



REPUBLIC OF ZAMBIA

MINISTRY OF HEALTH

NATIONAL HIV/AIDS/STI/TB POLICY

**LUSAKA
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FOREWORD

In order to demonstrate its highest political commitment to the fight against HIV, AIDS, STIs, TB and other opportunistic infections and to militate against the harmful socio-economic impact that communities have been subjected to, the Government in 1999 established the National HIV/AIDS/STD/ TB Council (NAC) through an Act of Parliament. The chief mandate of the Council is to coordinate national responses to the HIV/AIDS/STI/TB pandemic. Policy interventions against HIV/AIDS/STI/TB have, however, been undertaken in an environment devoid of policy direction and guidance. As might be expected, the lack of a national policy has resulted in undue duplication of effort and waste of scarce health resources. This policy, therefore, is expected to provide the requisite framework for informing and guiding various stakeholders in the quest to contribute to the fight against HIV, AIDS, STI, TB and other opportunistic infections.

The individual and collective actions against HIV/AIDS/STI/TB will be guided by the guiding principles in this policy and shall be based on the “Three Ones” approach (i.e. one national strategic plan, one national coordinating body and one monitoring and evaluation plan)

The task ahead is to ensure that the policy measures are disseminated widely and translated into implementable strategies and programmes by the various stakeholders, which will have the required impact countrywide.

The full attainment of the vision depends on the commitment of every person and institution in the country. I, therefore, appeal for your full commitment to the implementation of this policy.

I wish, on behalf of the Cabinet Committee of Ministers on HIV/AIDS, to pledge the Government’s determination to run the full distance against HIV, AIDS, STI, TB and other opportunistic infections. The pledge is mammoth. I’m, however, convinced that it is achievable if we all get resolved and committed to putting an end to the suffering that these diseases continue to inflict on our people and communities.

Brig.Gen. (Rtd) Dr. B. Chituwo, M.P.
MINISTER OF HEALTH

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The National HIV/AIDS Policy has been developed through a broad based, participatory and consultative process involving all major stakeholders.

Special thanks are extended to individuals and representatives of various organisations and communities who participated in the national, provincial and district consultative meetings for their invaluable contributions.

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I would further like to acknowledge the accurate and timely advice provided by the Policy Analysis and Coordination Division of Cabinet Office and the Directorate of Health Policy for Coordinating the drafting of the Policy.

Dr. S.K. Miti
Permanent Secretary
Ministry of Health

WORKING DEFINITIONS

Acquired Immune Deficiency Syndrome	-	Infections that manifest as disease in a person with immunodeficiency.
Commercial Sex Work	-	Trading in sex for money or material gain.
Counseling	-	An interpersonal interaction between a client and a Counselor.
Discrimination	-	Unfairness to people with HIV/AIDS/STI/TB.
Dry Sex	-	Having sex where the vagina has been dried by the use of drying agents such as herbs and chemicals.
Heterosexual	-	Sex between male and female.
Human Immunodeficiency Virus	-	It is a retrovirus that damages the human immune system permitting opportunistic infections to eventually cause fatal diseases.
Human Rights	-	Fundamental Freedoms and Basic Human Rights that every person is entitled to in the Constitution of Zambia and International Human Rights to which Zambia is a party.
Multidisciplinary	-	An approach actively and simultaneously involving different disciplines.
Multi-Sectoral	-	An approach that actively involves different Sectors.
Orphan	-	A child whose parents are dead.
Opportunistic infections	-	Infections that are harmful to people whose immune system has been made weak by HIV.
Prevalence rate	-	Number of reported HIV / AIDS / STI / TB cases at a particular time or place.
Prisoner	-	A person who has been sentenced to prison.
Sexually Transmitted Infections	-	Any infection transmitted through sexual contact.
Silence	-	Inability to discuss or talk openly on a given disease.

- | | | |
|----------------------|---|---|
| Stigma | - | Shame, Disgrace or Dishonor as a result of someone Having HIV/AIDS /STI/ TB. |
| Tuberculosis | | A chronic disease caused by the mycobacterium bacilli. |
| Unprotected sex | - | Having sexual intercourse without any barrier (condom) between two partners. |
| Willful transmission | - | Deliberately transmitting HIV / AIDS / STI / TB by any person knowing full well that it is wrong. |

ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
CBO	Community Based Organisation
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CSO	Central Statistics Office
CSW	Commercial Sex Worker
CP	Cooperating Partners
DHS	Demographic and Health Survey
FBO	Faith Based Organisation
FFP	Focal Point Person
GRZ	Government of the Republic of Zambia
HAART	Highly Active Anti-Retroviral Therapy
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IGA	Income Generating Activity
IMS	Information and Management System
MACO	Ministry of Agriculture and Cooperatives
MCDSS	Ministry of Community Development and Social Services
M & E	Monitoring and Evaluation
MoH	Ministry of Health
MTCT	Mother to Child Transmission
NAC	National HIV/AIDS/STI/TB Council
NGO	Non-Governmental Organisation
NZP+	Network of Zambian People Living with HIV/AIDS
NBTS	National Blood Transfusion Service
OVC	Orphaned and Vulnerable Children
PAGE	Programme for the Advancement of Girl's Education
PWAS	Public Welfare Assistance Scheme
PMTCT	Prevention of Mother to Child Transmission
PFP	Provincial Focal Point
PLWHA	People Living with HIV and AIDS
SBS	Sexual Behaviour Survey
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

CHAPTER 1

1.0 BACKGROUND AND INTRODUCTION

HIV/AIDS has for the past two decades continued to spread across all continents killing millions of adults in their prime, disrupting and impoverishing families and turning millions of children into orphans. Because it affects the most productive segments of national populations, the pandemic has tremendously reduced work forces and reversed many years of economic and social progress and has, in some cases, posed a serious threat to political stability.

According to the WHO/UNAIDS Report, in 2001 there were a total of 40 million people of all sexes and ages living with HIV/AIDS worldwide. Nearly half of all infected people are said to be in Sub-Saharan Africa. The advent of the HIV/AIDS pandemic has caused a reemergence of TB epidemics. In 1995 there were 9 million cases of TB with 3 million deaths. Developing countries account for 95 per cent and 98 per cent of TB cases and TB deaths, respectively. The majority of these are in Sub-Saharan Africa.

In Zambia, HIV/AIDS has also become increasingly wide spread with an estimated adult HIV prevalence of 16 per cent. The peak ages for HIV among females is 25 to 34 years while that for males is 35 to 39 years. Young women aged 15 to 19 are five times more likely to be infected compared to males in the same age group. It is also estimated that 25 per cent of pregnant women are HIV positive and that approximately 40 per cent of babies born to HIV- positive mothers are infected with the HIV virus.

