatment and care services for PLHIV. HTC also provides a platform for a combination prevention approach as men with sero-negative status will be identified and referred for VMMC to reduce their chance of future infection. Family approaches with couples testing are encouraged in all testing settings including antenatal and free-standing clinics and home-based HTC. Through HTC, PLHIV eligible for immediate HIV treatment, including discordant couples, pregnant women and people co-infected with TB/HIV, will be identified and supported through the continuum of care. PEPFAR Zambia will transition 14% of sites that were receiving PEPFAR support in FY14 to full GRZ support; this shift will allow the PEPFAR program to concentrate support to 86% of facilities for saturation with strategies to increase up-take of antiretroviral therapy (option B+), and enhance retention of mother-baby pairs. FY15 will support a more hastened but phased implementation of B+ through systems strengthening, enhanced ART supply chain, increased capacity for mobile ART, support for adherence systems, implementation of community ART service delivery and enhanced program monitoring and evaluation. Voluntary FP services will be integrated in all PMTCT sites with all women offered FP services regardless of their HIV status.

PEPFAR's support for VMMC has led to a dramatic increase in numbers of males reached with this important HIV prevention intervention from around 25,000 in 2011 to 200,000 in 2013 in continued support of the GRZ's goal of circumcising 1.9 million males by 2015. Integration of local traditional leaders in the VMMC scale-up will ensure increased demand-creation at the community levels. With FY 2014 funds, PEPFAR Zambia will procure 60 million male and 300,000 female condoms for socially marketed and free distribution in addition to supporting their distribution nationwide through the supply chain. PEPFAR will work with MoH, MCDMCH, NAC, MSL and other stakeholders such as UNFPA to ensure that safe and affordable male and female condoms, along with condom compatible lubricants, are distributed and made accessible to all sexually-active key and priority populations, including young people. Military branded



condoms will also be distributed by PEPFAR among the Zambia Defense Forces medical services to promote condom use in the military communities. Programs will ensure distribution is coupled with messages on correct and consistent use through small group and mass media communication.

In FY 2014, PEPFAR Zambia will implement programs to address the needs of key populations, *[REDACTED]*. These typically stigmatized and marginalized populations are a focus for PEPFAR due to their vulnerability for HIV infection. The core package of services includes clinical services: HTC; management of STIs; voluntary FP services; referrals for VMMC for male partners and male priority populations; and integrated screening for cervical cancer, TB, malaria, gender-based violence (GBV), and non-communicable diseases (e.g. hypertension and diabetes). PEP services will also be provided. A stronger focus in FY 2014 will be the linkage to care and treatment immediately following HTC for these populations.

New activities include a proposed agreement with Ministry of Home Affairs to support HIV prevention activities in the Zambian prison service; evidence generation for behavioral strategies; mapping of HTC services; mapping of VMMC services and re-focus on the 10-29 age group; and two new mechanisms supporting GBV programming.

Treatment:

The main goals of the adult HIV treatment program in Zambia are to rapidly increase HIV treatment coverage for all people living with HIV/AIDS; to reduce AIDS-related mortality and enhance HIV prevention; and to maintain therapeutic options. PEPFAR continues to support these goals through support for pediatric and adult treatment service delivery systems and procurement of ARVs. Support for service delivery includes provider training and mentorship, QI and QA support, renovation of sites, development and printing of guidelines, and procurement of equipment and other relevant medical supplies.

Accomplishments in prior years include achieving national HIV treatment coverage of more than 80% of PLHIV, lobbying the GRZ to increase its budget for ARVs from \$5 million per year to \$45 million, increasing early HIV treatment uptake for TB/HIV co-infected patients from zero to 53%, and effective technical collaboration between the GRZ and PEPFAR through national TWGs. Continuing challenges include the emergence of drug resistance, reduced adherence and retention, drugs procured by other donors not arriving on schedule and data quality issues.

