

# Zambia Country Update

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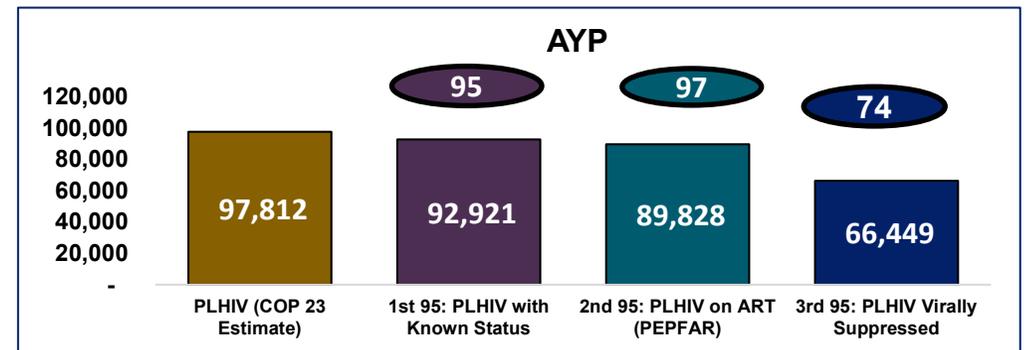
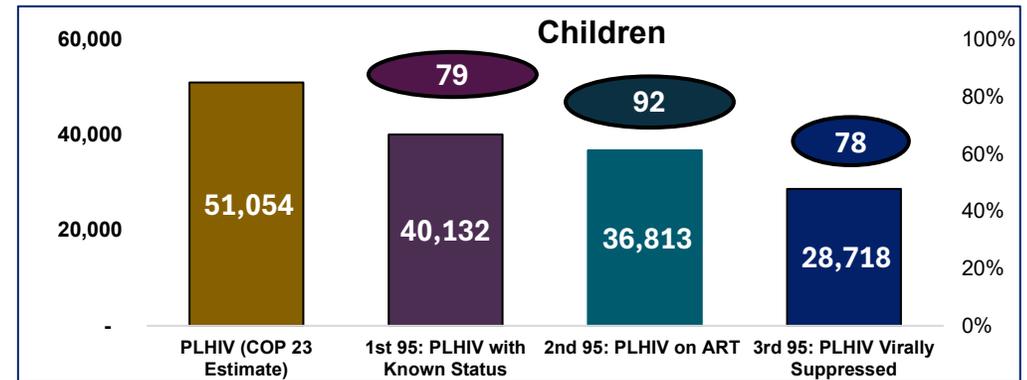
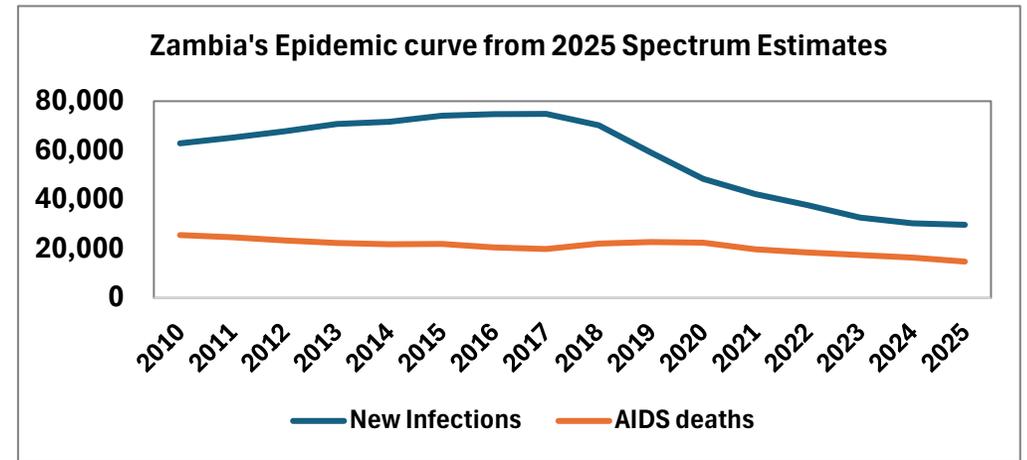
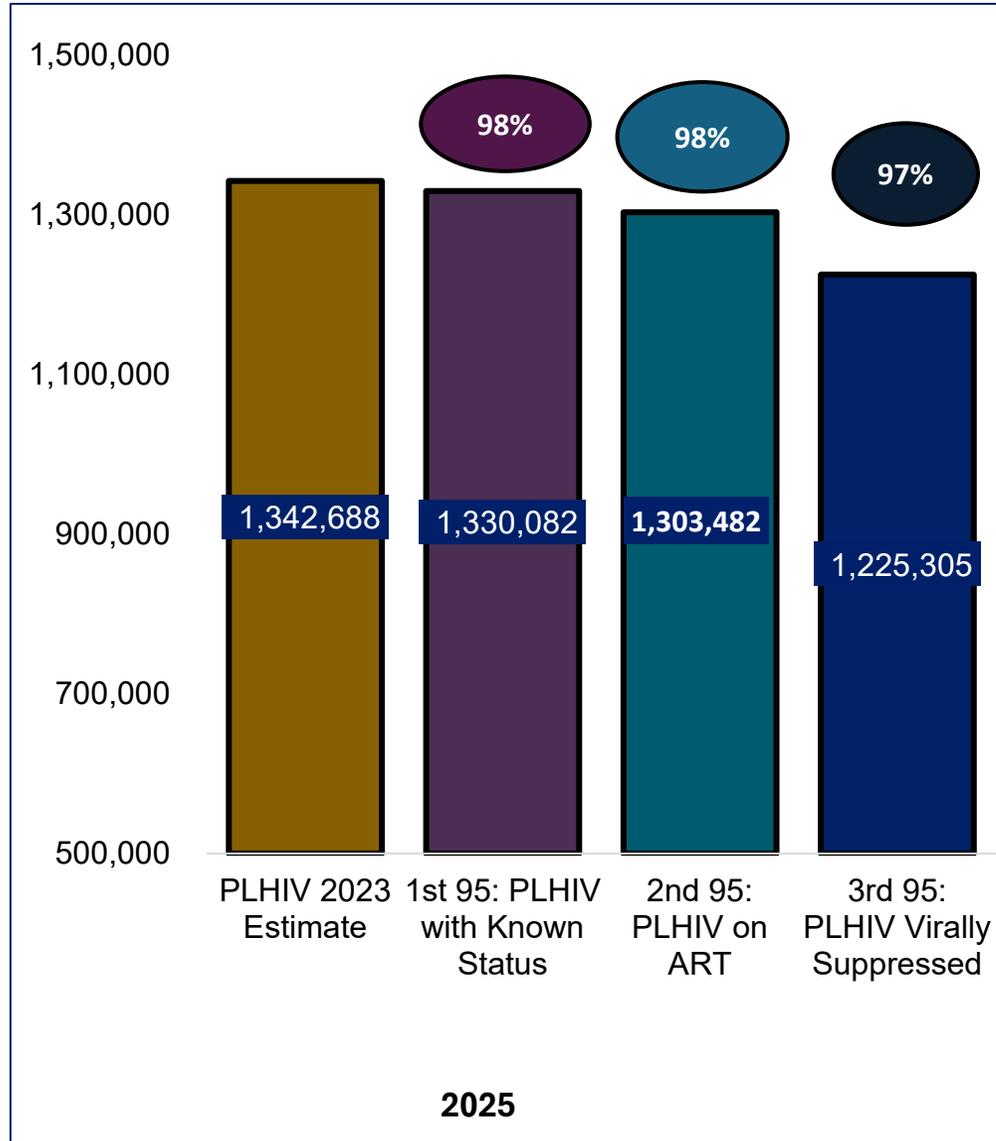
# Presentation Outline

