



**INTEREST**

5 - 9 MAY 2014  
ZAMBIA

8<sup>th</sup> INTERNATIONAL WORKSHOP ON HIV TREATMENT,  
PATHOGENESIS AND PREVENTION RESEARCH  
IN RESOURCE-POOR SETTINGS

## HIV in Zambia

Dr Albert Mwango, BScHB, MBChB, MPH

National Antiretroviral Program Coordinator,

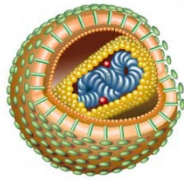
8th INTEREST WORKSHOP

Intercontinental Hotel, Lusaka

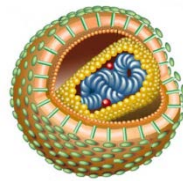
May 5<sup>th</sup> -9<sup>th</sup> , 2013



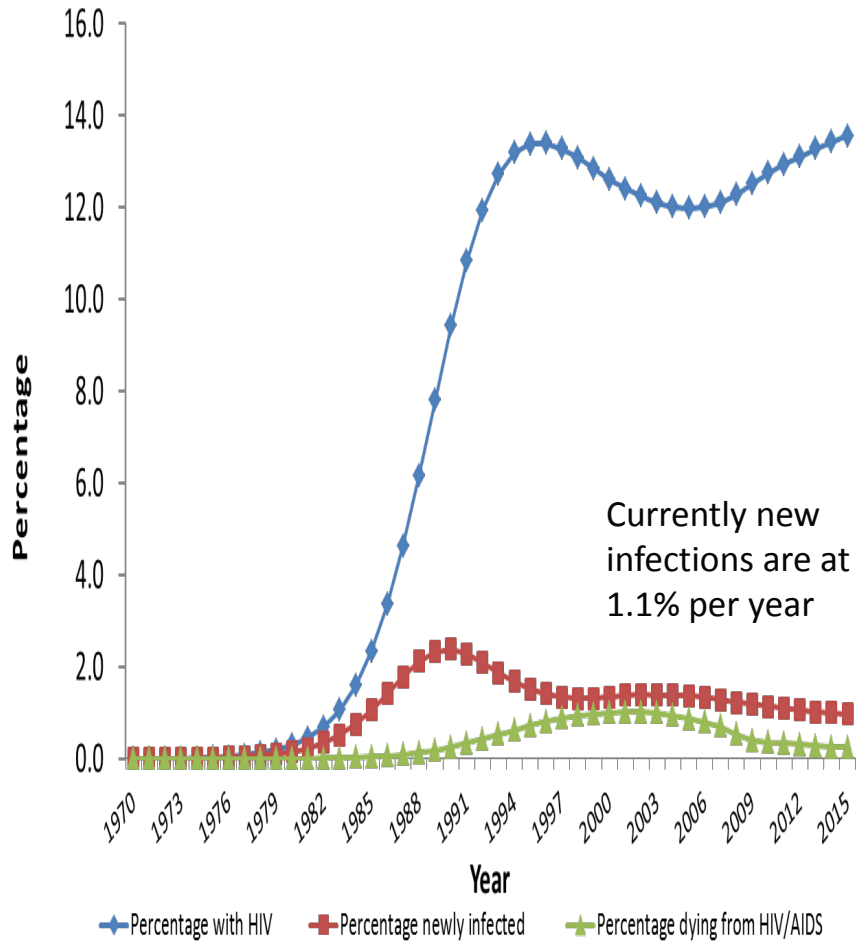
MINISTRY OF HEALTH



- Clinical and public health significant issue
- Can be stigmatizing and usually affects already vulnerable populations