The average Tuberculosis case rate between 1964 and 1984 remained constant at 100 per 100,000 populations. Following the advent of the HIV/AIDS epidemic in the mid-1980s, the case rate increased nearly five-fold to over 500 per 100,000 population in 1996. As a co-epidemic, TB is one of the most serious public health problems that have been triggered by the HIV/AIDS epidemic. There are now in excess of 40, 000 new TB cases reported every year. This figure is expected to rise by 10 per cent annually in the next few years. The Tuberculosis co-infection has also resulted in an increase in the mortality of patients on TB treatment by over 15 per cent.

Chances of transmission of HIV during unprotected sex rises dramatically if either partner is infected with another sexually transmitted infection (STI) such as syphilis or gonorrhoea. These infections form ulcers and sores that facilitate the transfer of the virus. STIs, in fact, constitute one of the major public health problems in Zambia. They account for 10 per cent of all documented outpatient attendances in public health facilities. More than 50 per cent of persons with a history of STI are infected with HIV.

Despite this depressing picture, there are some positive trends. The prevalence of HIV infection in 15-19 year-old youths had dropped over most of the country between 1993 and 1998. At the same time the overall prevalence rate in the whole population now appears to be stable and is not increasing. Consequently, although the current burden

of infection will continue to negatively impact Zambia for many years, it is hopeful that the tide may further be reversed.

In the mean time, all sectors of the Zambian society continue to feel the negative impact of HIV/AIDS/STI/TB. In recognition of this situation and the need to involve all stakeholders and partners in the fight against the epidemic, the Government has adopted a multi-sectoral approach. It is anticipated that measures contained in this Policy will help in arresting the rapid spread of HIV infections. The multi-dimensional strategy against HIV/AIDS places emphasis on building strategic partnerships at all levels and will require effective co-ordination of human, material and financial resources. It is expected that this policy document will provide the requisite environment for achieving this requirement.

The Policy provides the framework for addressing the HIV/AIDS/STI/TB situation in Zambia, outlines the causes and factors that perpetuate transmissions, including the debilitating effect on the Zambian population. It also outlines the response and impact mitigation interventions that are already in place, while also stating the vision, measures, institutional and legal frameworks necessary for its implementation.

CHAPTER 2

2.0. SITUATION ANALYSIS

2.1. Global Context

The Human Immunodeficiency Virus and the Acquired Immunodeficiency Syndrome have for the past two decades continued to spread across all continents killing millions of adults at their prime, disrupting and impoverishing families, turning millions of children into orphans, weakening the workforce thereby threatening the social and economic fabric of communities as well as political stability of nations.

The World Health Report 2003 puts HIV/AIDS as the leading cause of death in adults aged 15-59 years killing almost 5000 men and women in this age group, and almost 1000 of their children every 24hours in sub-Saharan Africa.

In Sub-Saharan Africa, 25.3 million people were living with HIV/AIDS. Of these 16.4 million have died. The biggest tragedy is the growing number of orphans estimated at 13.2 million worldwide of which 12.1million are in Africa.

The advent of HIV/AIDS has caused a re-emergence of TB epidemics throughout Southern Africa. As many as two-thirds of TB patients may be HIV positive.

2.2. National Context

The population of Zambia now stands at 10.3 million people with an annual growth rate of 2.9 per cent (Census 2000). More than 50 per cent of the population is less than twenty years of age.

Currently 16% per cent of the adult population aged 15 to 49 are infected with HIV. The peak ages for HIV among females is 25 to 34 years while that for males is 35 to 39 years. Young women aged 15 to 19 are five times more likely to be infected compared to males in the same age group. It is estimated that 25 per cent of pregnant women are HIV positive. Approximately 39.5 per cent of babies born to HIV positive mothers are infected with the virus. By June 2000 there were 830,000 people over the age of 15 years reported to be living with AIDS. Of these 450,000 were women while 380,000 were men.

The average tuberculosis case rate between 1964 and 1984 remained constant at 100 per 100,000 population. Since the advent of the HIV/AIDS epidemic the TB case rate increased nearly five-fold to over 500 per 100,000 population in 1996.

The TB co-epidemic is one of the most serious public health problems that have been triggered by HIV/AIDS epidemic. There are now in excess of 40 000 new tuberculosis cases reported every year. This figure is expected to rise by 10% annually in the next

few years. The tuberculosis co-infection has also resulted in an increased mortality rate of TB patients on treatment by over 15%.

The probability of transmitting HIV during unprotected sex rises dramatically if either partner is infected with another sexually transmitted disease (STD), such as syphilis or gonorrhoea. These infections form ulcers and sores that facilitate the transfer of the virus. The sexually transmitted infections (STI) constitute one of the major public health problems in Zambia. They account for 10 percent of all documented outpatient attendances in public health facilities. More than 50 percent of persons with a history of STD are infected with HIV.

There are, however, some positive trends: The prevalence of HIV infection in 15-19 year-old youths has dropped over most of the country between 1993 and 1998. In Lusaka, for example, while the rate was 28 percent in 1993, it had dropped to 15 percent in 1998. At the same time the overall prevalence of rates in the whole population appears to be stable and is not increasing. Although the current burden of infection will continue to negatively impact Zambia for many years, it is hopeful that the tide may be turning.

2.3. Transmission of HIV, STIs And TB

2.3.1 Transmission of HIV

9. HIV transmission in Zambia is primarily through heterosexual contact. This mode of transmission is exacerbated by the high prevalence of STIs, poor socio-economic status of women and high-risk sexual practices. Pre-natal (mother-to-child) transmission during pregnancy, at birth or while breastfeeding is the next significant mode of transmission. Others are through contaminated blood and blood products, use of needles, sharp instruments and sex between men.

Several other factors perpetuate HIV transmission. Among the major ones are the following:

- (a) **High levels of poverty** that directly or indirectly create vulnerability to HIV/AIDS. In turn, the consequences of HIV/AIDS lead to poverty resulting in a complex and mutually re-enforcing inter-relationship between HIV/AIDS and poverty; majority of the poor are women.
- (b) **High mobility** of specific social groups that put them at risk. These include refugees, long distance truckers, migrant workers, cross-border traders, fish mongers and uniformed security personnel. The high mobile groups are away from home for a long time while others are trying to get monetary and material favours
- (c) **Socio-cultural beliefs and practices** such as having multiple-sexual partners, dry sex and the traditional practice of widow/widower cleansing also facilitate the transmission of HIV; discussion of sexual matters between parents and children is a taboo. Some practices during initiation ceremonies that predispose Young men and women to HIV STIs.