- Country Epidemic Overview
- Funding Shifts and Programmatic Realignment
- Summary of Prioritized HIV Services and System Adaptations
- M&E System Adaptations, Key Indicator Trends and Implications
- Community Engagement
- Lessons Learnt

# Country Epidemic Overview



# Country Epidemic Overview

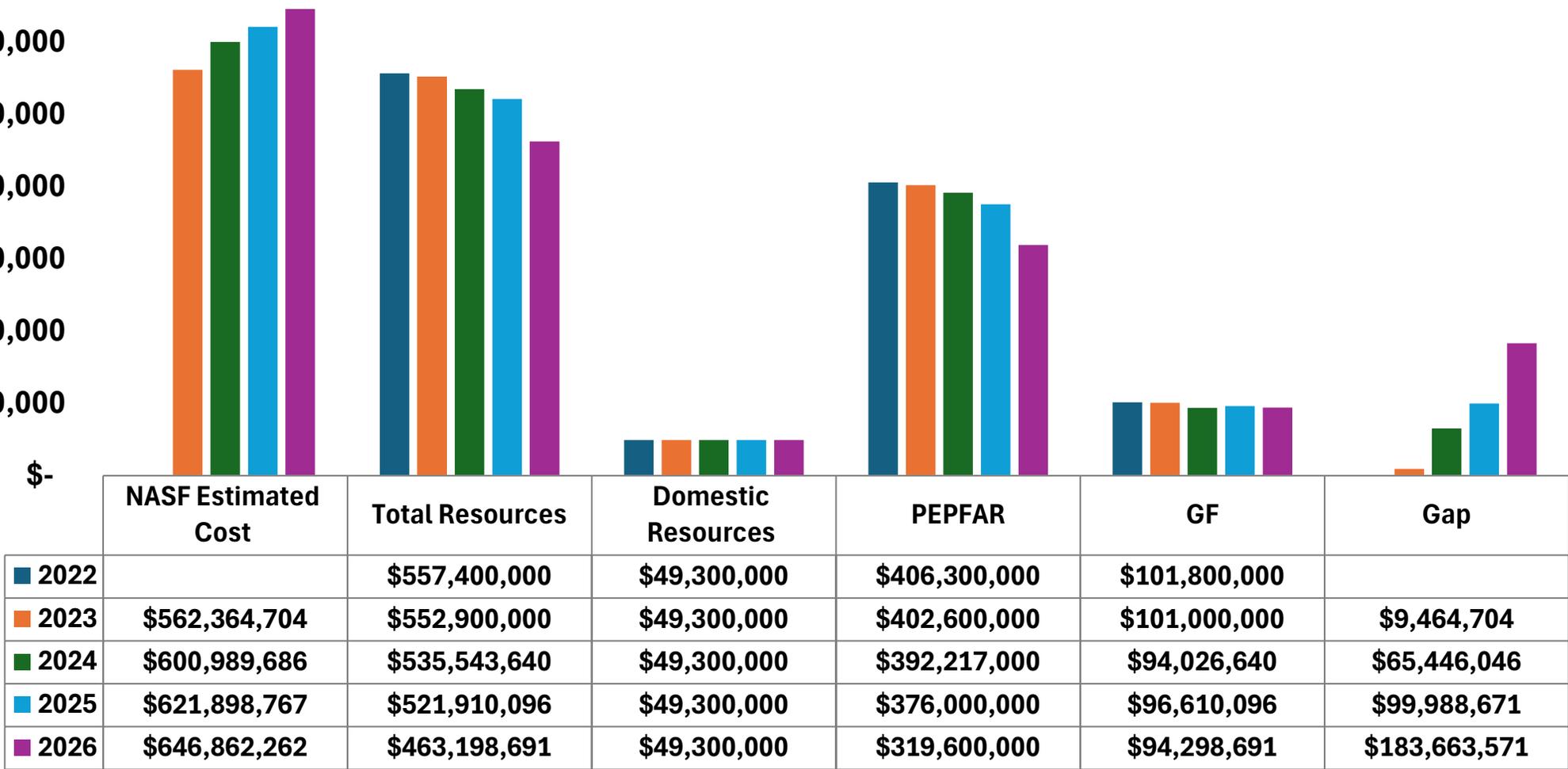


# Funding Shifts and Programmatic Realignment



# Financing: HIV Funding Landscape Analysis 2022-2026

\$600,000,000  
 \$500,000,000  
 \$400,000,000  
 \$300,000,000  
 \$200,000,000  
 \$100,000,000  
 \$-



# Funding Shifts Following Stop Work Order

- Global Fund GC-7 reduced by 8%
- Government drug fund for 2026 increased by 30% from K4.9 billion in 2025 to K6.4 billion in 2026
- USG (PEPFAR) commitments still unconfirmed

# ZAMBIA MINIMUM PACKAGE FOR SUSTAINABLE HIV SERVICE DELIVERY

February 2025

## Programmatic Realignment

- Minimum package developed and under implementation
- Transitioning of HIV Human Resource for Health (HRH) from donor to Government
- Community siloed programs realignment to government-based services
- HIV program leadership and coordination at subnational level shifted to be government centered from implementing partner centered
- Streamlining and transitioning of HIV related health information systems including logistic information systems to Government
- Promotion of private sector HIV service provision

# Summary of Prioritized HIV Services and System Adaptations

# Programmatic Realignment in Response to Budget Cuts

- HIV service integration to be strengthened (OPD, MCH)
- Leveraging on the government-employed Community-Based Volunteers (CBVs) (polyvalent CBVs) to provide mentor-mother (MM) activities (capacity to be built by training them in the MM curriculum)
- Cost-effective and sustainable community delivery models, e.g cutting off monthly bills like rentals by utilizing the existing government infrastructure in the community, renovating it and making it appropriate to provide health services in the community
- Utilizing the Public-Private partnership to mobilize domestic funds, NAC has been coordinating the dialogues
- HIV services to be provided based on the minimum HIV service package guidelines

# National Prioritized Prevention and Testing Services

## Prevention Services

Component	Intervention	Zambia	
Infant prophylaxis	Infant PEP HR 0-6w	Keep (No Change)	
	Infant PEP HR 6-12w	Keep (No Change)	
	Infant PEP LR	Keep (No Change)	
PEP	Facility PEP (guidelines)	Keep (No Change)	
	Community PEP (GBV/KP)	Keep (Modify)	
Condoms	Facility condoms/lube	Keep (No Change)	
	KP condom points	Keep (Modify)	
	Community condom points	Keep (No Change)	
PrEP continuation	Facility PrEP KP 3MMD/6m	Keep (No Change)	
	Facility PrEP PBFW 3MMD/6m	Keep (No Change)	
	Facility PrEP others 3MMD/6m	Keep (No Change)	
	Annual PrEP review	Keep (No Change)	
	PrEP review 6-monthly	Keep (No Change)	
	Facility PrEP DSD-indiv	Keep (No Change)	
	Out-facility PrEP DSD	Keep (No Change)	
	Virtual PrEP refills	Not applicable	
	Adherence/risk counselling	Keep (No Change)	
	Continue DVR PrEP	Drop	
	Continue LAI PrEP	Keep (No Change)	
	PrEP initiation (& re-initiation)	Start PrEP PBFW self-ID	Keep (No Change)
		Start PrEP PBFW at-risk	Keep (No Change)
		Start PrEP KP	Keep (No Change)
Start PrEP AGYW self-ID		Keep (No Change)	
Start PrEP others self-ID		Keep (No Change)	
Test post-start 1-3m		Keep (No Change)	
PrEP demand creation		Keep (No Change)	
Continue DVR PrEP		Drop	
Harm reduction for people who inject drugs	Continue LAI PrEP	Keep (No Change)	
	PrEP start education	Keep (No Change)	
	Facility-first NSP+naloxone	Keep (No Change)	
	Community NSP+naloxone	Keep (No Change)	
	Continue OAMT refills (PWID)	Keep (No Change)	
VMMC	Initiate/continue OAMT (PWID)	Keep (No Change)	
	Targeted VMMC scale-up	Keep (No Change)	

