

Transforming Donor-Dependent Systems and Services into Efficient Country-Led HIV Programs: Zambia's Experience

Dr. SuilANJI Sivile

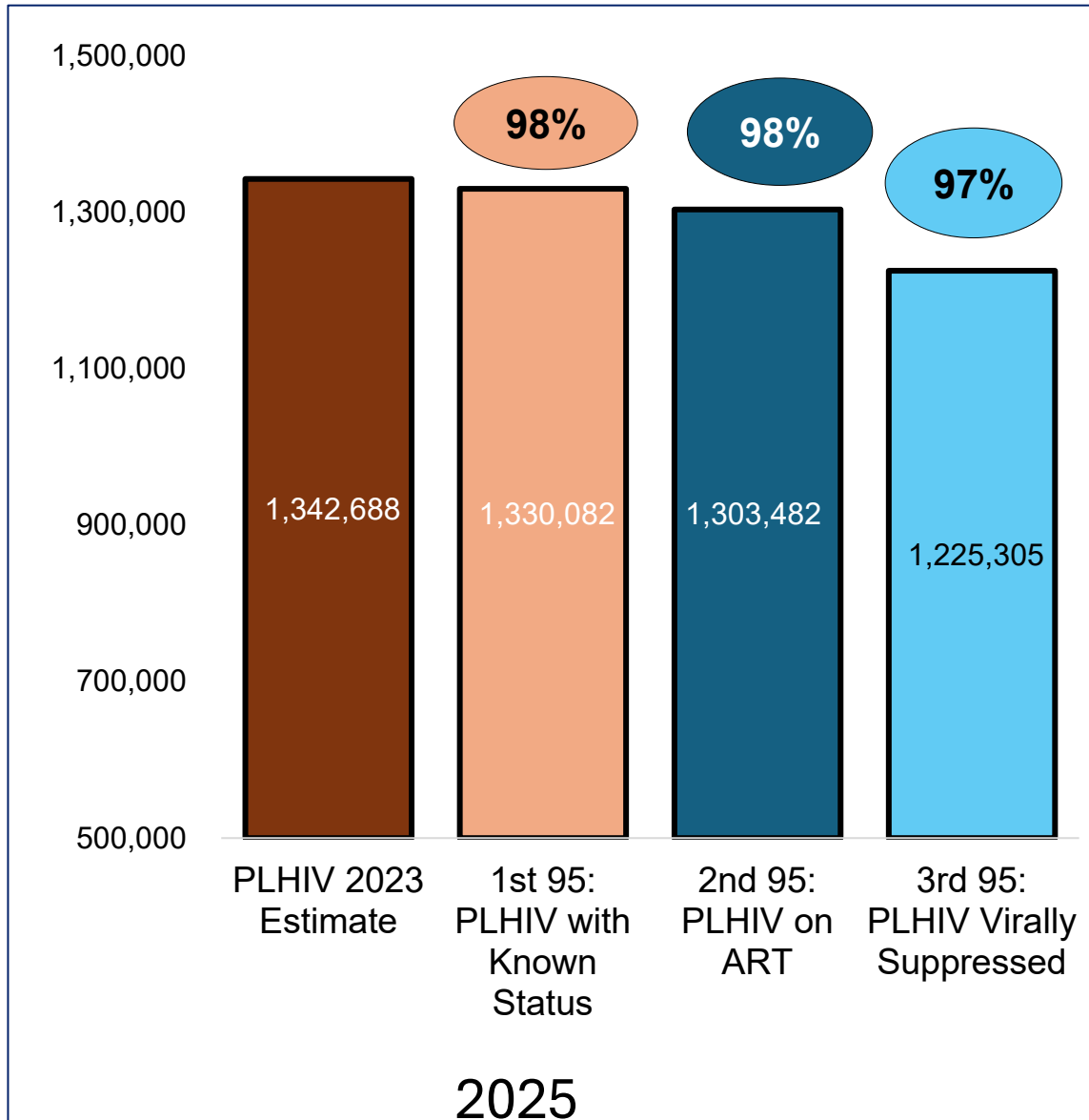
Infectious diseases Specialist/ National HIV Technical Advisor