- (d) **Stigma** that leads to discrimination, silence, shame, denial and blaming others with the result that corrective actions such as diagnosis and/or treatment are usually delayed;
- (e) **Information Education and Communication (IEC)** is inadequate or inappropriate due to the fact that in most cases information disseminated is not audience-specific and not based on evidence. In addition, communication methods used are usually directive rather than participatory, while the disabled persons are not catered for. Discussions of sexual matters between parents and their children are in most cases still regarded as taboo;
- (f) **Gender Issues** that perpetuate the dominance of male interests and lack of self-assertiveness on the part of women in sexual relations puts both men and women at risk. Women are taught to never refuse their husbands sex regardless of the number of extra-marital partners he may have or his non-willingness to use condoms. This is often the case even when he is suspected of having HIV or other STIs;
- (g) **Prison confinement** that increases the vulnerability to HIV due to frequent unprotected sex in the form of rape, non-availability and use of condoms as well as a high prevalence of STIs; and
- (h) **Drug and Alcohol abuse** that enhances the risk of HIV infection. Drug in-take through syringes has particularly been known to be a mode of HIV transmission among drug abusers.

2.3.2 Transmission of TB

Factors perpetuating transmission of TB include HIV infection, overcrowding, poor ventilation, poor nutrition and non-compliance to prescribed treatment.

2.3.1 Transmission of Sexually transmitted Infections.

STI transmission is mostly perpetuated by poverty, HIV infection is accentuated by unprotected sex, multiple sexual partners, non-compliance to treatment and lack of contact tracing.

2.4. Impact of HIV/AIDS/STI/TB

The HIV/AIDS epidemic has negatively impacted the social and economic spheres of the Zambian society and has contributed to the reversal of many of the development gains that were achieved before its advent.

2.4.1 Household and Community Levels

At the household level, the majority of those that are dying of HIV/AIDS are in their most productive years and are, quite often, the sole breadwinners. HIV/AIDS has, therefore, had a devastating effect by occasioning loss of income, poverty, changes in patterns of household expenditure, limited access to health and other social services, including the weakening of the family as the basic social unit. The integrity of the extended family has also been breached. At the community level, the impact of HIV/AIDS has manifested itself in loss of youthful members and cohesion.

2.4.2. Orphans and vulnerable children

About 700,000 children have lost one or both parents due to HIV/AIDS. The majority of these orphans have to live with extended family members or neighbours with about six per cent becoming street children and less than one (1) per cent living in orphanages. Many orphans do not attend school or are forced to drop out of school. In most cases, grand parents are left to care for the young and quite often grandparents have little or no source of income. Another development is the emergence of child-headed households. The rapid increase in the number of orphans continues to put tremendous strain on extended families and the social system to provide them with the needed care, resources and social guidance.

Individuals, CBOs, NGOs and religious organizations are currently managing the response to orphaned children in Zambia. The government institutional framework in the Ministry of Community Development and Social Services and Ministry of Youth Sport and Child Development are involved in the provision of services to orphans as well as the provision of grants to child friendly NGOs and CBOs. The challenges in relation to Orphans the vulnerable children are the identification of orphans especially in rural areas, public awareness of available services and limited resources. There are no standardised guidelines for orphanages on orphan and child care provision. In addition there are weak coping mechanism for orphan care within communities.

2.4.3. Women

Although women constitute about half of Zambia's population, they are disproportionately infected by the HIV virus. This is partially due to their vulnerability that is compounded by their limited access to reproductive resources such as land and credit. Unequal distribution of resources at the household level, lack of gender sensitive social security schemes and limited access to health services equally raise their susceptibility to HIV infection. About 18 per cent of adult females are HIV-positive

compared to 13 per cent for male adults. Women also bear the biggest burden of providing care and support to the chronically ill and to orphans.

2.4.4. People Living With HIV/AIDS

There are adverse consequences for people living with HIV/AIDS (PLWHA), which include stigmatisation and discrimination. It is also common for people with HIV to lose their income as their health deteriorates and are unable to work. Sometimes, people with HIV are abandoned by their families and forced to live in isolation and destitution.

2.4.5. The Work place

HIV/AIDS has negatively impacted on the public service and the private sector in a variety of ways. Workplaces are experiencing absenteeism, loss of productive workers, human skills replacement costs, huge funeral costs and compromise morale and performance. In some cases, infected workers further suffer from abrupt loss of income. Currently, employers do not budget for financial needs of infected employees with the result that full costs of treatment and care usually fall on shoulders of employees and family members.

The education sector is confronted with a high mortality rate among teachers that has led to a shortfall in teaching personnel. It is estimated that the HIV prevalence rate among teachers is in the order of 40 per cent and that HIV related illnesses and deaths would continue to cause critical staff shortages and lower the quality of education.

Similarly, the health sector is faced with astronomical costs of treating HIV/AIDS patients and related opportunistic infections such as TB and STIs. Available health infrastructure and systems are inadequate and not able to adequately address HIV/AIDS and its related challenges. A high morbidity and mortality among health workers has also resulted in a drastic reduction in the health sector's ability to effectively address the HIV/AIDS pandemic.

Agriculture forms one major component of the Zambian economy as most of the Zambian population are engaged in Agriculture. With the advent of HIV/AIDS this has led to ill health of farmers which leads to less productivity as the sick are too weak to engage in farming while the care givers who are mostly women absent themselves from the fields in order to care for the sick.

2.4.6 Private Sector

The Business community in Zambia has reported an increase in mortality and morbidity among their workforce due to HIV/AIDS. This has affected productivity, recruitment, and, in particular, loss of trained personnel. Industries have reported an increase in funeral disbursements and ex-gratis payments.

As the epidemic persists, the private sector will be adversely affected in a number of ways. The workforce will not decline but will change in structure by becoming younger, inexperienced and less well trained. A disproportionately high number of skilled personnel will be lost, contributing to reduced productivity. Stigmatization and discrimination in the workplace targeted at people who are HIV-positive will compromise morale and work performance.

2.5 Plans and Programmes

In order to respond to the numerous challenges posed by the HIV/AIDS pandemic and in order to ameliorate its negative socio-economic impact, the Government has been undertaking various initiatives. Among them are the following:

- (a) In 1986, the Government established the National AIDS Prevention and Control Programme;
- (b) In 1987, an emergency short-term plan was developed to ensure safe blood and blood product supplies;
- (c) Between 1988 –1992, the First Medium-Term Plan prioritised eight operational areas, i.e. TB and Leprosy information, education and communication, counselling, laboratory support, epidemiology and research, STD and clinical care, programme management and home based care;
- (d) Between 1994 and 1998, the Second Medium-Term Plan, which was multisectoral in design and incorporated a mechanism for inter-sectoral co-ordination and collaboration, was implemented; and
- (e) Between 2001 and 2003, a National HIV/AIDS Strategic Framework was developed.

It has been acknowledged that the initial responses to HIV/AIDS were inadequate to contain a problem that was more than just medical in nature. Programmes and strategies that were subsequently developed, therefore, sought to foster political commitment at the highest level, develop inter-sectoral approaches encompassing all Government line Ministries, the private sector and civil society, while fully involving people living with HIV/AIDS. However, experience has so far demonstrated that coordination and collaboration between and among line Ministries and civil society organisations have been weak. This is particularly the case at provincial and district levels.