## Testing Services

Component	Intervention	Zambia
Blood products	Blood product screening	Keep (No Change)
	Symptomatic testing (entry)	Keep (No Change)
Facility-based	ANC first test	Keep (No Change)
	ANC late retest	Keep (No Change)
	Postnatal PBFW 6-monthly	Keep (No Change)
	HEI 6w/6-9-18m EPI	Keep (No Change)
	HEI birth test	Keep (No Change)
	TB clients (newly diagnosed)	Keep (No Change)
	TB clients (presumptive TB)	Keep (No Change)
	STI clients (new STI)	Keep (No Change)
	Hep B/C (new)	Keep (No Change)
	Inpatient (new admission)	Keep (No Change)
	Children in malnutrition clinics	Keep (No Change)
	EPI child post-screen	Keep (No Change)
	FP initiation clients	Keep (No Change)
	FP <25 init+annual	Keep (No Change)
	FP init+biennial+change	Keep (No Change)
	FP init+annual	Keep (No Change)
	Self-initiated HIVST (annual)	Keep (No Change)
	VCT/HIVST any frequency	Keep (No Change)
	PrEP users 1m+6m	Keep (No Change)
	PrEP users 1m+3m	Keep (No Change)
	VMMC clients	Keep (No Change)
	PN EPN +HIVST/FBT	Keep (No Change)
	PN APN +FBT (virtual)	Keep (No Change)
	PN APN +community test	Keep (No Change)
	Female index: child FBT/HIVST	Keep (No Change)
	Female index: child CBT	Drop
	Network-based (including facility/virtual and community-based)	PN EPN +HIVST (VL>1000)
PN EPN +HIVST FP/ANC<25		Keep (No Change)
PN EPN +HIVST (FP/ANC)		Keep (No Change)
KP SNT +HIVST		Keep (No Change)
AGYW SNT +HIVST		Keep (No Change)
PN EPN +HIVST (95s STI-neg)		Keep (No Change)
PN EPN +HIVST (STI-neg)		Keep (No Change)
PN APN +FBT (STI-neg)	Keep (No Change)	

Component	Intervention	Zambia
Community-based (virtual and in-person)	CB HIVST points >15	Keep (No Change)
	CB HIVST points 95-gap	Keep (No Change)
	CB HIVST points KP	Keep (No Change)
	HIVST digital outreach	Keep (No Change)
	KP high-volume outreach	Keep (Modify)
	KP all outreach sites	Keep (No Change)
	AGYW targeted outreach	Keep (No Change)
	Men targeted outreach	Keep (No Change)
	Men workplace testing	Keep (No Change)
	Children targeted outreach	Keep (No Change)
	Prisoners: On entry/discharge	Keep (No Change)
	Prisoners entry/annual	Keep (No Change)
ABYM targeted outreach	Keep (No Change)	
Recency testing	Recency testing	Drop

Keep (No Change)
Keep (Modify)
Drop
Not applicable
Missing Data

HIV testing modalities which are discouraged include:

- Generalized provider-initiated testing for all populations and all facility entry points
- Community follow up of contacts of index cases
- Self-testing services and recency testing

Prevention:

- Stand-alone DREAMS/DREAMS-like community activities; Adolescent HIV prevention through AGYW empowerment will be done in facilities at youth friendly spaces
- Stand alone or parallel VMMC services outside routine surgical services

# National Prioritized Treatment Services

Component	Intervention	Zambia	Component	Intervention	Zambia
ART continuity	Uninterrupted ART for all	Keep (No Change)	OI management	TB Xpert for symptomatic	Keep (No Change)
	MMD 3–6 months	Keep (No Change)		TB treatment	Keep (No Change)
	Annual clinical review	Keep (No Change)		TPT per regimen	Keep (No Change)
	Enroll less-intensive DSD	Keep (Modify)		CRAG for symptomatic	Keep (No Change)
	Maintain facility DSD-indiv	Keep (Modify)		Cryptococcal treatment	Keep (No Change)
	Maintain community DSD-indiv KP	Drop	AHD package	LAM S3/4 seriously ill	Keep (No Change)
	Maintain client-managed groups	Keep (Modify)		CRAG S3/4 IPD	Keep (No Change)
	Maintain adolescent groups (HCW)	Keep (Modify)		CD4 S3/4 new or >90d	Keep (No Change)
	Maintain community DSD-indiv	Drop		CD4 S1/2 new or >90d	Keep (No Change)
	Maintain DSD groups (HCW)	Drop		LAM S1/2 CD4<200	Keep (No Change)
	Active transfer same-day 3MMD	Keep (No Change)		CRAG S1/2 CD4<200	Keep (No Change)
	Continuity OI prophylaxis	CTX adults S3/4/CD4<350		Keep (No Change)	Integration
CTX adults high-risk		Keep (No Change)	PAP smear never-screened	Not applicable	
CTX for HIV/TB		Keep (No Change)	HPV screen never-screened	Keep (No Change)	
CTX for CLHIV		Keep (No Change)	Hypertension integration	Keep (No Change)	
CTX for HEI		Keep (No Change)	Diabetes integration	Keep (No Change)	
Fluconazole secondary proph	Keep (Modify)	Family planning integration	Keep (No Change)		
ART initiation (and re-initiation)	Initiate <5 years	Keep (No Change)	Tracking and tracing	VIAC annually WLHIV	Keep (Modify)
	Initiate PBFV	Keep (No Change)		Confirm contacts each visit	Keep (No Change)
	Initiate symptomatic/AHD	Keep (No Change)		Phone trace abnormal labs	Keep (No Change)
	Initiate all positives	Keep (No Change)		Phone trace high-risk	Keep (No Change)
	Initiate stage3/4 or CD4 low	Keep (No Change)		Phone trace >28d missed	Keep (No Change)
	Initiate stage1/2 (CD4 high)	Keep (No Change)		Home trace abnormal labs	Drop
Viral load monitoring	VL for suspected failure	Keep (No Change)		Psychosocial support/ Counselling	Home trace high-risk
	Repeat VL at 3m	Keep (No Change)	Home trace >28d missed		Drop
	First VL by 6m	Keep (No Change)	ART start literacy		Keep (No Change)
	First VL (no prior)	Keep (No Change)	Adherence assessment visits		Keep (No Change)
	Pregnant: VL at ANC/3m	Keep (Modify)	VL and DSD prep		Keep (No Change)
	Pregnant: VL 34–36w	Keep (No Change)	EAC for high VL		Keep (Modify)
	Breastfeeding: VL 3m+6mly	Keep (No Change)	Child disclosure support		Keep (No Change)
	LLV: repeat VL 3m	Keep (No Change)	MH screening at start	Keep (Modify)	
	VL annually if suppressed	Keep (No Change)	MH screening high VL	Keep (Modify)	
	VL q2–3y post-2x	Keep (No Change)	MH screening all visits	Keep (Modify)	
	Resistance test per guidelines	Keep (Modify)			

**HIV treatment services which are discouraged for the minimum package**

- Cotrimoxazole prophylaxis outside children and PBFV
- Repeat TPT for individuals who have received TPT before
- Baseline viral load testing
- HIV drug resistance (HIVDR) after first line treatment failure only