Ministry of Health, Zambia

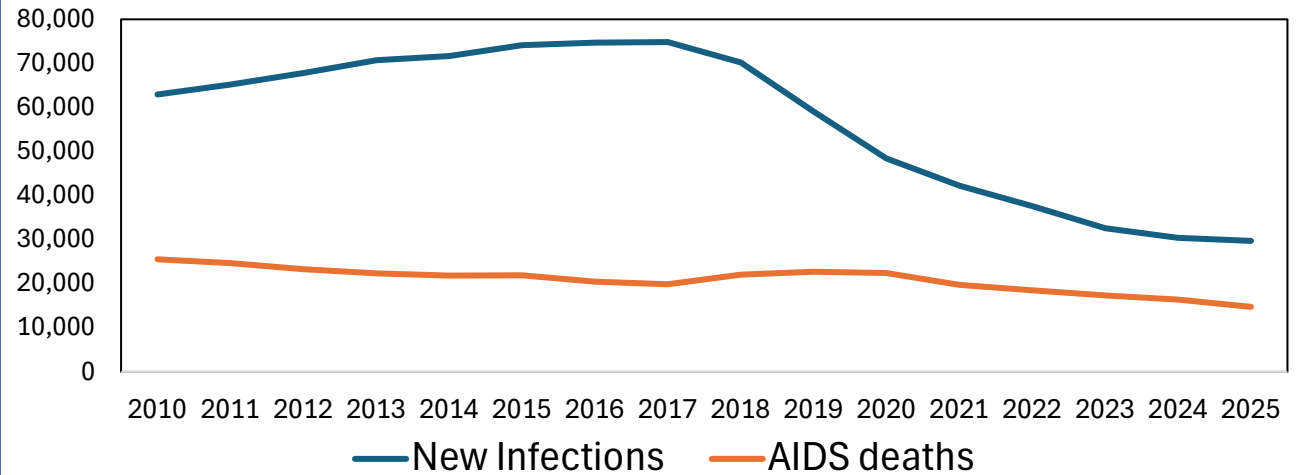
Session 13 | Thursday, November 20th 2025



