

# ZAMBIA

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, IOM

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*The national HIV response in Zambia was significantly impacted by the COVID-19 pandemic and in response the Joint Team procured protective equipment, hired short-term healthcare providers, and mobilized additional financial resources to help overcome some of the challenges and ensure continuity of services. Awareness raising initiatives reached over a million people across the country with accurate information while promoting HIV testing and treatment, and other essential healthcare services. Multimonth dispensing (MMD) of antiretroviral medicines was significantly scaled up enabling all people living with HIV to access their treatment through 1-6 months MMD. The Joint Team also focused on expanding access to HIV prevention programmes and commodities for vulnerable and key populations, including adolescent girls and young people, refugees, and asylum seekers. Technical support was provided to analyse the linkages between comprehensive sexuality studies and uptake of health services among adolescents and young people. In partnership with the government and private sector, and employee associations, a national policy framework was developed, and workplace champions were trained to improve HIV and tuberculosis services at the workplace.*

## HIV TESTING AND TREATMENT

Thanks to the Joint Team's technical and financial support, a National Policy Framework on HIV and tuberculosis in the workplace was approved by the Ministry of Health and National AIDS Council. The policy framework provides overarching policy guidelines for implementation of inclusive prevention, treatment, care, and support services; and reduction of HIV-related stigma and discrimination at work, both in the public and private sector.

In collaboration with the Ministry of Health, National AIDS Council, Zambia Federation of Employers, and Zambia Congress of Trade Unions, the Joint Team trained a total of 301 workplace champions to improve their skills on management of HIV self-testing and distribution of 13 500 HIV self-test kits to several companies across the country. The catalytic role the Joint Team played towards achievement of these results included technical and financial assistance for policy dialogue and formulation, resource mobilisation, strategic and operational planning, normative guidance, partner collaboration, monitoring and evaluation of programmes as well as strengthening provision of quality essential health services for HIV and co-morbidities amidst COVID-19.

The COVID-19 pandemic affected an estimated 10% of healthcare providers across Zambia, further compounding service delivery of both COVID-19 and continuity of essential services including for those living with HIV and tuberculosis. In response, the Joint Team provided financial and technical support to the Ministry of Health strengthening the provision of quality essential health services, including for HIV, tuberculosis, and COVID-19 vaccinations. The Joint Team oriented and hired 48 doctors, 165 nurses, and 29 nutritionists for a short-assignment to manage clinical cases during the third wave of the COVID-19 pandemic.

The Joint Team also reprogrammed US\$ 40 500 from its budget for procurement of personal protective equipment (PPE) for healthcare providers and communities ensuring their safety and minimizing disruption of services. These efforts helped ease some of the pandemic-related challenges, including acute shortage of healthcare staff at COVID-19 treatment centres resulting in long and exhausting working hours, and staff burnout, high COVID-19 infection rates among the already overstretched health workforce, and compromised quality of care leading to an increment in avoidable mortality.

In 2021, the Joint Team in partnership with the Ministry of Health and National AIDS Council, conducted awareness raising initiatives in Lusaka province reaching 1 267 440 people to promote availability and continuity of HIV and essential services, including HIV testing and counselling (HTC), HIV self-testing, pre-exposure prophylaxis (PrEP), antiretroviral treatment (ART), viral load testing, family planning, tuberculosis, and viral hepatitis services during the COVID-19 pandemic. Information, education, and communication materials, developed thanks to Joint Team's support, led to increased awareness for COVID-19 vaccines, generated demand and reduced vaccine hesitancy, especially among people living with HIV.

Intense advocacy and capacity building efforts by the Joint Team led to the successful rollout of MMD. In 2021, an estimated 50% of the people living with HIV were accessing ART through 3-month MMD, 40% through 6-month, and 10% with 1-2 months—compared to only 20% of all eligible people having access to 3-6 months MMD at the end of 2019.

## HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The CONDOMIZE! team at the Ministry of Health and the “Young, Smart, Safe - HIV Free” initiative were supported to rollout community sensitization campaigns aimed at destigmatizing male and female condom use and promoting consistent utilization of condoms to reduce new HIV infections among sexually active populations in targeted HIV hotspots in Zambia. The outreach efforts continued prioritizing border areas where increased number of teenage pregnancies were recorded attributed to travel restrictions forcing truck drivers to stay for longer period during the COVID-19 pandemic. More than 2 million condoms were distributed in 2020-2021, while 228 795 young people accessed accurate information on HIV, sexually transmitted infections (STIs), and unintended pregnancies during these campaigns.

Between 2017 and 2020, an assessment, conducted thanks to Joint Team's support, identified the correlation between comprehensive sexuality education (CSE) and utilization of appropriate health services among in-school adolescents and young women in Zambia. Results highlighted an overall decline in adolescent pregnancies in all intervention areas included in the study compared to the baseline assessment in 2017. They also showed a 50% decline of pregnancies among adolescents who received CSE interventions, compared to the control group (no intervention). In 2020, results and lessons learned were disseminated to targeted stakeholders, towards scaling up CSE in schools and improving uptake of SRH services by adolescents and young people.

In 2020, the Joint Team rolled out an adolescent sexual and reproductive health (ASRH) mentorship programme to improve the capacity of healthcare providers on delivery of youth-friendly services. To date, the programme reached at least one healthcare provider in each of the 63 health facilities in three districts of the Western Province. The healthcare providers were tasked to distribute 2000 information materials to enhance parent-children communication around ASRH. 231 community health workers also received orientation on youth-friendly community support services and referrals to healthcare facilities.

## HIV PREVENTION IN HUMANITARIAN SETTINGS

In 2020-2021, the Joint Team continued supporting Government-led healthcare provision, including HIV prevention and ART services in refugee settlements. For example, 24 GeneXpert collection kits were procured, and support was provided for transportation of specimen samples from health facilities in settlements to the district laboratories.

A total of 479 men and boys in the Mantapala, Mayukwanyukwa, and Meheba refugee settlements accessed voluntary medical male circumcision (VMMC). In 2021, an estimated 14 656 male condoms and 242 female condoms were also distributed in these three refugee settlements. In 2021, monthly awareness campaigns, facilitated by peer educators and community supporters, reached a total of 38 062 people from both refugee and host communities (22 638 females and 15 424 males) with information on HIV prevention and sexual and reproductive health (SRH) services. Friendly corners within refugee settlements ensured access to HIV and SRH information, and discussion/learning opportunities for in-and out-of-school adolescents and young people while funding for school Anti-AIDS clubs and drama edutainment expanded HIV prevention messages in schools.

Ten health facilities in three refugee settlements received PPE, face masks, soaps, hand washing stations, plastic mackintosh, cotton wool and hospital screens/curtains as safety measures for the communities and to ensure continuity of services.

## CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team in Zambia contributed to the United Nations Sustainable Development Goal (SDGs) Agenda through harnessing and leveraging each agency's unique comparative advantages in delivering a strategic, harmonised and evidence-based Joint Programme; and participating in the Common Country Analysis (CCA), design and creation of the new United Nations Sustainable Development Cooperation Framework (UNSDCF) for 2023-2027, and the UN country-level planning processes ensuring that HIV, SRH, gender, the "leave no one behind" principle, human rights and addressing inequalities remain high on the UN development agenda in Zambia.

Through concerted actions and partnerships with national stakeholders, the Joint Team mainly contributed to SDG 3: Good Health and Well-Being through strengthening national HIV systems; SDG 4: Quality Education through the work with adolescents and CSE; SDG 5 on Gender Equality; and SDG 17 Partnership for the Goals.

## CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic derailed efforts in the national HIV response in multiple ways, including the disruption of HIV prevention, testing, and treatment services. Proactive advocacy for mobilisation of resources is thus critical for halting the COVID-19 pandemic. There is a need to protect the current gains through expansion of mitigating programmes that must include effective communication and community engagement.

In 2021, restrictive measures due to the pandemic forced the Joint Team into remote working which affected e.g., joint planning processes, programme supervision, face-to-face outreach efforts, and physical interactions with beneficiaries. However, through improved coordination including with other development partners, the Joint Team managed to overcome these challenges and deliver on its mandates and results.

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