2.6. Prevention and Control

Prevention has been the cornerstone for the national response against the HIV/AIDS pandemic. This has been done through coordinated efforts of the Government, civil society and international cooperating partners. Major interventions have included raising awareness, influencing behaviour change, voluntary counselling and testing, prevention of mother-to-child transmission, promotion of condom use, case finding and treatment of STIs and provision of safe blood and blood products.

2.6.1 Information, Education and Communication (IEC) and Life skills Programmes

The main thrust of the IEC programmes has been the use of mass media to sensitise the public to HIV/AIDS/STI/TB. Popular channels have included television, radio, drama, role-plays, billboards and use of pamphlets. IEC has also included the introduction of appropriate HIV/AIDS awareness materials in school curricula. Several NGOs and Churches have also implemented IEC activities in their respective programmes.

Through the Ministry of Education, the Government has adopted and mainstreamed a number of HIV/AIDS/STI/TB and reproductive health teaching materials in school curricula. This has been done in keeping with the need to impart Life Skills education to boys and girls at both primary and tertiary education levels. Special Life Skills programmes have also been developed for targeted groups such as commercial sex workers, truck drivers, out-of-school youth and military personnel. These programmes are, however, limited in the sense that they tend to cover smaller populations along the line of rail. Secondly, the development of IEC materials does not often involve intended beneficiaries with result that they do not have any sense of ownership. Equally of concern is that, in some cases, messages are not well targeted or culturally appropriate.

2.6.2. Condoms and other Barrier Methods

Social marketing has so far been the primary strategy for increasing access, acceptability and use of condoms in Zambia. Male condoms have actively been marketed in throughout the country through mass media promotions, while traditional outlets such as health centres, pharmacies and drug stores have also been used. Non-traditional outlets such as bars and stores have equally been targeted and used for condom sales. Female condoms were long introduced in the country but their use is very low. Access to condoms is higher and easier in urban than in rural areas. Barrier methods such as spermicides are being promoted through family planning but their use is low.

2.6.3. Blood Transfusion

The Government has strengthened the blood transfusion service with centres at provincial headquarters. National guidelines for blood transfusion were developed and are in use. All district, provincial and central referral hospitals now have blood transfusion facilities. Blood products that are used in these health institutions are screened for HIV and syphilis and, to a lesser extent, for Hepatitis B. Prospective blood donors are, without exception, screened through the use of a risk assessment tool and any indication of heightened risk is sufficient to disqualify the donor. Testing is, however, constrained by frequent shortages of test kits for HIV, syphilis and Hepatitis B.

2.6.4 Prevention and control of Sexually Transmitted Infections

Zambia's national STI control programme was launched in 1980. Its main objectives were to reduce the transmission of STIs, provide efficient diagnostic and treatment services and to conduct research on STIs. A network of 62 clinics located at the central, provincial and district hospitals were established to ensure etiological management. From 1990 to 1994, diagnostic, clinical management and prevention services at these centres were improved through training and the provision of diagnostic equipment and supplies. Unfortunately, since 1994, support to the Programme has not been commensurate with the rapid spread of STIs.

Many health centres in Zambia are using the syndromic approach for STI management and treatment. This is especially the case in instances of lack of equipment and trained laboratory staff. Treatment Guidelines have been distributed and health worker training has commenced in a number of districts. In a number of urban districts, syndromic management was integrated into maternal and child health services package at the health centre level with a view to improving pregnancy outcomes. Difficulties, however, remain with regard to staff training and retention, drug, supplies and reagent availability and public awareness and integration into MCH and family planning.

2.6.5. Prevention of Mother-to-Child Transmission of STI and HIV

Prevention of mother-to-child transmission (PMTCT) of STI has been a critical component of the Government's response against HIV/AIDS and STIs. However, interventions have not been successful due to incessant shortages of testing kits for maternal syphilis screening programme and drugs for ophthalmic neonatorum prophylaxis. PMTCT has played a central role in preventing vertical transmission through the provision of ARVs and infant formulas. Currently, provision of ARVs is being scaled up in the in all provinces.

2.6.6. Voluntary Counselling and Testing

Voluntary Counselling and Testing (VCT) is the entry point for diagnosis and management of HIV-infected persons. It has now become part of a wide range of interventions such as PMTCT of HIV, TB and STD programmes. Treatment of HIV/AIDS and home-based care also helps to challenge denial of infection and helps members of society to recognise and accept that one can live with HIV infection and still show no outward symptoms.

Government, through the National AIDS Programme, has trained counsellors throughout Zambia. These have, however, not adequately satisfied demand, while the quality of services lack periodic updating and follow up. It is the vision of the Government to decentralise counselling and testing facilities and make them readily available in public and private institutions and within communities. Currently, counselling services are available in 226 centres around the country. Guidelines for VCT administration have been introduced based on international standards.

2.6.7. Vaccine Development

It is clear that the availability of safe, effective and affordable HIV Vaccine would offer the best hope and be an important tool for present and future control of the HIV epidemic. Consequently, the Government attaches a lot of importance to programmes and activities that are targeted at vaccine development and procurement. However, in the implementation of the HIV vaccine strategy in the country, issues pertaining to human resource development, laboratory facilities and other infrastructure, including institutional arrangements for scientific and ethical appraisals for vaccine trials need to be addressed.

2.7. Treatment, Care and Support

Government recognises treatment, care and support as complimentary to prevention and control of HIV/AIDS/STI/TB. Over the past years, substantial investments have, therefore, been made in prevention and control measures. The magnitude of the problem has, however, out-stretched national efforts and capacities.

2.7.1 Prevention and control of TB

In the 1980s there was a very effective TB and leprosy control programme. With the coming of the health reforms this approach was abandoned and instead adopted the integrated approach. Unfortunately the desired results were not achieved as this led to very weak programmes on the prevention and control of TB.

2.7.2. Treatment of HIV/AIDS and other Opportunistic Infections

The approach has all along been to provide support through counselling and testing, treatment of symptomatic HIV-infected patients and encouraging home-based care through community approaches. Opportunistic infections have also been attended to through treatment of symptomatic HIV-infected patients using the normal health care delivery system. Since the beginning of the 1990s, treatment has included antiretroviral (ARV) drugs. Initially, the private sector predominated in the provision of ARVs but public health institutions have also scaled-up ARV treatment. Provision of ARV treatment started with pilot sites at the University Teaching Hospital (UTH) and Ndola Central Hospital. The programme has now spread to all provincial centres and plans are underway to roll it to the district level. What might, however, hold the expeditious expansion of the ARV treatment programme is the critical shortage of skilled health personnel. Provision of ARVs by the private sector has a limitation in the sense that there are limited laboratory facilities for monitoring patients. In addition, some drugs are brought in without proper registration and quality control.

Government acknowledges the fact that ARVs prolong and improve the quality of life as evidenced by those who have access to these drugs. These have continued to lead normal lives and to contribute to national development. Unfortunately, most Zambians

living with HIV/AIDS have limited knowledge of where and how they can access ARVs. Uptake of ARVs is currently limited largely due to their relatively high cost. Effective delivery of ARVs is equally constrained by the lack of official operational guidelines on clinical application of their various combinations.