Country Epidemic Overview



Zambia's Epidemic Curve From 2025 Spectrum Estimates

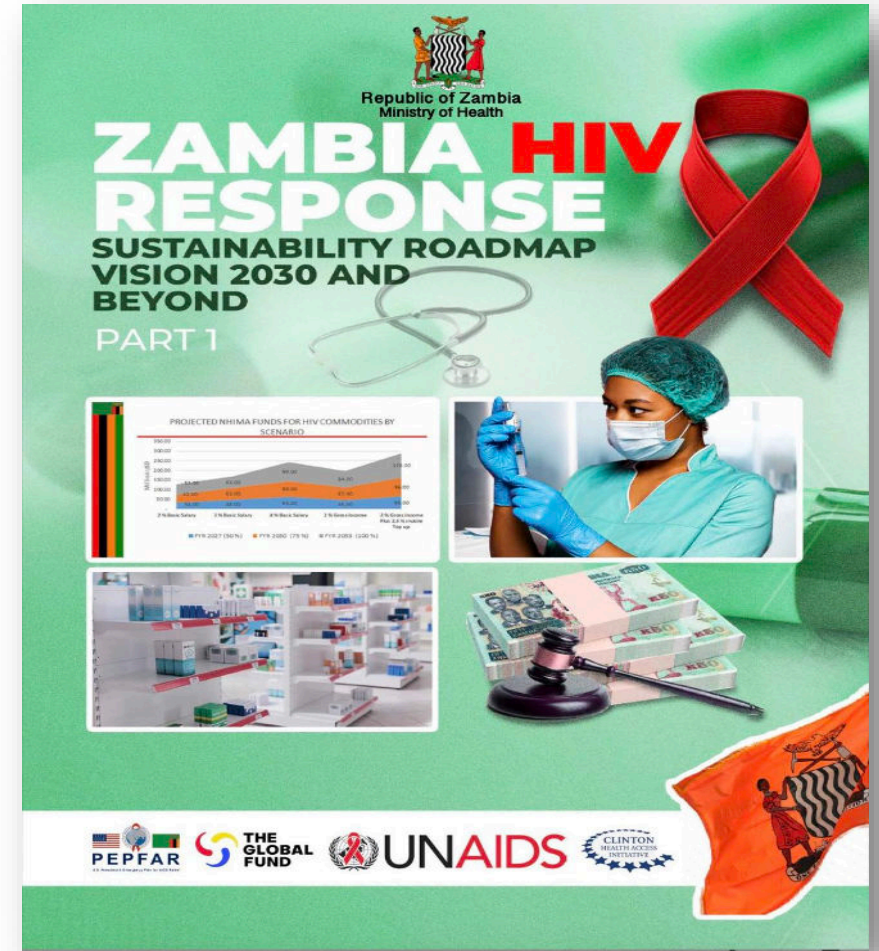


Gaps remain for:

- Children
- Adolescents and Young People
- Men 25-34 years
- People 50+ years

Clear Goal and Purpose Required

Vision: A Zambia HIV response that is domestically owned, led and resourced to reach and sustain the end of AIDS as a public health threat by 2030 and beyond, upholding the right to health for all.



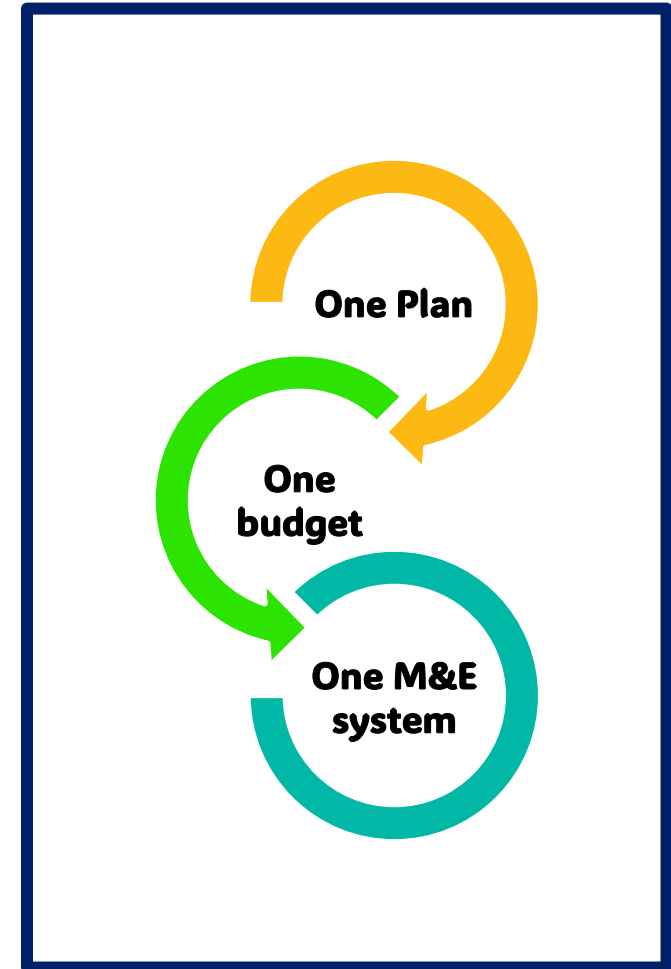
Transforming and Not Transitioning HIV Health Systems

Strong MOH political will & leadership	Relational and not transactional partnerships	Engaging communities	Candid communication with donors
Understanding the challenges	Role for external technical support	Mistakes will happen	Securing important systems first

Governance

Opportunities for Efficiencies, Coordination & Alignment

- **National Health Strategic Plan and National AIDS Strategic Framework:** Using one strategic plan
- **Strengthen leadership capacity through a single donor desk:** The MOH has a Permanent Secretary for donor coordination.
- **Strengthen coordination platforms (ICCs, TWGs)**
- **Aligning donors and other key stakeholders' activities:** National health systems, budgets, and M&E systems to ensure their interventions contribute to national health goals.