Sustainability is an explicit component of PEPFAR Zambia's adult HIV treatment programming. At a policy level, the program continues to work with the GRZ in designing program activities and advocating for increased GRZ financing. At an implementation level, the program works largely in public health facilities using public sector employees, implying that investments and initiatives will remain within the realm of GRZ influence. In FY 2014 PEPFAR Zambia will continue its focus on human capacity development; the program will focus its largest effort on providing mentorship and quality improvement support at the facility level



using a 'hub-and-spoke' model to strengthen country ownership and sustainability. This way, capacity will be developed from the central MoH and MCDMCH to the peripheries (provinces and districts) in an interconnected manner. PEPFAR Zambia will continue to support the country's goal to achieve early initiation of treatment and 90 % coverage for pediatric treatment by 2015. These strategies will contribute toward reaching more children in need of ART and improve adherence and overall program retention. PEPFAR Zambia will support the MoH in operationalizing all nine provincial PCR labs in order to augment other efforts to improve EID coverage and efficiency. During FY 2014, PEPFAR support to the MoH in implementation of the new treatment guidelines that recommend treatment for all confirmed HIV infected children 15 years and below regardless of clinical and immunological status will reduce lost opportunities and accelerate enrollment of pediatric patients.

PEPFAR will focus on limiting the emergence and spread of HIVDR in order to maintain the current therapeutic options through promoting adherence to and retention on HIV treatment. Adherence and retention will be supported through allocation of adequate resources to strengthen community linkages, provider training at community and service delivery levels, strengthened recording and reporting of indicators that track adherence and retention and increased partner oversight by PEPFAR Zambia in collaboration with the GRZ. The new MER indicator will also allow better focus on monitoring adolescent age groups within the treatment program as this category constitutes a high risk sub-population for emergence of resistance. These strategies will be augmented by the wider implementation of an adolescent specific ART/adherence training program to raise sensitivity among health workers. Zambia is planning on implementing the first nationally representative HIVDR study with PEPFAR support and will establish capacity for on-going HIVDR surveillance by training and performing HIVDR in-country. A study on loss to follow-up in four Zambian provinces, to be implemented by a PEPFAR treatment partner but funded by the Gates Foundation, will also provide important data.

In FY 2014, PEPFAR Zambia will continue to provide significant support for an efficient commodities supply chain system to forecast, quantify, and plan orders of laboratory and HIV treatment drugs. The current setup is that commodities used by the treatment program are procured with funds primarily provided by PEPFAR, the GF and the GRZ. Another key area of focus for the FY 2014 is strengthening QA/QI of the pediatric and adult HIV treatment programs. The GRZ conducts quarterly program performance assessment visits to review how service delivery points are performing against preset benchmarks. PEPFAR will develop and incorporate additional evidence-based quality QA/QI activities into these assessments to further improve the quality of the treatment program. The QA/QI activities will seek to achieve PEPFAR and the GRZ quality strategy goals of improved patient outcomes such as increased adherence to HIV treatment, increased rates of retention, and reduced mortality and morbidity. New activities include an ART training curriculum revisions to include an ethics module that will include key populations sensitivity training; implementation of a community ART module; and a Track 1 transition



midterm evaluation.

Care and Support:

In FY 2014 PEPFAR will continue to provide HIV positive adults and children; HIV-affected (defined as families of PLHIV inclusive of care givers and treatment buddies) as well as OVC with care and support services such as cotrimoxazole (CTX) prophylaxis, TB screening and treatment, nutritional assessment and support, skills building, OVC care and psychosocial support programs. In FY2013 of the total number of individuals receiving care and support services, 360,000 were OVCs while 876,000 were adults and children who received clinical care.

The PEPFAR care and support program is aligned with the GRZ's SNDP and the NHSP. PEPFAR activities are also implemented to complement MCDMCH, National Food and Nutrition Commission and Ministry of Gender and Child Development strategies and priorities. The PEPFAR Zambia PF and its PFIP have clearly delineated PEPFAR's and the GRZ's roles and responsibilities in providing facility and community-based care and support services across the country.