2.7.3. Traditional/Alternative Remedies

It has been recognised that most Zambians seek traditional and/or alternative remedies/treatment. This is supported in part by the many claims that have been made in regard to curing HIV/AIDS/STI/TB through alternative/traditional remedies. However, to date, claims of successful cures of HIV/AIDS have not been scientifically proved, while there has never been any empirical interrogation and verification of the efficacy, potency and toxicity of traditional remedies. In the meantime, there is no collaboration between practitioners of formal and traditional medicines.

2.7.4. Home-Based Care

The development of home-based care models in Zambia was partly in response to the unprecedented costs within the formal health sector and the increasing demand for hospital beds. Home-based care in Zambia is implemented in two main ways:

- (a) Outreach programmes initiated by health institutions (vertical programmes) that reach out to communities and eventually fuse into community-level activities; and
- (b) Community initiated programmes (horizontal programmes). These are quite often initiated by non-governmental organisations, faith-based organisations and other voluntary organisations. Community-based volunteers and support from faith-based organisations (FBOs), religious and health facilities form the backbone of these programmes.

Home-based care has been found to be an effective complement or alternative to hospital services. However, cost implications place a high economic burden on those providing care on voluntary basis. Quite often, the ability of home-based care providers is severely constrained with the result that services are difficult to spread to all needy populations. In addition, due to limited resources for outreach activities, hospital-initiated community programmes, such as rehabilitation and patient monitoring, have not reached out to wider communities. The weak linkages between and among health institutions and community-based home-care programmes and activities compound these limitations.

2.7.5. Support for the Infected and Affected

Though counselling of the infected and affected people exists, it is on a limited scale and there is an urgent need to expand coverage. Support is, on the other hand, limited and whatever help there is comes from institutions such as Churches, faith-based organisations, the Government's Public Welfare Assistance Scheme (PWAS) through

the Ministry of Community Development and Social Services (MCDSS), some non-governmental organisations (NGOs) and community based organisations (CBOs).

Other programmes, such as drop-in centres, are involved in food provision, education and recreation but they are on very limited scale and are generally under-funded. At the level of the community, small-scale agricultural schemes are managed with profits going to those most in need. Coping strategies at household and community levels have mainly centred on small-scale income generating activities. Village public assistance committees are functional in some areas and have undertaken projects targeted at enhancing household food security and incomes. HIV/AIDS awareness has been undertaken through the establishment and operation of community schools.

2.7.6. People Living With HIV/AIDS

PLWHAs have come together and formed the Network of Zambian People (NZP+) Living with HIV/AIDS. This non-Governmental organisation has the objective of promoting and enhancing the quality of life, dignity and self-esteem of people with HIV/AIDS and to reduce vulnerability to HIV infection. It also provides an important contribution to the national discourse on HIV/AIDS/STI/TB. NZP+ is actively involved at community, district and national levels in shaping the response to the HIV/AIDS epidemic. It accomplishes this by participating in the design, development and implementation of HIV/AIDS-related policies and programmes. Indeed, it is now customary for Government line Ministries and agencies to include NZP+ members in the formulation of HIV/AIDS-related programmes and activities.

2.7.7. Orphans and vulnerable children

Stakeholder involvement in the alleviation of difficulties faced by orphans and vulnerable children includes CBOs, NGOs, CBOs and FBOs. On its part, the Government provides support to orphans through the Ministry of Community Development and Social Services (MCDSS). Support includes small grants to NGOs and CBOs that are involved in programmes aimed at alleviating the plight of orphans. There are, however, challenges such as the identification of orphans (especially in rural areas), inadequate public awareness of available services and limited resources. Poverty alleviation for orphans requires standardisation of childcare provisions and the development and coordination of coping mechanisms within communities.

2.8. Human Rights and HIV/AIDS

HIV/AIDS negatively touches and impacts fundamental human rights. There have, for instance, been cases involving job redundancies and abrupt loss of income on account of the HIV/AIDS status of an employee. Stigmatisation and discrimination have also been rife in homes, communities, schools and workplaces with the result that the infected have found it doubly difficult to lead normal lives. Indeed, it has now been established that there is a correlation between the HIV/AIDS pandemic and the abuse of human rights.

2.8.1. HIV/AIDS and the Workplace

Section 28 of the Employment Act requires that every employee shall be medically examined by a qualified and competent Medical Officer before he/she enters into a contract of service of at least six months' duration. The purpose of the examination is to ascertain the fitness of the employee to undertake the work that he/she is required to do. Although the Act does not require that prospective employees be tested for HIV/AIDS, some employers still request for mandatory testing. Prospective employees usually comply, as there is no law to protect them. Currently there is no provision in the labour act for continuous testing for physical fitness of employees.

2.8.2. Confidentiality

Confidentiality is key to ensuring that the right to privacy of infected persons is upheld. It is, therefore, important to allow infected persons space to conscientiously choose to either make their status public or keep it private. Confidentiality should, however, not apply to ones sexual partner or spouse as doing otherwise would encourage wilful transmission. Currently in cases of defilement compromise outside courts of law does exist.

2.8.3. Silence, Stigma and Discrimination

Silence, Stigma and discrimination affect all sections of society as either infected or affected. They particularly affect women, the girl-child and vulnerable groups such as the differently-abled. Perpetuation of stigma and discrimination causes some infected persons to delay their notification of their HIV status and, by extrapolation, treatment, care and support. In order to address the twin problem of stigma and discrimination, the Government has been sensitising communities to the importance of observing human rights for all irrespective of ones HIV/AIDS status and social or economic standing. Government HIV/AIDS sensitisation programmes and activities are undertaken through provincial and district HIV/AIDS Task Forces and HIV/AIDS Focal Points in line Ministries. NZP+ members, on their part, have been models in fighting stigma and continue to assist communities in becoming open and positive in their discourse on HIV/AIDS/STI/TB and building tolerance and people-centred responses.

2.9. Human Resource Development And Training

Since the inception of the National HIV/AIDS/STI/TB Council there has been an effort to beef up the human resource with skills in the fight of HIV/AIDS/STI and TB as a step in doing this the government and NGOs have trained core team comprising physicians, nurses, counselor, Nutritionists, Pharmacists, and laboratory technicians to spearhead the implementation of ARVs in the nine provinces. However these are not adequate to cater for all the clients requiring their services. In addition the counselors are not on the government establishment.

2.10. Research and Development

The Government looks at Research and Development as important elements in the fight against the HIV/AIDS pandemic. In this regard, it is committed to the promotion of R&D activities in formal medicines and vaccines and traditional medicines. There is, however, currently inadequate prioritisation, coordination and application of R&D. Other constraints include inappropriate infrastructure and equipment, inadequacy of suitably trained and experienced human resource and weak institutional linkages.

