**Result report HIV/AIDS Zambia 2009-2010**

Embassy: Lusaka
Country: Zambia
Strategic goal: To contribute o the achievement of MDG 6: Bring a halt to killer diseases AIDS, Malaria and TB.

This form is completed by Peter de Haan

## 1. CONTEXT

*a. Country + b. Thematic Context*

Zambia forms part of the Southern African region where 4 % of the world's population live; yet more than 60% of all AIDS infections are to be found there. Most AIDS patients die during their productive years which has a negative effect on economic growth. A tragic consequence of the epidemic is the large and growing number of AIDS orphans and vulnerable children (OVCs). The Zambian government is aware of the threat posed by HIV/AIDS and -greatly supported by the international donor community and Zambian NGOs- is countering the epidemic by mass campaigns, treatment and by applying preventive measures.
For further information on AIDS in the Southern African region, including Zambia see: www.unaids.org.zm

*c. Description of the problem*

There are two major problems and one emerging one.

1. The first major problem is that there is no cure for AIDS. According to researchers' estimates it may take another 10 -20 years before such a cure will be developed. Hence, prevention is the only way to confront the epidemic.
2. The second problem concerns the risk groups in society. It is now better understood which are the risk groups in societies, the so-called *drivers of the epidemic*. Conventional wisdom had it that the major risk group consisted of homosexual men, drug users and migrant workers. However, recent evidence confirms that heterosexual adults constitute the major risk group. Concurrent sexual relationships amongst them mainly explains why AIDS is still spreading. Zambia registers 82,000 new AIDS infections every year.
3. An *emerging problem* in Zambia is the slow but gradual decrease in donor funding for HIV/AIDS. Bilateral donors either withdraw funding HIV/AIDS activities or end their support to Zambia. The Global Fund receives less financial contributions and PEPFAR may be under threat given the USA's huge budget deficit.

For further information on concurrent sexual relationships*: The Invisible Cure* by Helen Epstein is a must read. For further information on drivers of the epidemic in Zambia see: www.nac.org.zm. For further information on dwindling foreign aid see: Science, 8 October 2010: Global HIV/AIDS Policy in Transition, by J. Bongaarts and M. Over.

*d. Intervention logic*

Targeted preventive strategies are being implemented in Zambia such as concentrating prevention campaigns on the age group between 15 -24 year olds, with special attention for heterosexual couples in general and women and girls in particular. Massive distribution of male and female condoms is being applied. Male circumcision has proven to be an effective preventive measure as well. This is now more and more practised in Zambia. Rapid scaling up of Voluntary Counselling and Testing (VCT) and prevention of mother-to-child transmission

(PMTCT) centres are other effective means of intervention. Thanks to all these preventive measures the AIDS prevalence rate has gone down (see below).
Anti-retroviral treatment (ART) is successfully applied in Zambia, mainly thanks to PEPFAR and the Global Fund. Home-based care for the bed-ridden and those who lost their source of livelihood, is mainly provided by Zambian NGOs. The same applies to OVCs. However, as there are 1.2 million OVCs in Zambia, a lot of them fall by the way side.
Regarding dwindling donor funding, the government is being pressurized by Zambian NGO's to invest more in the fight against AIDS. Some NGOs, such as CHAZ are actively pursuing financial self-sufficiency.

## 2. RESULTS AND LESSIONS LEARNED

*a. What has been achieved and why? What made it happen?*
According to the latest Demographic Health Survey the HIV/AIDS prevalence percentage dropped from 16% in 2001 to 14% in 2007. The number of VCT sites increased from 250 in 2005 to 1,563 in 2008. PMTCT services were rolled out to all 72 districts.
A major success is that 325,000 people were on ART treatment in 2009. If one compares this with only 70,000 people on treatment in 2006, this almost 5 times increase is impressive. This is mainly thanks to PEPFAR who supplied ARTs for 286,000 people in 2009. The Global Fund was the second larged contributor in this realm. Whilst PEPFAR is mainly working through American organisations, the Global Fund channels its finding through 4 principal recipients: the Ministry of Health, the Ministry of Finance, and two Zambian NGOs: the Churches Health Association of Zambia (CHAZ) and the Zambian National AIDS Network (ZNAN). Both CHAZ and ZNAN are also being funded by this Embassy together with a few other donors. In close consultation with this Embassy and other donors, who emphasized attention for prevention, food security and sexual reproductive gender rights , CHAZ and ZNAN achieved the following in 2010:

- 360,000 people reached through various prevention measures;
- material support (including schooling) to 11,300 OVCs;
- 19,600 people benefited from food security programs;
- 60,800 people (mainly women and girls) benefitted from sexual reproductive gender rights programs.

*b. What went less well and why?*
Given the fact that more than 80,000 people are being infected with the virus every year, this means that prevention is not yet effective enough and that quite a few sexually active Zambians need to change their promiscuous behaviour. Another set-back concerns the consequences of the corruption scam at the Ministry of Health in 2009. The Global Fund suspended its financial support to the Ministry. UNDP is now charged with strengthening the financial and accountability capacities of this Ministry until such time that it can regain its principal recipient status. Meanwhile the Global Fund did not stop funding life saving medicines in order not to interrupt anti-retroviral treatment; these are now procured by UNDP.
Two huge challenges are yet to be confronted:
1. The large number of OVCs who are not properly catered for. It is mainly grandparents, community schools, the Social Protection Extension Programme and NGOs who cater to them, yet not all are receiving help.
2. The likelihood that foreign funding will go down. On top of this, once Zambia will reach the status of lower middle income country, it will have to pay the full price for ARTs, which are now provided for a subsidized price. Government's funding of AIDS

related costs are very small(less than 2 % of its budget), and over the past few years there was no rising trend in it.

*c. What has been learned?*

The AIDS epidemic is not yet under control. A more effective and targeted prevention approach, which -as stated above- is now being applied, will be more effective. New preventive measures such as male circumcision should be boosted. OVCs need much more attention to give them a chance for a better future.

Although successes have been achieved in the growing number of people under treatment- the likelihood of less foreign funding puts a heavy burden on the government's future budget.

**3. RESOURCES SPENT (ODA and FTEs)**

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| Dutch ODA disbursed during 2009-2010 as a contribution to this strategic goal | Support to CHAZ: € 1,463,100.-<br>Support to ZNAN: € 2,484,148.- |
| FTE | 0.4 FTE |
| Piramide numbers | 16730; 17690 |

**Overall traffic light score:**

On track