Keep (No Change)
Keep (Modify)
Drop
Not applicable
Missing Data

# Service Delivery Models

Service Delivery Models	Targeted Population	Coverage
Stand alone HIV clinics	All populations	593 high volume facilities covering 77% of Tx Curr
Integrated HIV services into outpatient settings	All populations	2292 health facilities with 23% of Tx Curr
Community wellness centers in non-rented community premises	Key and priority populations	Country-wide
Private sector HIV services	All populations	Country-wide with 6% of Tx Curr (target of 10% of Tx Curr)
Faith based HIV service health facilities	All populations	Country-wide with 6% of Tx Curr

# System Adaptations to Support Priorities

Domain	Previous State	Adaptations	Examples
<b>Governance, Leadership and Coordination</b>	Partner Led	Government owned and led	<ul style="list-style-type: none"> <li>• Monthly meetings with Government HIV Coordinators</li> <li>• Donor withdrawal drills</li> </ul>
<b>Health Finance</b>	Heavily donor supported	Increase in Government funding and non-traditional donors	<ul style="list-style-type: none"> <li>• Drug fund increased by ZMK 2.4 Billion (30%) in 2006 national budget</li> </ul>
<b>Human Resource for Health (HRH)</b>	Significant number of HIV HRH supported by donors	Progressive transition of HIV HRH to government payroll	<ul style="list-style-type: none"> <li>• 2927 new FTEs for HIV planned for 2026</li> </ul>
<b>Health Informations Systems (HIS)</b>	Partner operated EMR, eLMIS, LIS	HIS migrating to government operated	<ul style="list-style-type: none"> <li>• eLMIS operating skills transferred to MOH Information, Communication, and Technology (ICT) Department</li> </ul>
<b>Laboratory and Pharmacautical Commodities</b>	Partner led courier and logistic management systems	Transition to POC platforms, integrated courier and reformas to Government commodity supply chains systems	<ul style="list-style-type: none"> <li>• Over 30% of viral load on POCs</li> </ul>

# M&E System Adaptations, Key Indicator Trends and Implications

# M&E Indicator Prioritization

#	Program Area	Indicator	Zambia
			0%
1	VTP	1st ANC attendance	
2		1st ANC testing	
3		1st ANC HIV+	
4		1st ANC Known HIV+	
5		HEI 1st EID	
6		HEI final outcome	
7		HEI ARV prophylaxis	
8	HTS	HTS_TST	
9		HTS_POS	
10		HTS_TST by modality	
11		HTS_POS by modality	
12	ART	TX_NEW	
13		TX_NEW by CD4 count	
14		TX_CURR by MMD	
15		IIT	
16		AIDS-related mortality	
17	VL	VL results received	
18		VL <1,000 C/ml	
19	TB	TB diagnosis	
20		Initiated on TPT	
21		Completed TPT	
22	HIV Prevention	PrEP_NEW	
23		Receiving PEP	
24		Receiving PrEP	
25		Receiving condoms	

- The coverage and completeness of M&E indicators is above 98% of facilities reporting
- Summarize gaps and highlight strengths in routine reporting
  - ✓ Vertical transmission services are imbedded in the MCH services
  - ✓ Two indicators currently not applicable i.e. VL results received and TPT completed

Key	Prioritized indicators
	Keep (No Change)
	Keep (Modify)
	Drop
	Not applicable

# M&E Systems Assessment Over Time

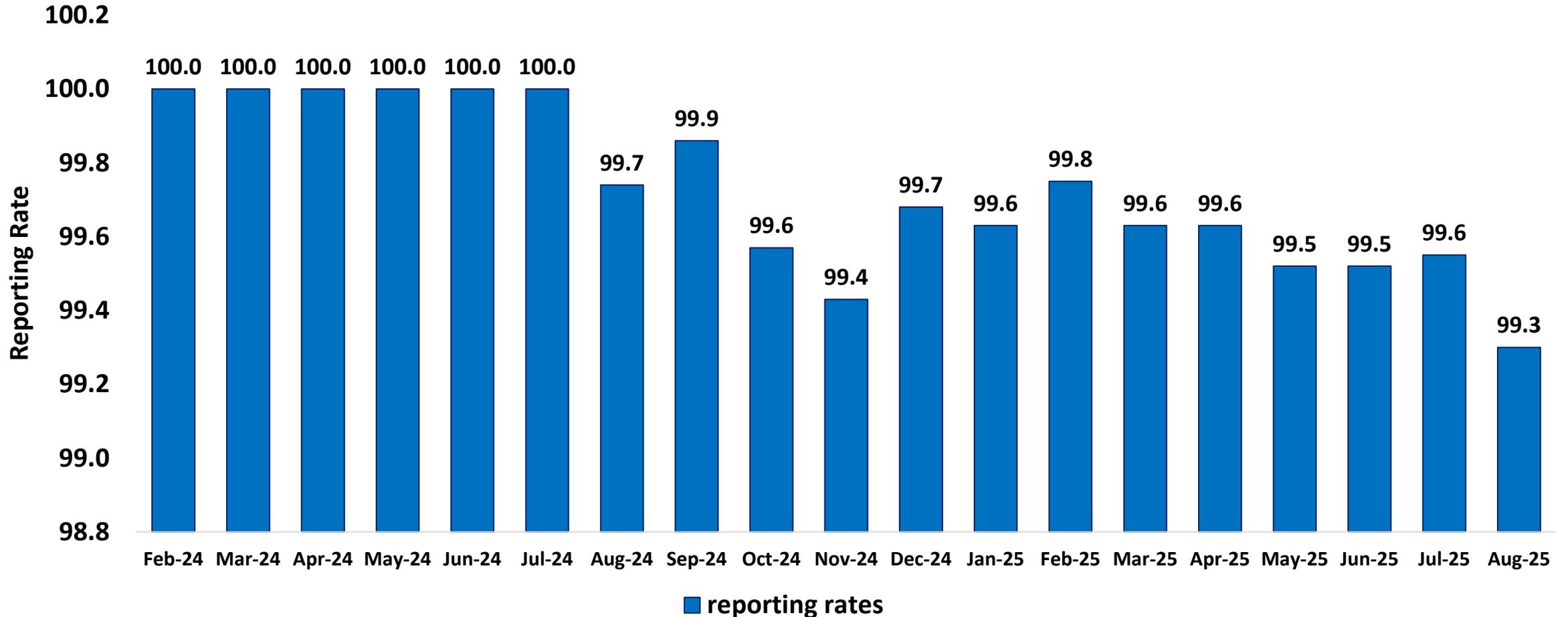
		Stop Work (Feb 2025) - Post Stop Work (May and Sept 2025)		
Domain	Functionality	Zambia		
		Feb-25	May-25	Sep-25
Data collection	M&E Tools Availability	Yellow	Yellow	Yellow
	Data Quality and Completeness	Yellow	Yellow	Yellow
	Community Based Monitoring	Yellow	Red	Red
	Retention Monitoring and Follow Up	Green	Green	Green
	Commodity Tracking Systems	Red	Yellow	Green
Databases, reporting, and use	HMIS reporting	Green	Green	Green
	EMR Functionality	Green	Green	Green
	Site Level Monitoring and Supervision	Yellow	Yellow	Yellow
	Data Dissemination and Data Use	Yellow	Yellow	Yellow
HRH capacity	M&E HRH Capacity	Yellow	Red	Yellow
	Supervision and Mentorship for HRH	Yellow	Yellow	Yellow
	Capacity Building for M&E Staff	Yellow	Yellow	Yellow

Key - Impact of SWO			
None	Partial	High	No data

- Stop work order (SWO) caused immediate disruptions to EMR systems, HRH, and technical support
- Community HIV services were significantly affected
- Data collection was hindered, but MoH is strengthening the community HMIS as part of strengthening the national data flow