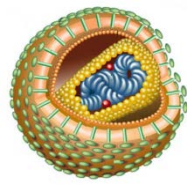


# Background

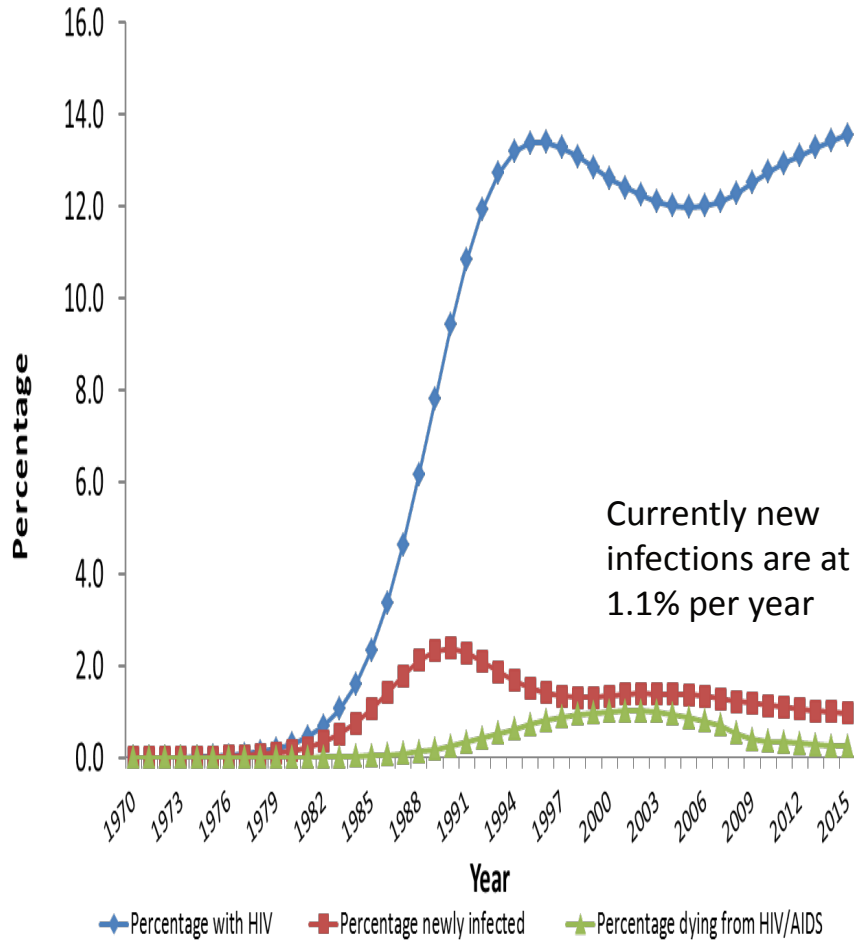


- Heterosexual HIV epidemic
- Prevalence 14.3% in adults

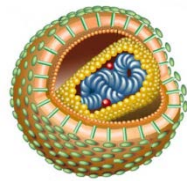
2012 Zambia UNGASS Report



# Background



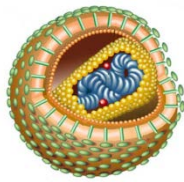
- New infections rate in 2011
  - 0.96% among males
  - 1.25% among females
  - 9% (at 6 weeks) in exposed children



## HIV Drivers

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- Multiple and concurrent sexual partners
- Low and inconsistent use of male and female condoms
- Mobility and labour migration
- High risk sex work
- Mother to Child Transmission (MTCT)
- Sexually Transmitted Diseases (STDs)