In FY 2014, PEPFAR will implement care and support programs that respond to current evidence and science. Available evidence shows that CTX prophylaxis has a significant impact on both morbidity and mortality reduction in HIV infected individuals in resource-limited settings such as Zambia. CTX also improves retention in care and is overall a cost-effective intervention. Intensified TB case finding and treatment of active TB case and initiation of ART have also been seen to improve the survival of PLHIV. The PEPFAR care and support TWG, in collaboration with GRZ, is in the process of developing Zambia-specific basic care package services and plans to conduct base-line and end-of-program evaluations to generate additional evidence.

In adult care and support, PEPFAR has been supporting community-based services for PLHIV with a focus on pregnant women, children under 15 years of age and infants below 12 months. In Zambia about 70 % of HIV-infected patients receiving clinical care services are also receiving community-based services. Community-based services for PLHIV include: household economic strengthening; adherence counseling and support for patients on ARV; home-based care and support for severely sick patients; and promotion of the use of safe water, sanitation and hygiene activities. In FY 2014, PEPFAR will prioritize support to core and near core activities identified as a county team in high yield sites. These include OI management, CTX prophylaxis, TB/HIV integration, nutrition assessment counselling and support, cancer of cervix screening and minimum package of PHDP services including: adherence counseling and support; HIV sero-status disclosure counseling and partner HTC; FP counseling and services; risk reduction education and condom provision; and STI assessment and treatment. In pediatric care and support, the key priorities will be to reduce the gaps in loss to follow-up from PMTCT to care and treatment; improve routine testing of all



HIV-negative exposed children at every opportunity such as out and in-patient visits; maternal newborn and child services; immunization programs; and outreach. In addition, PEPFAR will improve adherence to care among adolescent population, and will implement integrated Zambia Treatment Guidelines, which go beyond the WHO 2013 recommendations.

In FY 2014, PEPFAR will also continue to support EID systems for successful enrollment of HIV positive children, scale-up Nevirapine prophylaxis for HIV-exposed infants, and procurement of EID commodities and supplies for use when national stocks run low. PEPFAR support will improve retention of HIV infected children in care by strengthening PMTCT-ART-Care and support linkages and strengthen referrals for HIV-infected and exposed infants with routine child health services. In addition, scale-up of Option B+ for PMTCT, which will also increase the demand for pediatric care and treatment services and in FY 2014, PEPFAR will revise infant feeding guidelines while promoting exclusive breastfeeding practices.

PEPFAR has a robust program for child sexual abuse, including One-Stop Centres and Comprehensive Resource Centres with trained medico-legal examiners, counselors and community advocates. This is being strengthened in FY2014 with the development of a forensic laboratory and stronger linkages between the justice system and medical and community based activities to increase protection for those most vulnerable. Successful prosecution of child sexual abuse and GBV is less than 10%. A Violence Against Children Survey (VACS), called the Health and Well-Being survey (or H-Well) is currently underway in Zambia.

Zambia has one of the world's highest incidence rates of TB with an estimated 427 cases per 100,000 people and a notification of 45,277 cases in 2010. The prevalence of HIV among notified cases was 54 % (2012 WHO). Zambia has increasingly integrated TB and HIV activities to reduce the spread and impact of TB and HIV co-morbidity. Integration entails increasing the scope HIV services available to TB clients such as counseling and testing for HIV, CD4 testing and HIV treatment. Similarly, integration promotes expanding the scope of TB services available to HIV-infected patients in HIV care such as screening for TB using a standard screening tool or TB microscopy and, where available, the X-pert technology and providing TB treatment to HIV infected clients with confirmed TB. In FY 2014 an ongoing nationwide TB prevalence survey will be completed, and an evaluation of the impact of TB Gene Xpert will be initiated. All HIV positive pediatric patients will be routinely screened for TB both at the time of diagnosis and during treatment follow-up. Pediatric TB prevention will largely depend on strengthening detection and treatment of adults; prevention, diagnosis and treatment of OIs; and pain management as part of the pediatric routine care services. Current provision of Isoniazid Preventive Therapy (IPT) in both adults and children at risk of TB is weak and requires expansion. Linkages between community and facility-based services to provide a continuum of care will be maintained through community health workers and volunteers.