# Trends in HIV M&E Indicator Reporting

*[National Aggregate H MIS Data from Feb. 2024 to Aug. 2025]*

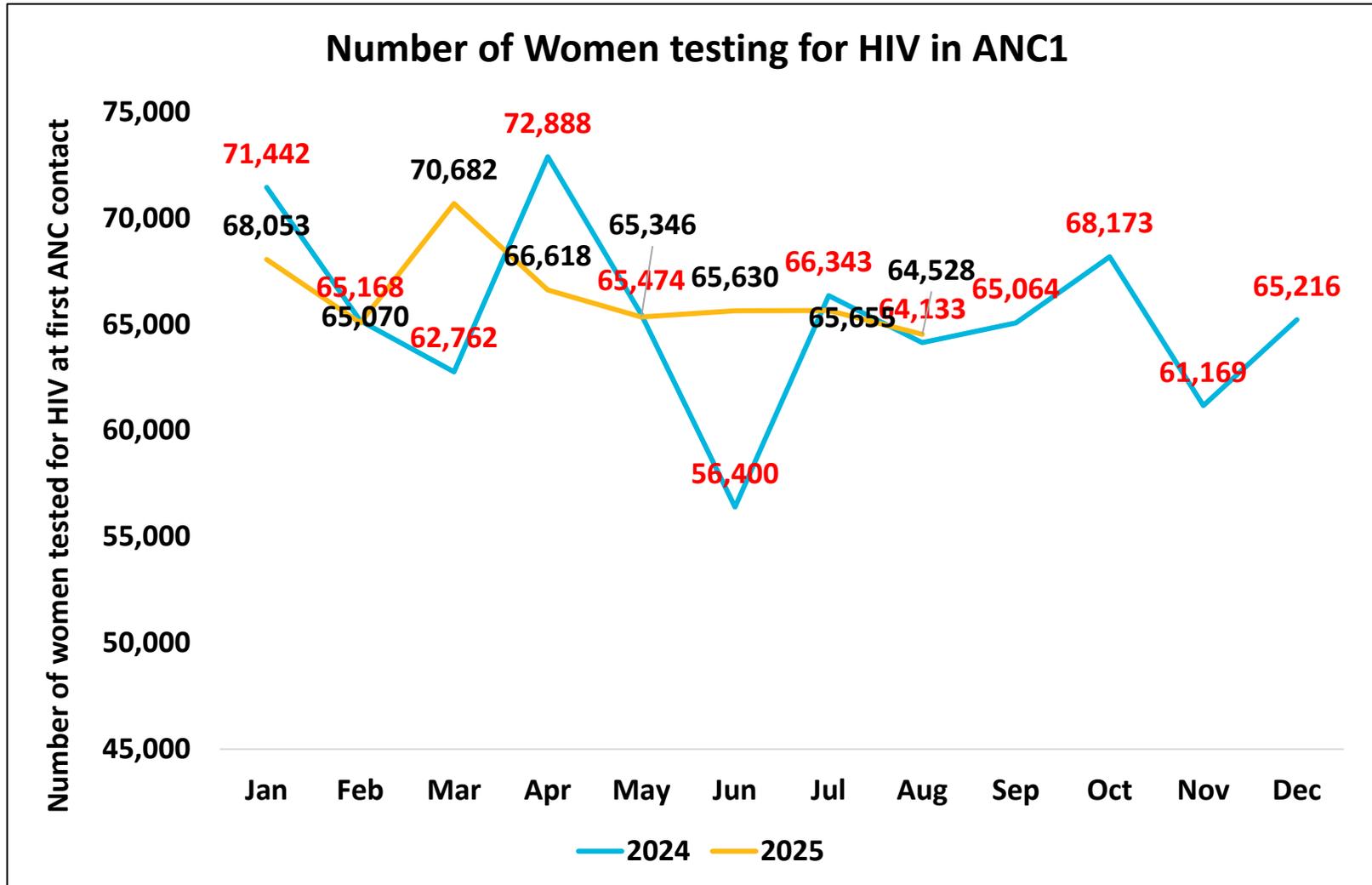


# Overall Performance of the EMTCT Program, Zambia (HMIS, Sept 2025)

	ANC Coverage	Testing on 1 ANC contact	ART coverage	MTCT	FO @24mo Unknown	Syphilis testing on 1st contact	Treated for syphilis	Hep B testing	Hep B treated
Central	78.9%	82.4%	89.6%	4.1%	19.7%	80.2%	97.2%	0.2%	89.8%
Copperbelt	104.6%	80.8%	94.0%	4.0%	15.3%	88.5%	118.0%	0.5%	118.7%
Eastern	81.2%	91.8%	99.3%	5.6%	6.4%	86.0%	105.3%	0.3%	79.1%
Luapula	87.9%	92.0%	94.1%	13.4%	24.4%	82.3%	99.6%	0.3%	104.7%
Lusaka	101.6%	86.0%	101.8%	5.0%	11.9%	89.6%	113.2%	0.4%	68.8%
Muchinga	98.1%	96.1%	97.4%	7.2%	15.1%	92.6%	94.8%	0.1%	185.0%
Northern	94.4%	94.2%	95.5%	8.4%	19.4%	82.6%	90.7%	0.0%	93.1%
Northwestern	87.8%	79.6%	91.4%	14.4%	21.6%	78.1%	105.2%	0.5%	111.8%
Southern	83.9%	89.0%	96.8%	3.8%	14.1%	87.7%	97.8%	0.5%	108.0%
Western	73.1%	89.4%	89.4%	3.1%	11.1%	84.7%	101.1%	0.4%	128.5%
<b>Zambia MoH</b>	<b>88.7%</b>	<b>87.5%</b>	<b>95.6%</b>	<b>5.2%</b>	<b>14.1%</b>	<b>85.3%</b>	<b>103.5%</b>	<b>0.3%</b>	<b>97.1%</b>

