Policy Overview and Status of the AIDS Epidemic in Zambia

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1. Status of the Epidemic

- 1.3% drop between 2001 and 2007 from 16% to 14.3% (DHS 2001 and 2007)

- **Location**: Urban = 20%; Rural = 10.3%

- **Gender**: Female = 16%; Male = 12%
Comparison HIV Prevalence by Province for 2001/2 and 2007

Changes in Provincial HIV Prevalence between 2001/2 and 2007 ZDHS Results

Central: Increased 15.3% to 17.5%
Western: Increased 13.1% to 15.2%
Luapula: Increased 11.2% to 13.2%
REMAINING SIX Provinces = Decreased

Highest: Lusaka = 22% (2002)/20.8% (2007)
Lowest: Northern = 8.3% (2002)/6.8% (2007)

There is an increase in HIV prevalence in some sites. HIV % prevalence by year of ANC SS survey, 7 sentinel sites, Zambia, 1993-2006.
Status of the Epidemic

HIV Incidence in Zambia

Zambia: Relative Proportion of Incident Cases (modeled)

92.5%
Other General Population Discordant Couples

Source: personal communication, Nick Steele, Zambia
HIV Incidence in Zambia

- HIV incidence rate reduces, the absolute number of new infections increases due to the increase in population size.
- The estimated number of annual new infections in the adult population aged 15-49 years in 2007 and 2008 was 79,755 and 80,442, respectively.
- The number of annual new HIV infections among adults aged 15-49 years was estimated to have peaked in 1991 at 107,645.
- The lowest number of new infections among adults 15 years and older was 62,422 in 1997.
- The increase in the number of new cases after 1997 could be due to the increasing population size.

Estimates HIV Incidence trend in Zambia
Figure
Regression of HIV incidence among adults by year of end of observation of cohort in different districts in Zambia

\[ y = -0.1529x + 314.53 \]
\[ R^2 = 0.0618 \]

Source: USBUCEN HIV Global HIV database

2. Blind Spots
Several blind spots which may contribute to another wave of increase exist!

MSM study of N= 3,000 in four cities and two districts in Southern, Lusaka, Copperbelt and Luapula

ANAL Practice in different sub-pop

- Self Id MSM: 50%
- Out of School: 25%
- Ex-inmates: 13%
- In School: 12%

Kaizar P. Zulu et al, 2004
LOW RATES OF MALE CIRCUMCISION

- Research shows ‘major’ benefit to males
- Only 13% of men circumcised, despite general openness to the practice – significant provincial differences
- HIV prevalence in circumcised men is slightly lower
- Self-reported male circumcision is not always accurate
- Barriers exist in non-circumcising communities
MOBILITY & MIGRATION: Being away from home increases risk of for all in stable employment including Government staff

- More nights away can increase risk for the traveller and/or those who stay home, esp for women
- Mobile workers and migrants form sexual networks with women who sell sex
- Large mobile groups in Zambia include truck drivers, sex workers (incl informal), fishermen/women and fish traders, seasonal agricultural workers, cross border traders, miners, uniformed services personnel, prisoners, and refugees.
What does all these data tell us about the epidemic?

- There is decline in HIV prevalence in general population but increase in absolute number due to successful ART policy.
- There hotspots existing which might contribute to another wave of increase in HIV incidence.
- HIV prevalence is highest among widows and separated in both urban and rural among women.
- HIV prevalence is positively correlated with employment and educational status.
What does all these data tell us about the epidemic?

- HIV prevalence increases among pregnant women with increase in age disparity among partners
- Overall incidence is also on the decline but increase in absolute numbers due to population increase.
- Key behavioral indicators supporting this is partner reduction

Source: ASAP Training, 2007
Drivers of Epidemic

- Multiple and concurrent sexual partners
- Lack of male circumcision
- Low rates of condom use
- High alcohol and drug abuse
- Low risk perception
- High mobility
- High STI
- Risky cultural practices
- Gender based violence

Key Performance Indicators of the Response

**Zambia**

- **ART**
  - 2005 achievement: 20%
  - 2007 achievement: 40%
  - 2010 targets: 60%

- **PMTCT**
  - 2005 achievement: 20%
  - 2007 achievement: 50%
  - 2010 targets: 70%

- **HCT**
  - 2005 achievement: 10%
  - 2007 achievement: 30%
  - 2010 targets: 50%