Financing: Context

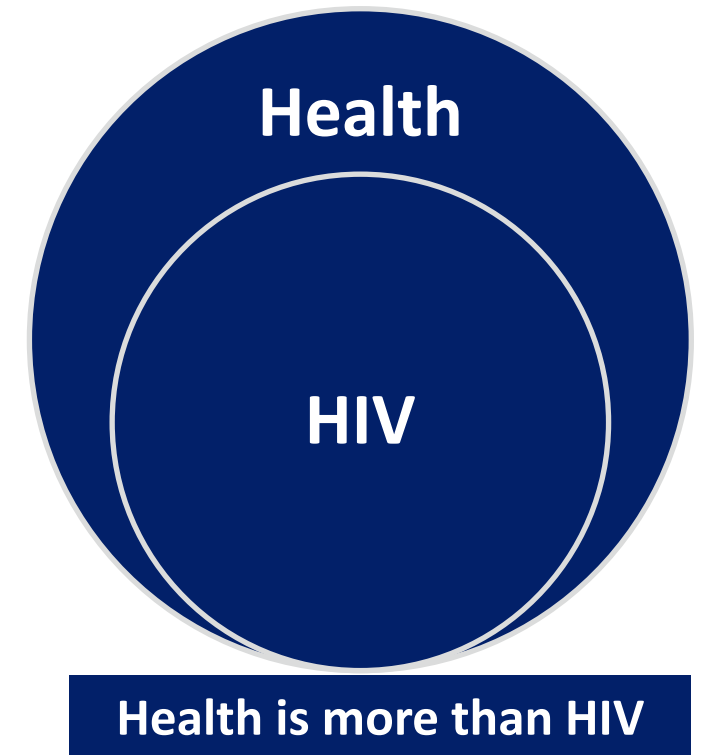
Heavy reliance on donor funding - 42% of combined health expenditure (CHE) in 2022

Low investment levels in health

- CHE per capita = USD 76
- Government health expenditure (GHE) = 3% of GDP
- GHE = 12 % of general government expenditure

Limited fiscal space for increased budgetary allocations

- Government to GDP ratio = 27%
- Government tax to GDP ratio = 18%
- Government debt to GDP ratio = 115% (Improving)