2014  
Estimates

People living  
with HIV

1.2 million

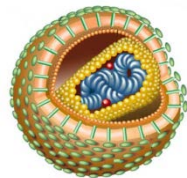
New HIV  
infections

66,500 adults

9,500 children

Deaths due  
to AIDS

29,200

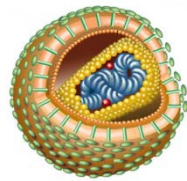


## Program Goals

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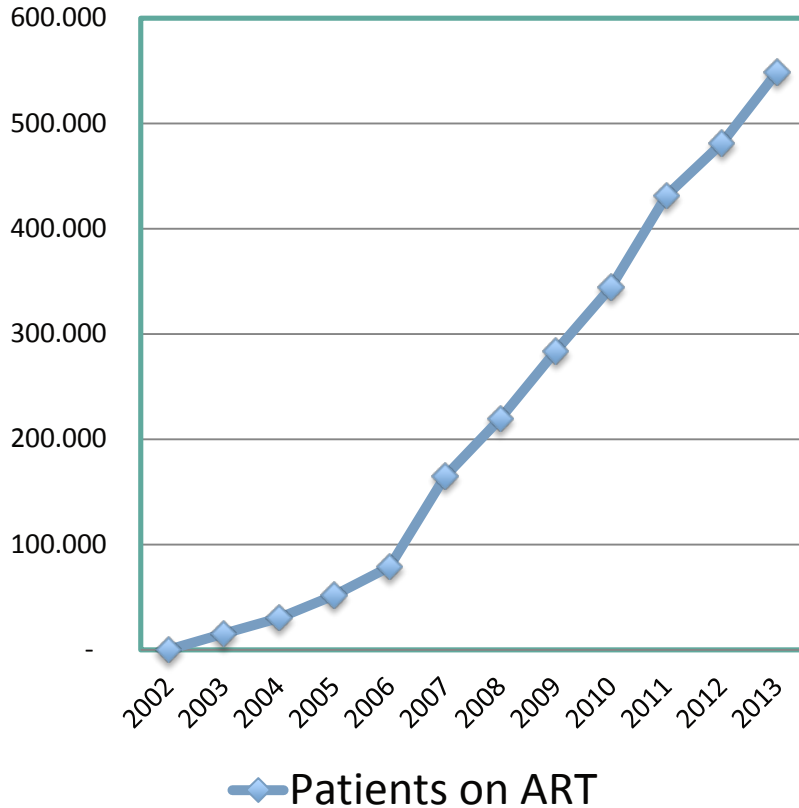
- 2015 Goals, cut new infections:
  - In women and men by 50%
    - Baseline -2011/2012
  - Among children to < 5% transmission





# ART in Zambia

## Patients on ART



## Eligible and on ART

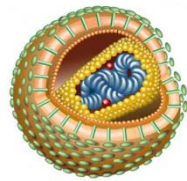
499,490 (Adult coverage - 94%)

49,416 (Children coverage 55%)



# Significant ART Policy Changes 2002-2006

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2002: Introduction of ART in public sector

2005: Cost sharing system replaced with  
Free ARVs policy

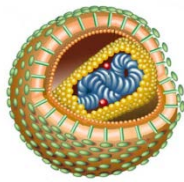
2005: Introduction of Routine CT

2005: Roll out of ART to Health centre  
level

2006: Adoption of One M & E System

# Significant ART Policy Changes 2006-2012

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2006: Introduction of full supply ART logistics system

2007: Accreditation system

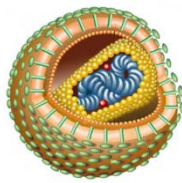
2007: Revision of ART protocols in favour of TDF based regimens

2009: Introduction of mobile HIV services

2012: Introduction of Advanced Treatment Centre for third line ART

# Significant ART Policy Changes 2013-2014

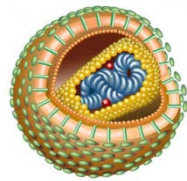
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2013: Adoption of lifelong  
ART for prevention &  
treatment in P/BF women



2013: Development of  
1st consolidated  
treatment &  
prevention guidelines

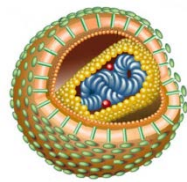


## Progress

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- Many advances have been made in the treatment and prevention of the effects of HIV in Zambia
  - > 58% reduction in new HIV infections from 2009 to 2012
  - > 90% access cART of those eligible