Traditional healers have been working with Government to address the problem of HIV. However there has been no legislation to regulate the practice of traditional medicine

2.11. Institutional Framework

An effective response to the HIV/AIDS epidemic requires the adoption of strategic partnerships involving Government Ministries, local and international NGOs, CBOs, FBOs, the private sector, Members of Parliament, traditional leaders, the United Nations (UN) System and international bilateral and multilateral development partners. This approach requires effective coordination of policies and activities by all partners with a view to ensuring synergies and maximising the utilisation of limited health resources.

A multisectoral and multidimensional institutional framework now exists and comprises:

- (a) A Cabinet Committee of Ministers which currently includes Ministries of Health, Mines and Minerals Development, Education, Communications and Transport, Community Development, Information and Broadcasting Services and Finance and National Planning. The Committee's mandate is to provide policy direction, political leadership and advocacy. There is, however, need to revisit this set up with a view to enhancing representation and effectiveness;
- (b) National HIV/AIDS/STI/TB Council whose mandate is to co-ordinate, monitor and evaluate multi-sectoral national anti-HIV/AIDS interventions, undertake research and provide technical guidance to implementing agencies;
- (c) Designated HIV/AIDS/STI/TB Focal Point Persons in all line Ministries and parastatals. Their role is, however, taken as a secondary to normal functions. Concern has also been expressed with regard to the capacity of Focal Point persons to effectively mainstream HIV/AIDS in sectoral programmes; and
- (d) A number of NGOs and CBOs FBOs are complementing Government efforts. Their linkages between and among themselves and NAC are, however, weak and need strengthening.

The accountability for the resources that go towards HIV/AIDS /TB are currently weak and need strengthening to ensure that the resources are put to good use and reach the intended target groups.

2.12. Legal Framework

The enactment of the National HIV/STI/TB Act in 2000 by Parliament led to the creation of the National HIV/AIDS/STI/TB Council a body that coordinates efforts being done to fight HIV/AIDS by the private, civil society and government institutions.

There is a vacuum in the existing legislation with regard to the provision for proactive services and measures to fight HIV/AIDS. Currently stakeholders are not obliged to account for resources they have received either locally or from abroad.

2.13 Resource Mobilization

Currently resources devoted to the fight against HIV/AIDS/STI/TB are inadequate and not evenly distributed.

2.14. Monitoring and Evaluation

A number of clinical, epidemiological, behavioural and impact studies related to HIV/AIDS/STI/TB have been carried out. Sentinel surveillance systems for HIV and population-based studies have been used to monitor the trend of HIV infections. A system of collecting information from health facilities has been put in place to capture cases of HIV/AIDS, STIs, TB and other opportunistic infections. The system, however, needs strengthening in support of effective data collection and analysis at all levels of health care.

CHAPTER 3

3.0. VISION, RATIONALE AND GUIDING PRINCIPLES

3.1. Vision and goal

The Vision of the National HIV/AIDS Policy is a nation free from Human Immunodeficiency Virus and Acquired Immunodeficiency syndrome (HIV/AIDS) Sexually transmitted infections and Tuberculosis.”

3.2. Rationale

The priority of Government has been to prevent and control the spread of HIV/STI/TB, promote care for those who are infected and affected, and reduce the personal, social and economic impact of the epidemic. HIV/AIDS interventions by the Government and other stakeholders have, however, been undertaken in the absence of a national policy environment. This has resulted in dissipation of scarce health resources and lack of coordination of HIV/AIDS interventions by various stakeholders. The lack of a national policy and, consequently, policy direction, has, on the other hand, made it immensely difficult to effectively mainstream HIV/AIDS prevention and control in national development plans and programmes. Given this background, it is anticipated that this Policy will provide the requisite framework for informing and guiding various stakeholders in their planning and execution of their HIV/AIDS interventions. It is also expected to contribute to building a formal mechanism for rationale health resource mobilisation and coordination.

3.3. Guiding Principles

The policy will be guided by the following underlying principles which are in line with the general health vision:

Political Leadership and commitment: strong Political leadership and commitment at all levels is essential for sustained effective response to HIV/AIDS/STI/TB.

Multisectoral approach and Partnership: all sectors of society must be actively involved in the design implementation review monitoring and evaluation of the national response to HIV/AIDS/STI/TB in order for it to be effective.

Public Health Approach: A public health approach reduces the risk of HIV/STI/TB transmission by focusing on the most effective prevention and medical care information and interventions.

Promotion and Protection of human rights: an effective response to the epidemic requires that the Zambian rights to equality before the law and freedom from discrimination are respected protected and fulfilled.

Greater involvement of PLWAs: The greater involvement of PLWAs at all levels is critical for an effective response to HIV/AIDS.

Good governance, Transparency and Accountability: An effective national response to the epidemic requires government to provide leadership, good governance, transparency and accountability at all levels and in all sectors.

Scientific and evidence based Research: It is essential that the national response to HIV/AIDS be based on sound, current, empirically based research

Sustainability: The interventions embarked on should be sustainable considering the economic situation of the nation. Government shall remain open to new initiatives that are effective and sustainable interventions.

Three ones approach: Zambia's HIV/AIDS interventions should be informed and guided by the three ones, i.e. one national strategic plan, one monitoring and evaluation plan and one national monitoring and evaluation body

Pro-poor and mainstreaming of HIV: HIV/AIDS interventions should be pro-poor and, consequently, HIV/AIDS should be mainstreamed in the Poverty Reduction Strategy paper (PRSP), Public Service Reform Programme (PSRP), Medium Expenditure Framework (MTEF) and other national development documents.

Gender: Addressing gender equity issues and HIV concerns are a central element in the fight against HIV/AIDS;

Decentralisation: To ensure maximum participation by communities the implementation of the National HIV/AIDS/STI/TB policy shall be in line with the National Decentralisation Policy

CHAPTER 4

4.0. AIMS AND OBJECTIVES

4.1 Main objective

The aim of the National HIV/AIDS/STI/TB Policy is to attain a society in which the prevalence and impact of HIV/AIDS/STI/TB are significantly reduced to levels where they become manageable socio-economic and public health problems and in which people infected and affected by HIV/AIDS/STI/TB live positively without stigma and discrimination.