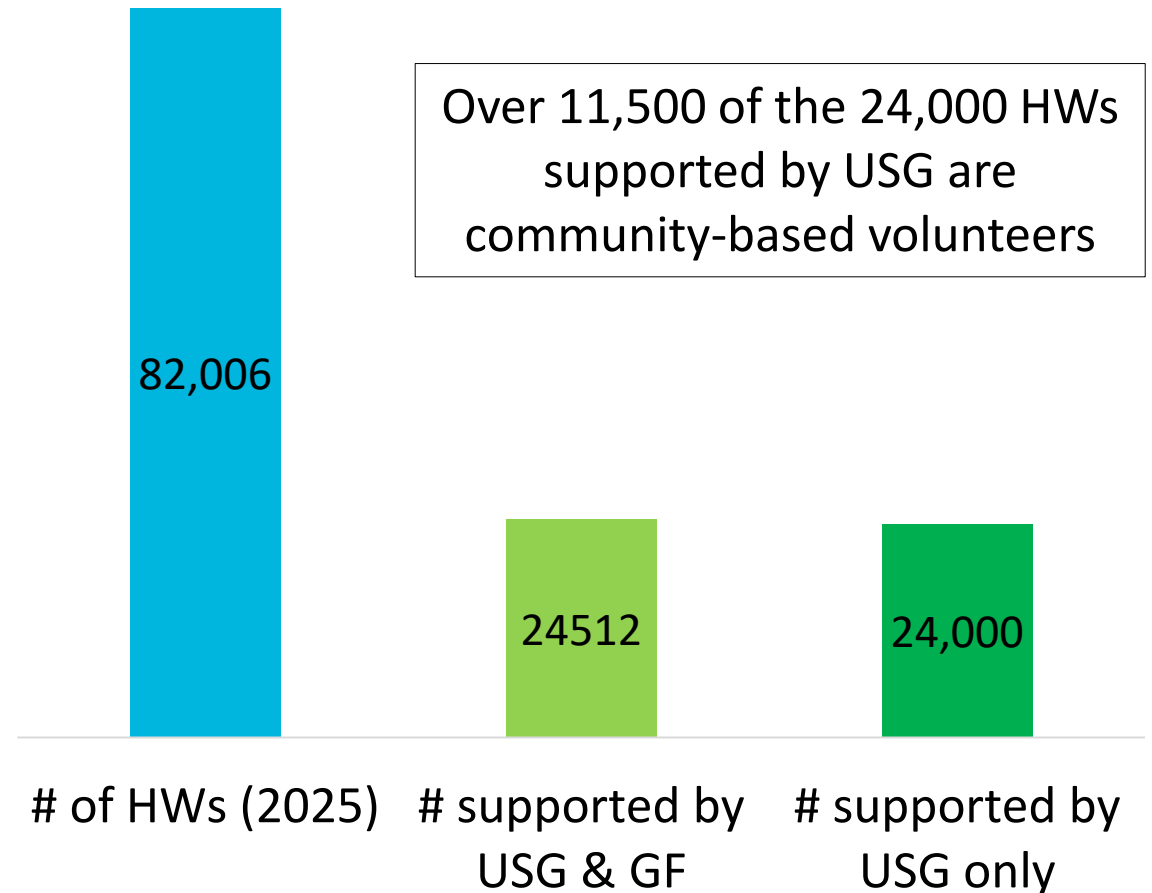
Source, WHO GHED, IMF

Financing: Mitigation Measures

- National treasury has increased drug budget from K4.9 billion in 2025 to K6.4 billion in 2026 budget representing a notable increase of 30% (app. USD 100,000 increment).
- Expansion of private-sector HIV services
- Opportunities to use of National Health Insurance Schemes (NHIMA)
- Engagement with newer donors
- Stimulate the macro-economic status of the country

Human Resources: Overall Context

- Low staffing levels
- Health workforce density is lower than World Health Organization thresholds
- Disproportionate concentration of health workers (HWs) in urban areas
- Inadequate capacity
- Lower training capacity