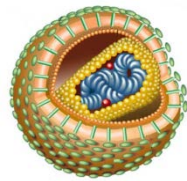


## Progress

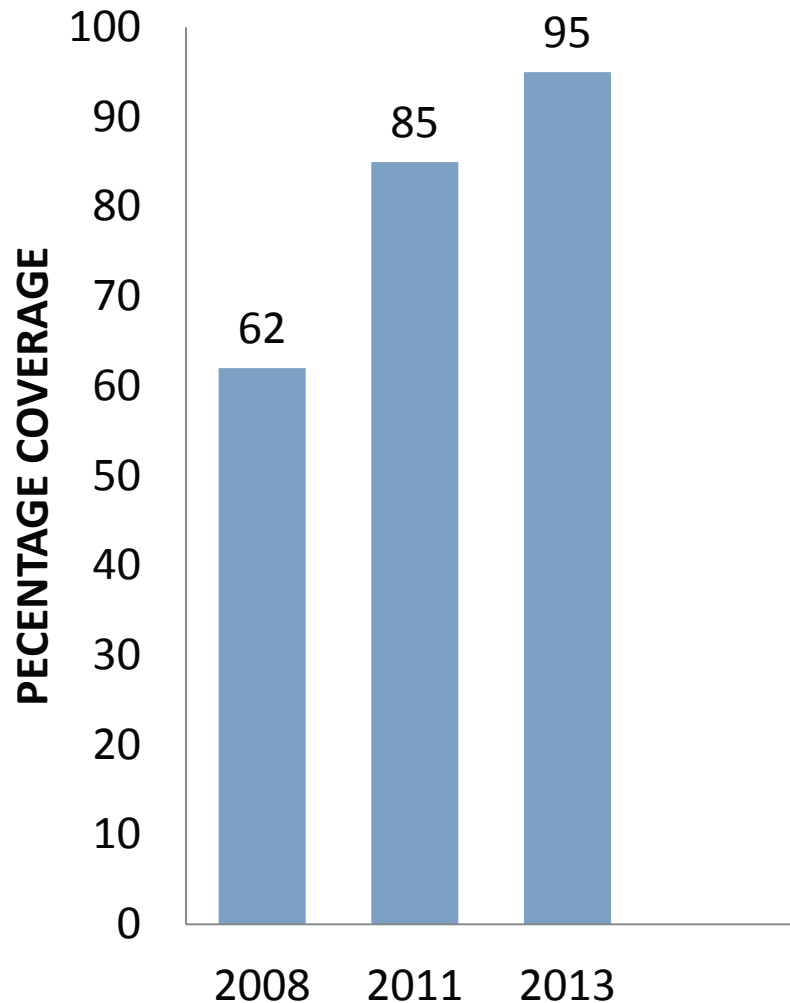
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- Many advances have been made in the treatment and prevention of the effects of HIV in Zambia
  - Provision of 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> line treatment free of charge.
  - Over 9 times increase (\$5m to \$45m) in ARVs budget in 3 years
  - New guidelines moving us close to test and treat



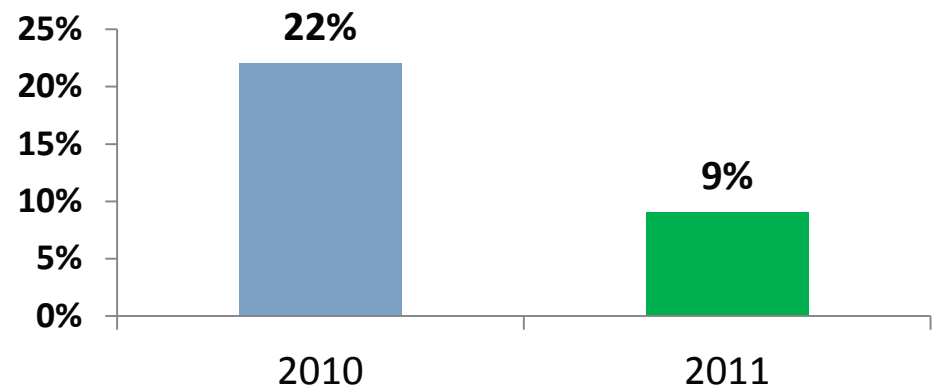


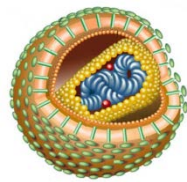
# PMTCT Coverage



- Zambia has made significant progress in eliminating mother to child transmission (eMTCT)
- Coverage expanding since 2008 and now >95% with option A
- Now in the process of transitioning to Option B+

## Risk of infants acquiring HIV infection from their mother (at 6 weeks)





## Key changes in new guidelines

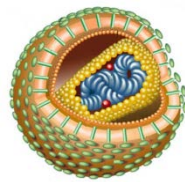
Children (0-15y)

Treat  
irrespective of  
CD4  
or  
WCS

Adults (>15y)

