

Background

As the HIV epidemic moves into the second decade of rapid spread in Zambia, it has now become a generalised and mature epidemic.

Current estimates suggest 226 new adult infections and 25 new child infections occur each day, although each of these rates is projected to decline in coming years. The total number of people living with HIV (PLHIV) continues to rise, due to both new infections and the fact that increased access to antiretroviral therapy (ART) allows a larger number of HIV-infected people to live longer. Of the PLHIV, it is estimated that in 2010 310,898 adults and 41,563 children are in need of (ART). For the year 2011, these numbers are expected to rise to 337,316 and 43,625, respectively. Seventy percent of tuberculosis patients in Zambia have HIV. Ninety percent of new infections are believed to be driven by the following factors:

- Multiple and concurrent sexual partners;
- Low and inconsistent condom use;
- Low levels of male circumcision;
- Mobility and labour migration.

The remaining 10 percent of new infections are a result of transmission from mother to child. With scaling up of HIV interventions, the profile of the epidemic is expected to change.

Issues

Key challenges exist and need to be addressed if the MDG target of halving or reversing the trend of HIV is to be achieved in 2015.

- There is a shortage of and inability to retain trained human resources at all levels of service delivery, especially in rural areas.
- The stigma surrounding HIV and AIDS impacts on prevention efforts.
- Currently existing weakness in infrastructure, service delivery systems, and management and oversight need to be addressed through broader-based partnership linkages with non health sectors such as civil society, including the private sector.
- Communities and households affected by HIV and AIDS should have a more active role in the multi-sectoral response.
- Evidence generation needs to be better linked to knowledge management.
- Coordination of the multi-sectoral HIV response at the central as well as decentralized levels need to be strengthened with well defined roles and responsibilities of stakeholders.

Action

- Between 2005 and 2009, UNICEF's contributions towards the country's response to HIV and AIDS focussed on the 4 Ps (preventing mother to child transmission; providing paediatric treatment; preventing infection among adolescents and young people; and protecting and supporting children affected by HIV and AIDS).
- UNICEF works with the following key government sectors for the different components of the multi-sectoral response: the National AIDS Council, civil society, and key government partners. For example:
 - National AIDS Council for coordination, high level advocacy, evidence generation, and reporting.
 - Ministry of Health - for scaling up HIV care and ART services for children and women;
 - Ministry of Education and Ministry of Youths Sports and Child Development for reaching out to children and young people with capacity in life skills education and HIV prevention;
 - Ministry of Community Development and Social Services for protecting and supporting orphans, other vulnerable children, and households affected by HIV and AIDS, especially those living below the poverty line.
- Civil society for ensuring equity of service delivery and the private sector for effective mainstreaming of HIV into development programmes.
- UNICEF's support to the Ministry of Health and the National AIDS Council's coordination of PMTCT and Paediatric HIV Care and ART service delivery covered the following areas:

- Mobilizing strategic partnerships and technical and financial resources required for scaling up PMTCT and Paediatric HIV care and ART services.
- Development and implementation of the Paediatric ART/PMTCT scale-up plan (2007-2010), the development and roll out of PMTCT and Paediatric Treatment Guidelines, and policy guidelines for provider-initiated testing and counselling and the use of dried blood spot technology for early infant diagnosis.
- Introduction of more efficacious drug regimens for PMTCT and capacity building of health staff in paediatric HIV Care and ART service delivery, particularly early infant diagnosis.
- Strengthening of logistics management of HIV drugs and commodities for ensuring timely availability of drugs and prevention of episodes of imminent stock outs.
- Financial resources available for procurement of lifesaving HIV drugs and commodities.

Impact

P1 and P2: Prevention of Mother To Child Transmission and Paediatric HIV Care and Treatment:

UNICEF plays a major role in the country's achievements in PMTCT and Paediatric ART in the following areas:

- The percentage of pregnant women testing HIV positive who received ART and other PMTCT interventions increased from 25 per cent in 2005 to 61 percent.
- Out of 77,465 pregnant women who tested HIV positive during antenatal screening, 47,175 (61 percent) received antiretroviral drugs and other PMTCT interventions.
- More than 75 percent of the antenatal care facilities provide HIV testing that offer Provider Initiated Testing and Counselling with the right to "opt-out." An equal proportion of facilities offer rapid HIV testing with \same day results. The majority of the facilities are in urban centres, creating geographical inequity.
- In 2009, 35,824 infants were tested compared to 19,040 the previous year. Out of an estimated 33,964 children living with HIV and in need of ART, 21,404 children were put on antiretroviral treatment by the end of 2009 (63 percent). 25,139 children born to HIV positive mothers received cotrimoxazole by the end of 2009.
- Children's access to HIV Care and ART services increased from 5 percent to 6.3 percent. Three Polymerase Chain Reaction diagnostic centres have been set-up in Lusaka and the Copperbelt. UNICEF provided one of these machines and built capacity of health staff. In addition, UNICEF also supported the establishment of a transport network for blood samples from 448 facilities country to be transported to the PCR centres.

P3: Preventing Infection Among Young Adolescents and Young People

Overall comprehensive knowledge of HIV prevention among young people has improved between 2002 and 2007. Comprehensive HIV knowledge among females aged 15–24 improved from 17 percent in 2002 to 41 percent in 2007. Among males of the same age group, a similar increase was observed between the same period from 10.2 percent in 2002 to 20 percent in 2007.

P4: Protecting and Mitigating the Impact of HIV and AIDS on Orphans and Vulnerable Children.

UNICEF contributes to impact mitigation programmes for Orphans and Vulnerable Children (OVC) and People Living with HIV and AIDS, through the National AIDS Council and the Ministry of Community Development and Social Services. The support focuses on the national level for strengthening advocacy, national coordination, and evidence generation of impact mitigation programmes for OVCs and People Living with HIV and AIDS.

Harmonization and alignment between the UNDAF outcome groups for HIV and AIDS and Social Protection has maximized support and improved outreach to these vulnerable population groups.

UNICEF's Country Programme 2011-15

UNICEF's country programme 2011-2015 will continue to support the implementation of the National AIDS Strategic Framework for 2011 to 2015 which has specified milestones for ultimately leading towards the Universal Access targets for HIV prevention, treatment, and impact mitigation. UNICEF's efforts will ensure that every child and vulnerable person living in the remote regions of the country have equal access to the benefits derived from successful interventions.

Expected Results in 2011-15 UNICEF Zambia Country Programme – HIV and AIDS

New HIV infections are reduced by 50 percent by 2015, while scaling up treatment, care and support.

Source: [UNICEF](#)