4.2 Broad Objectives

The broad objectives of the national HIV/AIDS/STI/TB policy

- (a) To ensure that Zambia complies with international practices in its interventions against the HIV/AIDS pandemic and treatment of infected and affected people.
- (b) To promote partnership and ensure that all sectors of society are actively involved in the design implementation, review, monitoring and evaluation of the national response to HIV/AIDS in order for it to be effective
- (c) To achieve the highest levels of social mobilisation against and political commitment to the fight against HIV/AIDS/ STI/TB
- (d) To effectively mainstream equity considerations and gender in HIV/AIDS programmes and activities and to enhance women's role in making decisions in sexual partnerships
- (e) To fully exploit the potential of faith-based organisations in the fight against HIV/AIDS.
- (f) To promote the use of traditional values and strengths as part of the foundation for the fight against HIV/AIDS
- (g) To resolve the challenges associated with HIV/AIDS at work place,
- (h) To ensure that rights of HIV-infected and affected people are protected and stigma and discrimination are eliminated
- (i) To protect the rights of children and young people and to avail them access to HIV/AIDS prevention and care services.
- (j) To promote and support public and private scientific research initiatives in causes and treatment of HIV/AIDS
- (k) To create a supportive environment for the effective prevention of HIV/AIDS.
- (l) To raise public awareness of the dangers of contracting HIV/AIDS and the negative impact that the pandemic has on society and also to promote good social norms and behavioural change
- (m) To equip Zambians, and especially the youth, with knowledge and life-saving skills as a way of preventing HIV infection
- (n)** To sensitise communities to the importance of VCT as a means of knowing ones status.
- (o) To make condoms and other barrier methods available, accessible and affordable to all sexually active individuals throughout the country

- (p) To ensure that only safe and secure blood is used in blood transfusion services in health facilities
- (q) To provide quality STI diagnostic and treatment services at all levels of the health care delivery system.
- (r) To minimise vertical transmission of HIV from the mother to the child.
- (s) To provide effective diagnostic and treatment services for HIV/AIDS-related opportunistic infections at all levels of the health care system
- (t) To increase the availability and accessibility of antiretroviral drugs and their safe and equitable distribution
- (u) To promote the use of safe alternative or traditional remedies
- (v)** To engender public awareness of the link between good nutrition and good health.
- (w) To strengthen treatment, care and support structures for infected and affected people
- (x) To mitigate the high risk of HIV infection common among vulnerable groups.
- (y) To establish and strengthen structures for effective coordination of multisectoral HIV/AIDS/STI/TB responses at national, provincial, district and community levels.
- (z) To create a conducive legal framework for addressing the HIV/AIDS pandemic.
- (aa) To ensure availability of adequate resources for fighting against the HIV/AIDS, STIs, TB and other opportunistic infections.
- (bb) To strengthen programme monitoring and Evaluation of various HIV/AIDS/STI/TB interventions.
- (cc) To build capacity in human development and training in the area of HIV/AIDS/STI/TB.

CHAPTER 5

5.0 . GENERAL AND CROSS-CUTTING POLICY OBJECTIVES AND MEASURES

5.1. Domestication of International Declarations on HIV/AIDS

Objective: To ensure that Zambia complies with international practices in its interventions against the HIV/AIDS pandemic and treatment of infected and affected people.

Measures: Given the global nature of the HIV/AIDS pandemic, the Government shall ensure that it:

- (a) Domesticates in its statutes all international agreements, conventions and declarations in respect of HIV/AIDS;
- (b) Heightens national awareness of all relevant international agreements, conventions and declarations on HIV/AIDS; and
- (c) Translates all relevant international agreements, conventions and declarations into concrete programmes and strategies in tandem with local conditions.

5.2. Multisectoralism

Objective: To ensure that all sectors of society are actively involved in the design implementation, review, monitoring and evaluation of the national response to HIV/AIDS in order for it to be effective.

Measures: In order to achieve the stated vision of a nation free from HIV/AIDS, Government shall adopt a multisectoral approach so as to:

- (a) Ensure that all ministries effectively streamline and enhance their HIV/AIDS to their core activities.
- (b) Support religious organizations to adopt effective approaches that enable them to discuss, understand and provide appropriate HIV/AIDS preventive services, care and support to their respective constituencies.
- (c) Support traditional institutions to adopt effective approaches that enable them and the community to discuss, understand and provide appropriate HIV/AIDS preventive services, care and support within the context of their respective social values.
- (d) Involve and encourage employees, employers, trade unions and other workplace related institutions to initiate and implement workplace based HIV/AIDS/STI/TB prevention, care and support programmes throughout the country.
- (e) Ensure that HIV/AIDS/STI/TB education, care and support are incorporated in core functions of NGOs and other civil society stakeholders.

5.3. Increased Advocacy, Social Mobilisation and Communication

Objective: To achieve the highest levels of social mobilisation against and commitment to the fight against HIV/AIDS.

Measures: The fight against HIV/AIDS requires a coordinated national response. In order to achieve this and to attain the highest level of social mobilisation and purpose, the Government shall:

- (a) Declare HIV/AIDS as a national disaster;
- (b) Be committed to high-profile advocacy of HIV/AIDS in all official meetings and gatherings;
- (c) Ensure that all national leaders at all levels are conversant with and understand the HIV/AIDS context and implications as well as their expected role in fighting the scourge;
- (d) Encourage and support the family and community as the basic social unit of society in the protection and fight against HIV/AIDS/STI/TB;
- (e) Promote stronger and more strategic partnerships with all stakeholders such as Non-Governmental Organisations, Community-Based Organisations and the private sector in the fight against HIV/AIDS/STI/TB; and
- (f) Facilitate and support dialogue at national, sub-national and community levels with a view to engendering social change for effectively fighting against the HIV/AIDS pandemic

5.4. Enhanced Equity and Gender Sensitivity

Objective: To effectively mainstream equity considerations and gender in HIV/AIDS programmes and activities and to enhance women's role in making decisions in sexual partnerships.

Measures: The Government is committed to the promotion of equity of access to all HIV/AIDS/STI/TB treatment programmes and gender equity in making decisions in sexual relationships. In this regard, it shall:

- (a) Mainstream gender in national development planning and programmes;
- (b) Adopt a gender-sensitive approach to planning and implementation of national development programmes;
- (c) Mainstream vulnerable groups such as the differently-abled, orphans and vulnerable children (OVCs) and economically-disadvantaged population groups in national development programmes; and
- (d) Strengthen the enforcement of existing legislation dealing with sexual harassment, abuse and gender-based violence.

5.5. Incorporation of Faith-based Organisations

Objective: To fully exploit the potential of faith-based organisations in the fight against HIV/AIDS.

Measures: In order to fully exploit the potential of faith-based organisations in the fight against HIV/AIDS, Government shall:

- (a) Encourage faith-based organisations and networks to play a leading role in mobilisation of their respective constituencies in HIV/AIDS prevention, care and support;
- (b) Encourage and promote inter-faith consultation, co-ordination and collaboration on HIV/AIDS issues; and
- (c) Encourage and support promotion of abstinence and other faith-based approaches and strategies for the optimal and effective prevention and mitigation of HIV/AIDS.

5.6. Involvement of Traditional Leadership and Structures

Objective: To promote the use of traditional values and strengths as part of the foundation for the fight against HIV/AIDS.