# Trends in Monthly Testing at ANC1 and Implications – 1

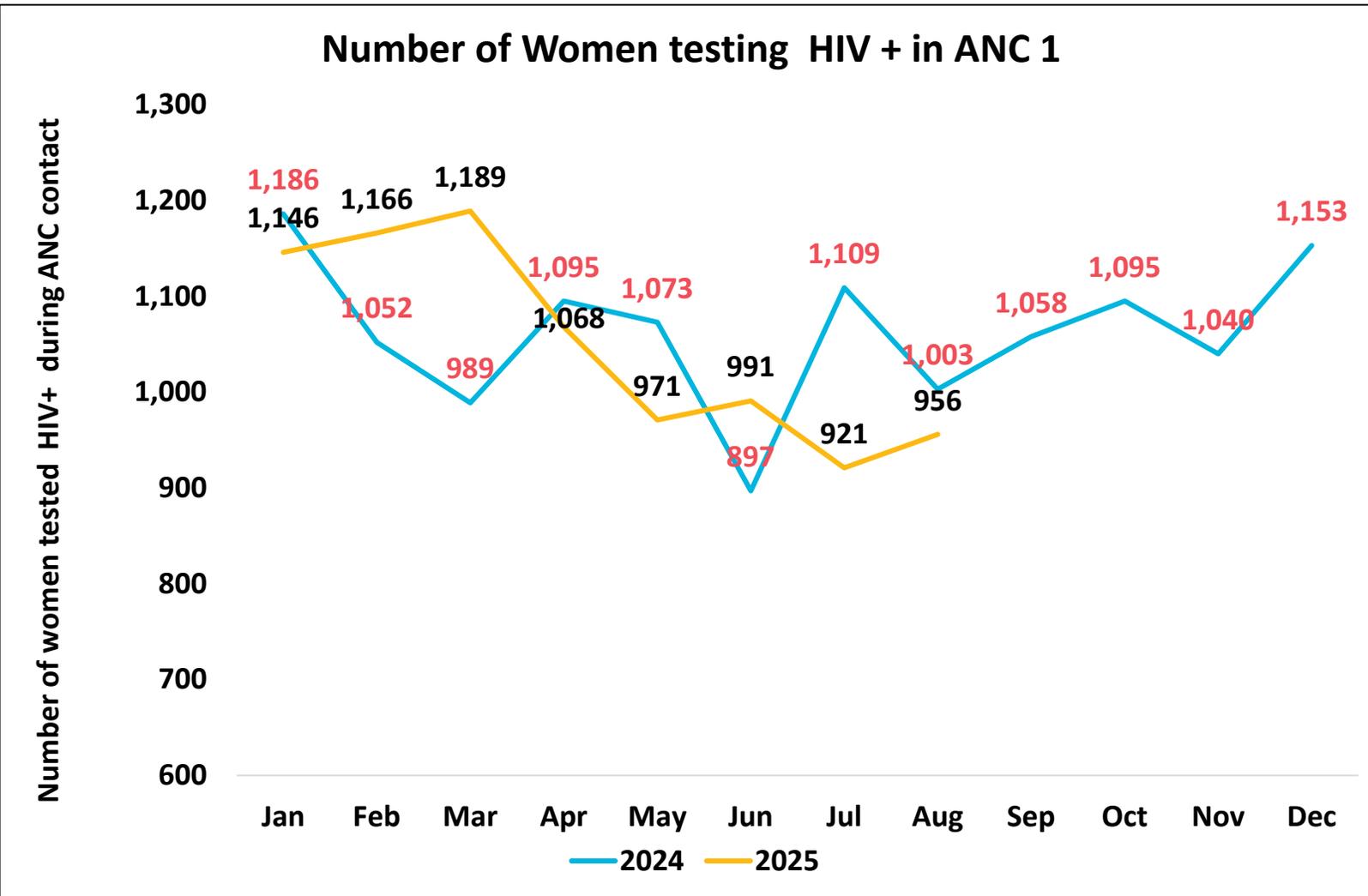
[National Aggregate HMIS Data from Jan. 2024 to Aug. 2025]



- Generally, MCH services were less impacted by the SWO
- There were significant increases in March and June 2025, indicating a possible adaptation after the SWO
- This shows resilience of the ART services in MCH which is covered by MoH employed midwives, nurses and data clerks

# Trends in Monthly Testing HIV+ at ANC1 and Implications – 2

[Data Source: National Aggregate HMIS Data from Jan. 2024 to Aug. 2025]

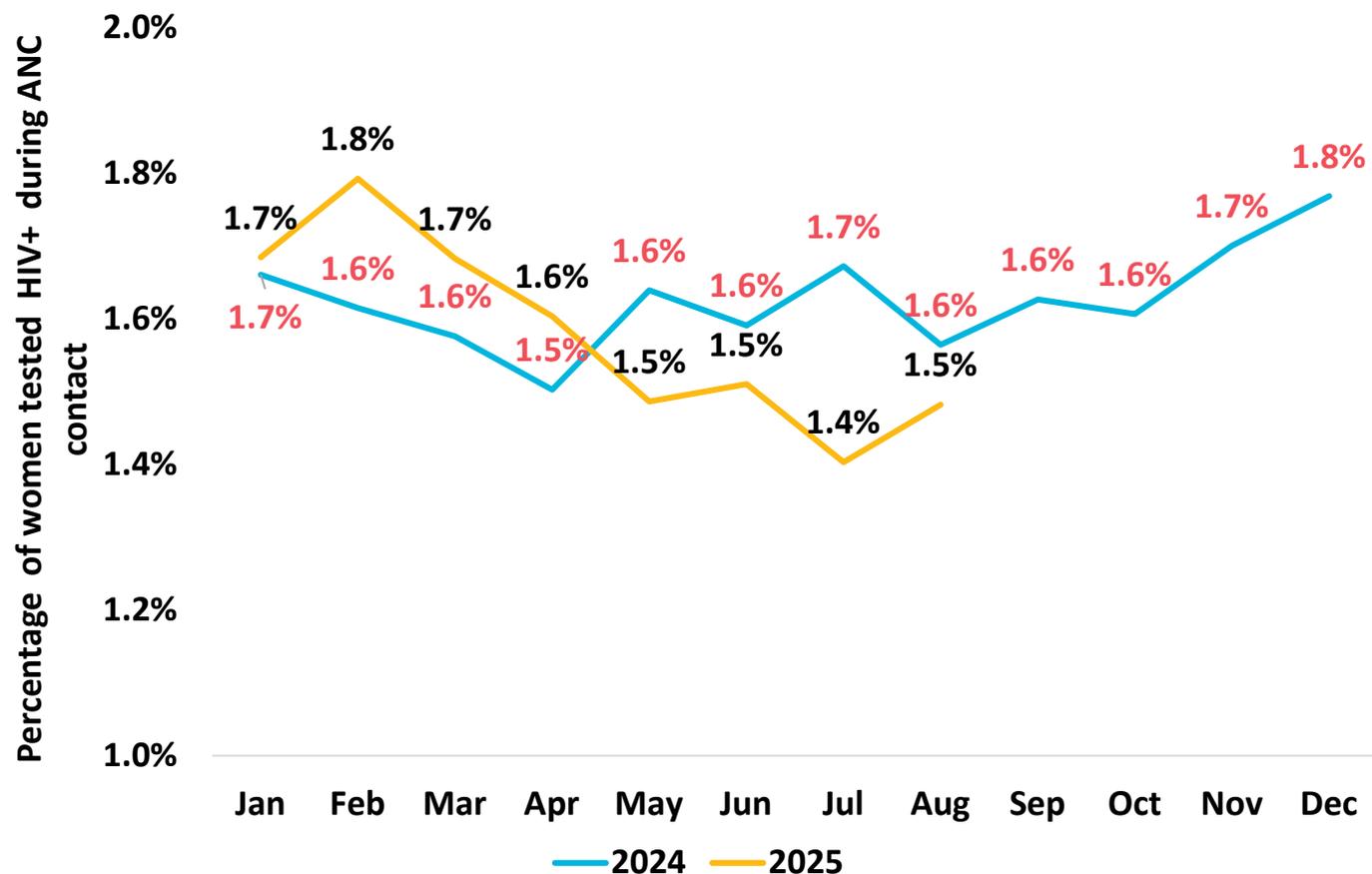


- The data shows significant fluctuations in the number of women testing HIV positive in ANC settings.
- The monthly values reveal that while some months saw increases, others experienced notable declines, indicating variability in testing outcomes.
- Seasonal fluctuations in healthcare-seeking behavior could also affect testing numbers (e.g., lower attendance due to holidays or other social factors).