- Donor support for human resources for health (HRH), primarily by USG and Global Fund (GF)



Human Resources

Opportunities for Improving Efficiency, Coordination & Alignment

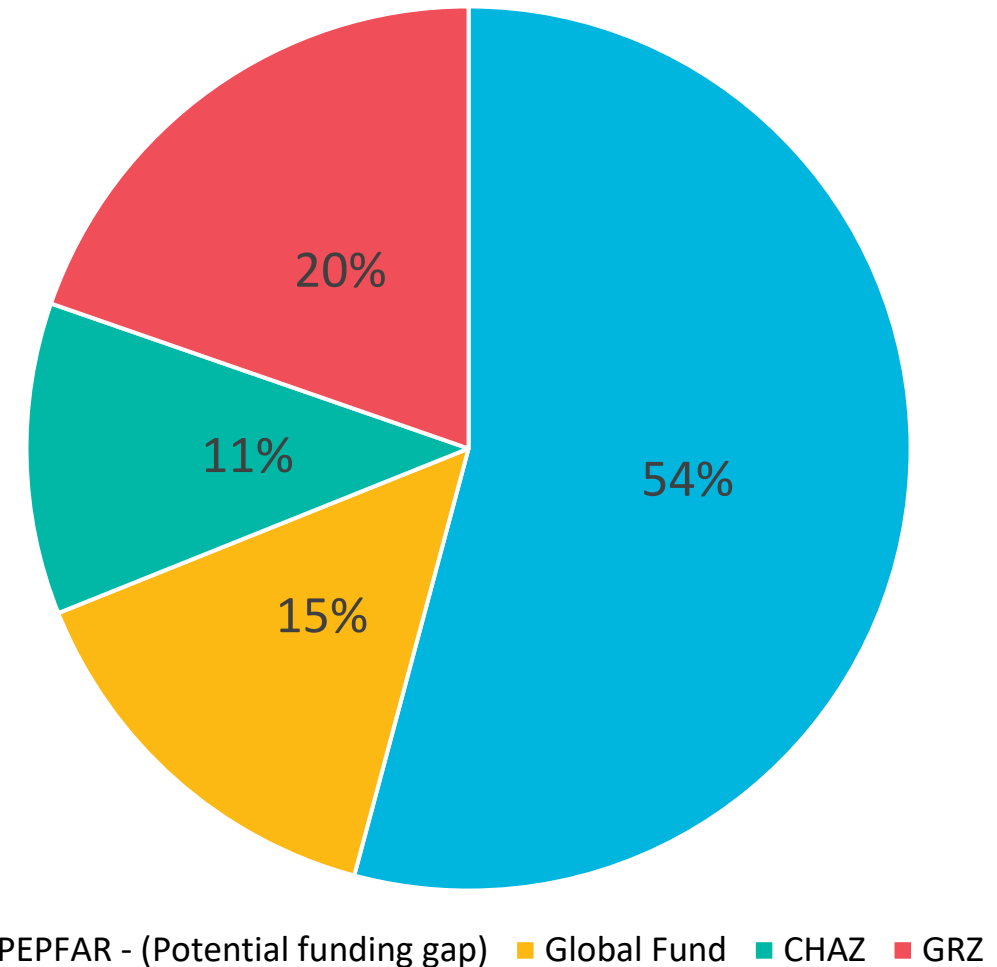
- Government committed to progressively transition donor-supported health care workers onto Government payroll
- Strengthen coordination and collaboration among stakeholders to ensure a cohesive and harmonized approach to HRH recruitment, deployment and management.
- Strengthen human resource information system (HRIS) to address the unavailability, incompleteness, and poor quality of HRH data
- Optimize workforce distribution using Workload Indicators of Staffing Need (WISN) tool