Treat\* when  
CD4 $\leq$ 500  
or  
WCS 3 or 4

WCS – WHO Clinical Stage

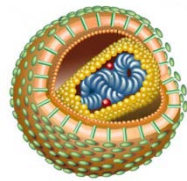


## HIV Counselling and testing

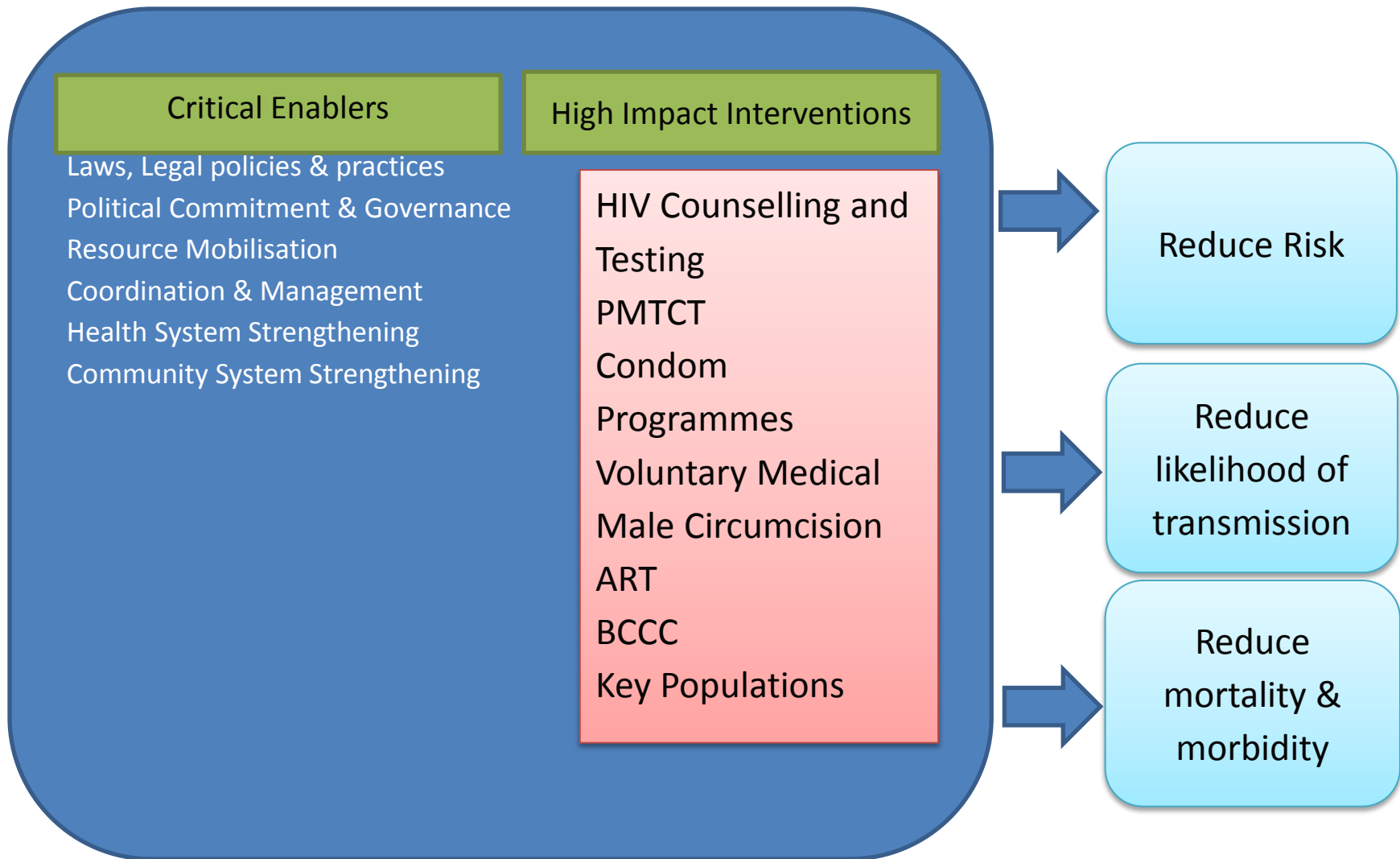
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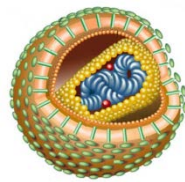
- Strengthened mobile HTC facilities
- Strengthened youth friendly HTC centres that offer adolescent friendly sexual and reproductive health services
- Increasing outreach of couple VCT





# MULTI Sectorial response





## Conclusion

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- Zambia's HIV response has grown over the years
- It has shown to be dynamic and innovative
- The country's response is robust in achieving its goals and has begun to show results