# Trends in Monthly HIV Positivity at ANC1 and Implications – 3

[Data Source: National Aggregate HMIS Data from Jan. 2024 to Aug. 2025]

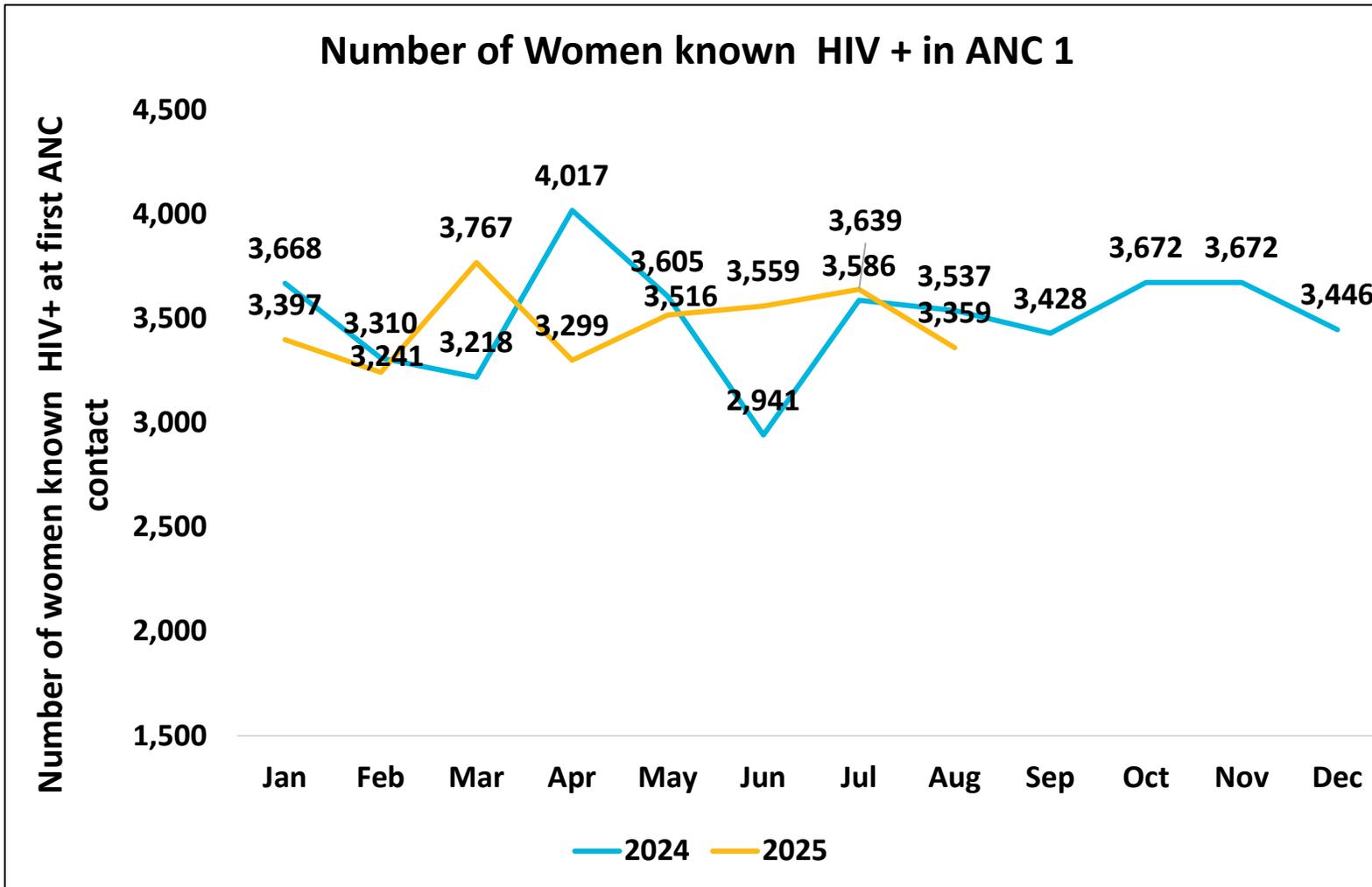
### Percentage of Women testing HIV + in ANC 1



- The percentage of women testing HIV positive in both years hovers around 1.4% to 1.8%.
- The observed trends in HIV positivity rates among ANC women in Zambia suggest a stable yet fluctuating landscape, influenced by multiple factors including healthcare access, public health initiatives, and socio-economic conditions.
- The data indicates minor fluctuations month-to-month, particularly in the mid-year months (May to August), highlighting potential seasonal trends or variations in testing behaviors.

# Trends in Monthly Known HIV+ at ANC1 and Implications – 4

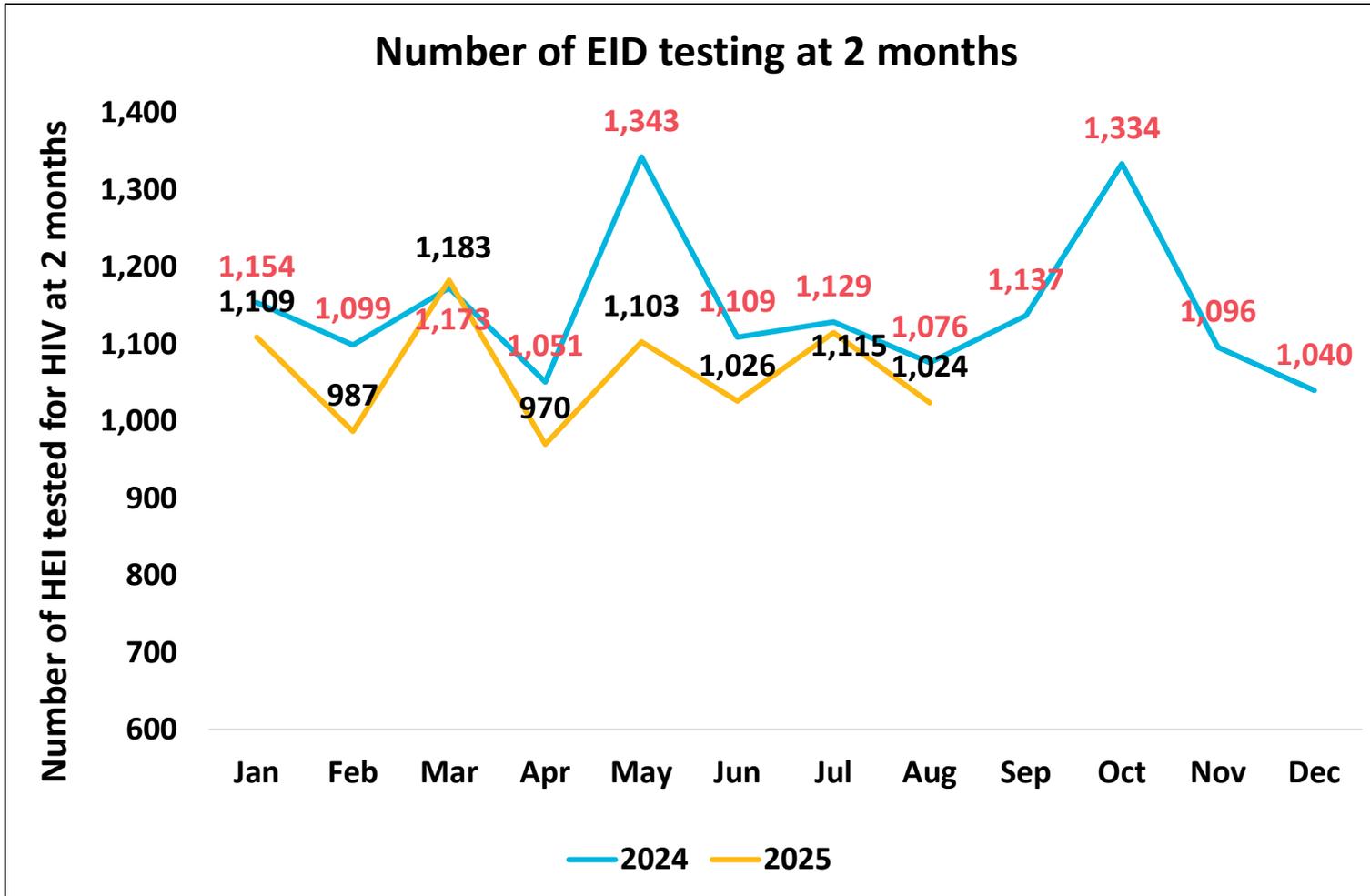
[Data Source: National Aggregate HMIS Data from Jan. 2024 to Aug. 2025]



- The total number of women known to be HIV positive fluctuates throughout the year, with several months exhibiting significant changes.
- The overall trend shows a decline in the number of HIV positive women in the first half of 2025 compared to 2024, with notable increases in March and May.