What about
Community
Health
Workers?

Transitioning and Strengthening Procurement and Supply Chain Management Systems

1. Integrated forecasting and quantification process
2. Restructuring and strengthening procurement system
3. Integrated supply pipeline management
4. Integrated warehousing and distribution
5. Support local manufacturing of HIV commodities
6. Alignment of budget period
7. Documented transition plan through the USG-GRZ MOU

ARV Funding Landscape - 2025



M&E and Information Systems: Overall Context

- DHIS2 operational in 100% of public health facilities and captures aggregated health data
- SmartCare EMR: Covers 92% of Tx_Curr
- eLMIS: Covers 51% of facilities (facility edition) and 87% centrally; used for commodity tracking.
- Digital HRH System: Operational and covers 100% of hospitals (levels 1–3).
- Community Health MIS (CHMIS): Piloted in 5 provinces, national rollout in progress.
- National Data Warehouse: Operational for centralized data storage and system integration.

M&E Mitigation Actions by Government of Zambia

- SMARTCARE transitioned to Government through SMART-Zambia (supra-ministerial) and K120Million allocated to SmartCare Pro in 2025 budget
- Stream-lining and interoperating all Health Information System platforms
- Introduction of non-traditional donors in the space
- Transition to open-sourced platforms

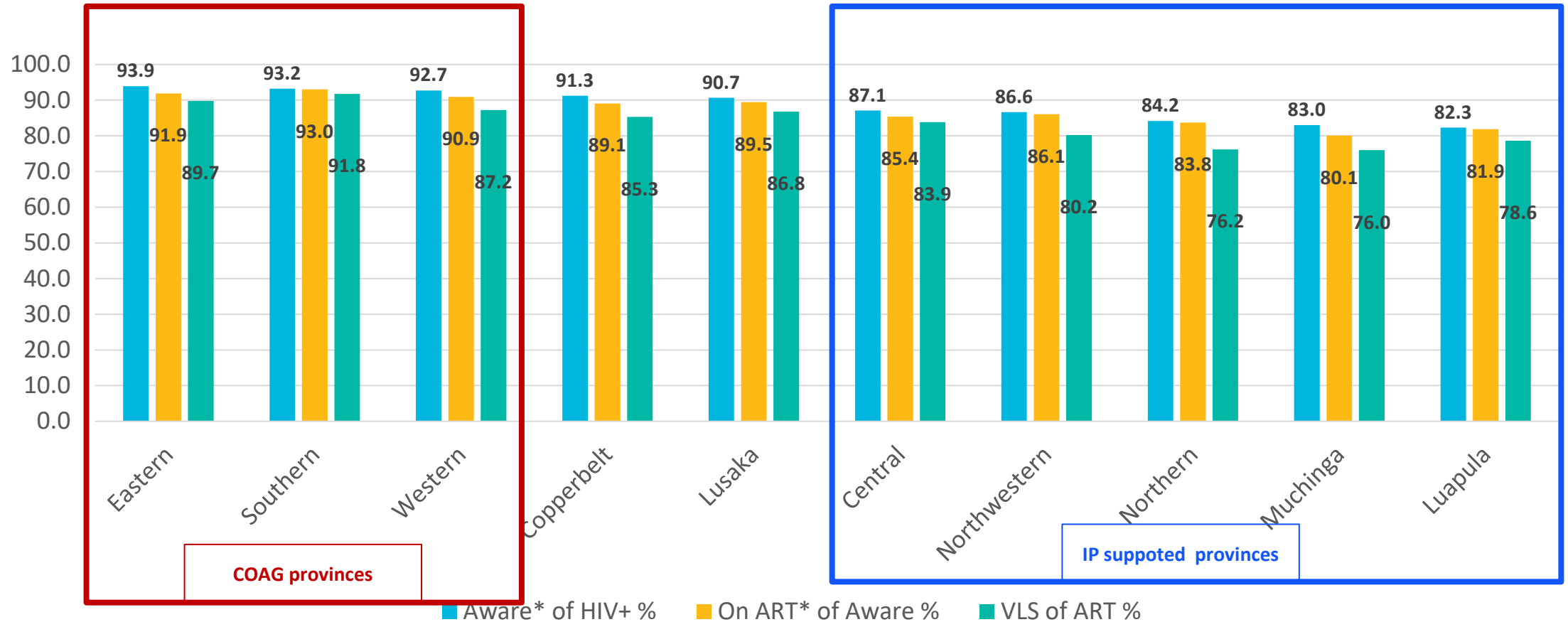
Health Services and Site-Level Technical Assistance

Cooperative Agreement (CoAg) Model

- Donor support disbursed through Government subnational level (Provincial Health Offices)
- No overhead costs
- Leader of partner-lead activities is Government
- Strengthens the whole health system
- Proven to have better performance

CoAg Provinces Perform Better Than Implementing Partner Supported Provinces

ZAMPHIA 2021 Preliminary Results - 95-95-95 among adults 15+



* Both awareness of HIV-positive status and on treatment status were based upon self-report or having a VL < 200 copies/mL

Communities in Government-led HIV Response

Community Engagement as a starting point

- Co-creation of solutions between Government and those affected in making policy and guidelines documents
- Integration of community-led section in national service quality assessment and monitoring tools
- Opportunities for social contracting
- Standard community desk at NAC to support lobbying activities
- Mandatory annual community health assessment reports for subnational leadership
- Community advisory boards/committees at different levels

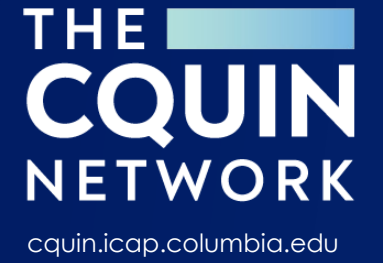
Community-based HIV services

- Strong integration of HIV services in established community health systems
- Integration of disease-specific community health services
- Opportunities for newer forms of community health services through local government wellness centers
- Promotion of stronger participation of communities in HIV service provision
- Avoiding costly siloed service models
- Community-based DSD models

Still nothing for us without us

Summary and Key Points

1. Countries have the capacity to *transform* HIV health systems to be locally owned and supported
2. A relational approach as opposed to a transactional approach during the transition plans (USG-Government MOU and the GF GC-8)
3. External assistance will be required even after the MOU or 2030, especially for particular services like community services
4. Opportunity for financial and management level technical support beyond clinical and service level technical support
5. External determinants including the macro-economic environment, local production of commodities and socio-political situations must be considered



Thank You!