To ensure sustainability and shared responsibility, PEPFAR has engaged the GRZ in implementing care and support interventions through national, provincial and district structures. In response, the GRZ has committed to increase its funding for the health sector including training of staff and increasing the number of health facilities, especially low-level community health posts. New activities include support for livelihoods and food security and TB control in the Zambian prison service.

Global Health Initiative

The programmatic strategies outlined in PEPFAR Zambia's FY 2014 COP are in line with Zambia's GHI strategy, which aims to support integration of service delivery, overarching strengthening of governance and systems, and improving human resources for health. Girls and young women are currently highly vulnerable to HIV, unintended pregnancies and GBV violence. As integral stakeholders in the development of the revised NASF and GF new funding model application, PEPFAR Zambia is committed to robustly participating in a multi-stakeholder gender analysis to address the needs of girls and young women across the continuum. Collaboration between the GRZ and other stakeholders on this gender analysis will ensure that PEPFAR is supporting national systems and building capacity as outlined in the PF and GHI strategy. PEPFAR Zambia strives to exemplify the whole of government approach outlined in the GHI principles through effective and synergistic collaboration of all USG agencies. The primary programmatic goal for GHI in Zambia is to reduce unnecessary maternal and neonatal mortality, which is the central focus of the Saving Mothers, Giving Life (SMGL) initiative.

Program Integration

In FY 2014, PEPFAR Zambia will continue to bolster and integrate its HIV platform with other health programs such as FP; malaria, through the President's Malaria Initiative (PMI); maternal and infant mortality through the SMGL approach; cervical cancer, through Pink Ribbon Red Ribbon (PRRR); and other programs through public-private-partnerships. In FY 2014, PEPFAR Zambia will expand SMGL into four additional districts following a successful phase I demonstrating a 35% reduction in facility maternal mortality in the four pilot districts, and a near 45% reduction overall. SMGL will also inform maternal mortality reduction efforts supported by the EU and World Bank. In December 2011, PRRR – an innovative partnership to leverage public and private investments in global health to combat cervical and breast cancer – was launched in Zambia. In 2013, MCDMCH, through PRRR, launched a pilot campaign to immunize 25,000 young girls against the Human Papilloma Virus, a primary cervical cancer prevention method. Using the results of this successful pilot, PRRR is now supporting Zambia as they prepare an application to GAVI for anticipated roll-out of country wide HPV vaccination in 2015. Over 150,000 women have now been screened and treated, if necessary, for pre-cancerous or cervical cancer.

Central Initiatives

In FY 2014, PEPFAR Zambia continues to collaborate with PMI to provide insecticide-treated nets to clients

Approved



in HTC and ART settings, especially for pregnant mothers and children. PEPFAR received \$9.3 million in central funding reduce the impact of TB in PLHIV. PEPFAR will use supplemental central TB/HIV funding to deploy Gene Xpert instruments and cartridges to 15 sites across Zambia. PEPFAR continues scale-up of Nutrition Assessment, Counseling, and Support (NACS) activities with \$3 million. The \$5.6 million SI initiative continues capacity-building efforts as the Center of Excellence for M&E is established at UNZA. HPTN 071, the population effect of universal testing and immediate treatment (PopART) began enrollment in December 2013. Lastly PEPFAR implements the Medical Education Partnership Initiative with UNZA School of Medicine and a Nursing Education Partnership Initiative increases the number of trained nurses in Zambia.