# Trends in Monthly EID at 2 Months and Implications – 5

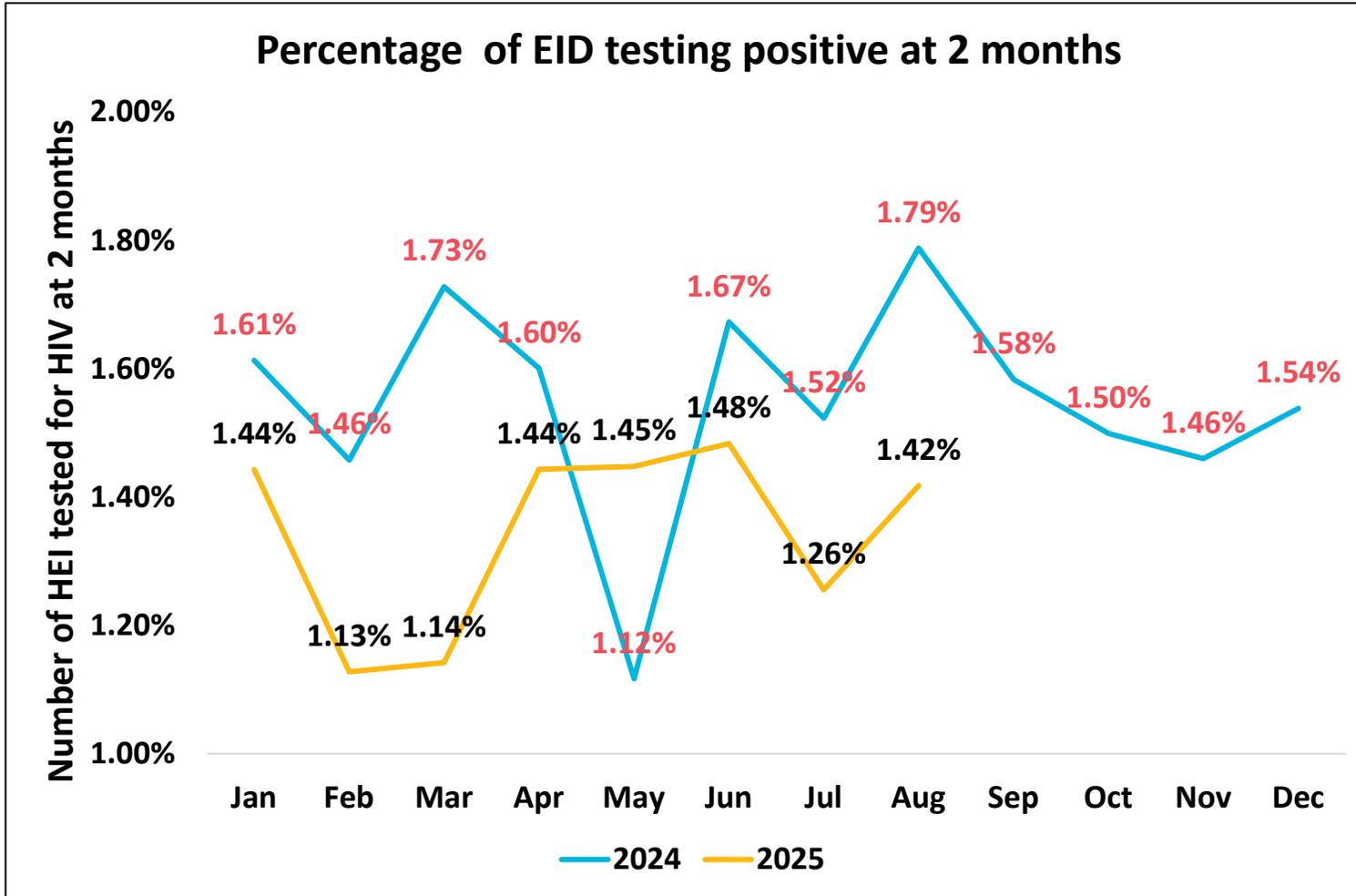
[Data Source: National Aggregate HMIS Data from Jan. 2024 to Aug. 2025]



- The number of infants tested for HIV at 2 months shows a significant decline in several months from 2024 to 2025, particularly in February, May, October, and November.
- In March, there was a significant increase in the number of tests conducted. This surge was primarily due to a backlog that occurred in February, caused by a SWO that impacted blood sample collection from bike riders, as well as the laboratory personnel at both the facilities and testing points.

# Trends in Monthly PCR+ at 2 Months and Implications – 6

[Data Source: National Aggregate HMIS Data from Jan. 2024 to Aug. 2025]



- HEI testing positive for HIV shows a general decline from 2024 to 2025 across most months.
- The dip in February 2025 was due to the SWO.
- Effective public health campaigns aimed at increasing awareness of HIV testing for infants may contribute to decreased positivity rates.
- Ongoing efforts in HIV prevention, such as the use of ART for pregnant women, may have resulted in fewer infants being born with HIV.

# Community Engagement



# Community Engagement

## *Impact of funding reductions on community engagement in Zambia*

- **Reduced Access to Essential Services:** Community programs and services have discontinued
- **Decreased Community Participation:** Funding cuts can lead to reduced community engagement and participation in development initiatives, as communities may feel disenfranchised or disconnected from the decision-making process.
- **Weakened Capacity for Local Organizations:** Reduced funding can compromise the capacity of local organizations, including community-based organizations and non-governmental organizations (NGOs)
- **Increased Burden on Local Communities:** Funding reductions can shift the burden of providing essential services from government and NGOs to local communities.

## *Engagement of ROCs in the re-prioritization of HIV services and M&E indicators in country*

- **Minimum service package:** Recipients of Care (ROCs) played a crucial role in the verification process of the Minimum Service Package (MSP) as part of civil society organizations.
- **Their involvement** ensured that the MSP met the needs and expectations of the communities they serve.

# Community Engagement

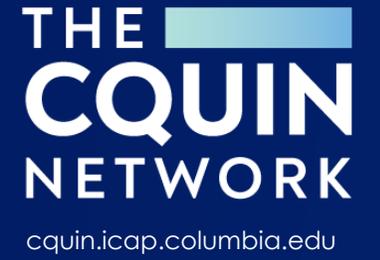
## *Role of ROC in sustaining HIV response and community engagement activities*

- **Community-Led Initiatives:** ROC participates in community-led initiatives, e.g. community-led monitoring (CLM) for HIV services, which provide support and care to people living with HIV/AIDS.
- **Advocacy and Participation:** ROC engages in advocacy and participates in decision-making processes to ensure their needs are addressed and services are responsive to their communities.
- **Service Delivery:** ROC contributes to service delivery, including HIV-related health services, prevention, and treatment support.
- **Peer Support:** ROC provides peer support, mentorship, and counselling, helping others navigate the healthcare system and adhere to treatment.
- **Community Sensitization:** ROC participates in community sensitization efforts, raising awareness about HIV prevention, treatment, and care.

# Lessons Learnt & Next Steps

# Challenges and Lessons Learnt

- Challenges in retention of the mothers and their exposed infants in care due to reduced IP funding to support the mentor mothers (MM) is a are the major threats.
- The number of HIV tests on the mothers has been revised. The testing of the HEI at birth and 12 months has been removed from the minimum package.
- Explore strategies to increase domestic funding towards the HIV program to support the recruitment of MM.
- *The country intends to prioritize pregnant and breastfeeding women, together with adolescents and young people during the roll-out of Lenacapavir.*
- *Reduced support to the CBVs - MOH has prioritized polyvalent CBVs to address this challenge.*



Thank You!