- **Knowledge**
  - 2005 achievement: 30%
  - 2007 achievement: 50%
  - 2010 targets: 70%

Legend: □ 2005 achievement □ 2007 achievement ▢ 2010 targets
3. Policy/strategy

`3 Ones’ principles application

- One national AIDS strategic framework 2006-2010
- One national coordinating body - the NAC
  - Reports to Cabinet Committee on AIDS
  - Decentralised structures
  - Stakeholders coordination through self-coordinating groups including Cooperating partners
- One M&E system
National Goal, Vision and Mission

Universal access

Halt and begin to revise spread and mitigate impact

Multisectoral Response

Coordinated by NAC

Integrated into dev agenda

Scale up prioritized actions

A nation free from the threat of HIV and AIDS.

Prevention Response

Package

Blood safety

PEP, Injection safety

Stigma and Discrimination

PMTC, health care settings

CT

PTS, MC, BCC, STI, Workplaces
Comparison of Distribution of Spending by Category for 2005 and 2006

Comparison of Percentage of Total AIDS Funds Spent on Specific Thematic Area Between 2005 and 2006

<table>
<thead>
<tr>
<th>Percentage Spent on Thematic Area</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>28.0%</td>
<td>26.1%</td>
</tr>
<tr>
<td>Treatment Care and Support</td>
<td>36.1%</td>
<td>52.3%</td>
</tr>
<tr>
<td>Mitigation and Social Protection</td>
<td>19.5%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Advocacy and Coordination</td>
<td>9.5%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Mainstreaming and Decentralization</td>
<td>1.7%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Monitoring Evaluation and research</td>
<td>5.2%</td>
<td>8.1%</td>
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</tbody>
</table>

4. Achievements
What is working in the Response

• PMTCT services has reduced transmission rate from mother to children from 30% to 12.4% (SIDA Report)
• We have 100% blood safety programme but we do not know the transmission rate through blood
• Peer programmes for young people are effective for promoting sexual debut

What is working in the Response

• There is sustained change in perception through BCC. But messages need to be segregated
• Condom promotion is effective in casual sex and among most at risk groups but need to look at stable relationships
• Positive prevention among PLHIV but need to scale interventions on discordant couples
### Percentage of donated blood units screened for HIV in a quality-assured manner

- Zambia maintained 100% screening for HIV of all blood units collected in a quality-assured manner for both 2006 and 2007.
- Data does not include blood units collected or screened by the private sector and rural facility blood transfusion practices not linked to the nine national sites.

### Percentage of women and men with advanced HIV infection receiving antiretroviral therapy

- ART programme coverage increased from 32.9% in 2006 to 70% June 2009.
- 245,000 total on ART of which 20,000 are children.
- 427 ART sites established nationwide with cover.
Percentage of HIV-positive pregnant women who received anti-retroviral prophylaxis to reduce the risk of mother-to-child transmission

- Increased from 29.7% in 2006 to 50% in June 2009
- The number of sites in all 72 districts have increased from 67 in 2005 to 307 in 2006, 678 in 2007, and 937, 2009

Percentage estimated HIV-positive incident TB cases that received treatment for TB and HIV

- 39% of co-infected cases receive treatment for HIV and TB
- Approximately 70 percent of people with TB are co-infected with HIV
Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results

• 15% of women and men aged 15-49 have received a test in the 12 months and know their results.
• 85% does not know their status
• Over 1500 sites established nationwide
1. Target specific populations with specific programmes in specific areas

<table>
<thead>
<tr>
<th>Programme</th>
<th>Target Population</th>
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<tbody>
<tr>
<td>Behaviour change communication programme</td>
<td>Couples</td>
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<td></td>
<td>The youth</td>
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<td></td>
<td>Mobile populations</td>
</tr>
<tr>
<td></td>
<td>MSM</td>
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<tr>
<td>Social and cultural norm strengthening and change communication programme</td>
<td>Community leaders</td>
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<td></td>
<td>Elders and advisors in the community</td>
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<tr>
<td>PMTCT programme</td>
<td>All pregnant women and their partners,</td>
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<td></td>
<td></td>
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<tr>
<td>Counselling and Testing programme</td>
<td>Couples in urban areas</td>
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<td></td>
<td>Individuals who request the service</td>
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</tbody>
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2. Establish AIDS Fund

- This will sustain current investment by government
Thank You!