Measures: In order to effectively involve the country's traditional leadership and structures in the fight against HIV/AIDS and to take cognizance of cultural norms and values with a positive bearing on HIV/AIDS prevention, care and support, the Government shall:

- (a) Encourage and support traditional leaders to play a leading role in the promotion of HIV/AIDS awareness amongst their respective populations;
- (b) Encourage and support traditional leaders in their efforts to engender social and cultural change as a means of prevention and control of HIV/AIDS;
- (c) Develop the HIV/AIDS capacities and competences of traditional leaders and structures; and
- (d) Provide technical backstopping to HIV/AIDS programmes and activities carried out by traditional leaders.

5.7. Employment and the Workplace (Private, public etc)

Objective :To resolve the challenges associated with HIV/AIDS at work *place*,

Measures: In order to resolve the challenges associated with HIV/AIDS at work place, government shall

- (a) Involve and encourage employees, trade unions and other workplace related institutions to play leading roles in the fight against HIV/AIDS.
- (b) Encourage the development of HIV/AIDS/STI/TB workplace policies
- (c) Encourage and support work place based HIV/AIDS/STI prevention, care and support programmes throughout the country.
- (d) Ensure that HIV positive employees are protected from harassment and discrimination.
- (e) Not allow or endorse compulsory HIV testing at places of work.
- (f) Integrate HIV/AIDS care and support services in collective bargaining agreements.

5.8. Protection of Human Rights and Prevention of Stigma and Discrimination

Objective: To ensure that rights of HIV-infected and affected people are protected and stigma and discrimination are eliminated.

Measures: Many people who are living with HIV/AIDS are usually stigmatised and discriminated. Contraction of HIV/AIDS should, however, be treated like any other diseases and should, therefore, not be targeted for stigma and discrimination. In order to achieve this, the Government shall:

- (a) Encourage voluntary counselling and testing for all persons and insist on the maintenance of confidentiality by health care providers and employers;
- (b) Legalise mandatory testing in cases of persons charged with sexual offences that could involve the risk of HIV transmission;
- (c) Not encourage anonymous (without consent) HIV testing;
- (d) Discourage mandatory testing for scholarships and employment;
- (e) Legislate against individuals who deliberately and knowingly withhold their HIV status from their partners or spouses;
- (f) Legislate against wilful transmission of HIV/AIDS;
- (g) Educate the public about the need to eliminate stigma and discrimination against PLWHA;
- (h) Encourage the insurance industry to develop and apply policies which take into account the insurance needs of persons with HIV/AIDS;
- (i) Integrate HIV/AIDS services required by people with different abilities in existing health and social welfare delivery systems; and
- (j) Promote positive living among people living with HIV and AIDS.

5.9. Protection of Rights of Children and Young People

Objective: To protect the rights of children and young people and to avail them access to HIV/AIDS prevention and care services.

Measures: Children and young people in general, are quite often in defenceless and precarious positions when they are infected with or affected by the HIV virus. In order to mitigate the difficulties that children and young people face in regard to the HIV/AIDS pandemic, the Government shall:

- (a) Mainstream parents of street kids and other vulnerable children in the design and implementation of programmes targeted at alleviating their plight;
- (b) Ensure that children and young people, regardless of their HIV status, enjoy
- (c) rights as enshrined in the African Charter, UN Convention on the Rights of Child and relevant Zambian laws;

- (d) Promote programmes that enhance coping mechanisms of parents and guardians of orphans and other vulnerable children, including street children;
- (e) Ensure that confidentiality of children's HIV status is strictly maintained and communicated to the child, parents, guardians or prospective foster parents only if the communication does not harm the rights of the concerned child; and
- (f) Train a special cadre of health personnel in skills for counselling children and young people about the dangers of early sex, unwanted pregnancies and the importance of preventing HIV infection.

5.10. Promotion of HIV/AIDS relevant Research & Development (R & D)

Objective: To promote and support public and private scientific research initiatives in causes and treatment of HIV/AIDS.

Measures: In order to promote and support HIV/AIDS related research and development, the Government shall:

- (a) Develop a national HIV/AIDS Research Strategy that will contain a clear research agenda
- (b) Establish links with research institutions and will promote cooperation between research agencies to maximise utilisation of research findings
- (c) Ensure that appropriate ethical review committees prior to research being undertaken approve research.
- (d) Encourage, support and strengthen research related to HIV/AIDS/STI/TB by both local and international researchers;
- (e) Support identified priority health research and application of research findings;
- (f) Promote research in traditional/alternative remedies;
- (g) Provide appropriate infrastructure and funding for HIV/AIDS/STI/TB research programmes;
- (h) Encourage collaboration and coordination between and among local and international health researchers;
- (i) Ensure Zambia's participation in vaccine development in partnership with international health research institutions;
- (j) Invest in appropriate infrastructure and human resources that are requisite for vaccine development and Clinical Trials; and
- (k) Negotiate for preferential access to outcomes of vaccine research.
- (l) Organise HIV/AIDS Research Dissemination Seminars where all new biomedical and social research relating to HIV/AIDS will be disseminated

5.11. Creating a Supportive Environment

Objective: To create a supportive environment for the effective prevention of HIV/AIDS.

Measures: The Government acknowledges the fact that proposed HIV/AIDS interventions can only succeed in an environment that is supportive of programmes and activities of various stakeholders. In this regard, it shall:

- (a) Provide financial support and income generating services to high risk and vulnerable groups;
- (b) Strictly enforce laws against underage admission to restricted places such as bars and taverns;
- (c) Intensify media censorship of pornography, pornographic and other obscene materials; and
- (d) Stiffen penalties for child defilers.

CHAPTER 6

6.0. PREVENTION AND CONTROL POLICY MEASURES

6.1. Improved and Expanded IEC

Objective: To raise public awareness of the dangers of contracting HIV/AIDS and the negative impact that the pandemic has on society and also to promote good social norms and behavioural change.

Measures: It is now acknowledged that some people get infected with the HIV virus and, subsequently, get full-blown AIDS because of lack of information. In order to get around this problem, the Government shall:

- (a) Scale-up its sensitisation programmes and activities through HIV/AIDS information, education and communication (IEC). IEC materials will be prepared using participatory methods;
- (b) Promote social and behavioural change as a way of preventing HIV infection;
- (c) Ensure that people throughout the country have access to clear, accurate and relevant HIV/AIDS/STI/TB information through appropriate and accessible channels;
- (d) Devise mechanisms for documenting emerging innovations in responses to HIV/AIDS and disseminate them in a timely and user-friendly manner;
- (e) Promote and undertake awareness campaigns on the need for male involvement in taking care of the chronically ill;
- (f) Introduce public education on the dangers of certain cultural and religious practices that perpetuate the spread of HIV/AIDS/STI/TB; and
- (g) Mobilise and strengthen the mass media and interpersonal communications as a means of promoting HIV/AIDS/STI/TB prevention, control, care and impact mitigation policies and interventions.

6.2. Building Life-Saving Skills

Objective: To equip Zambians, and especially the youth, with knowledge and life-saving skills as a way of preventing HIV infection.

Measures: Quite often, HIV is contracted because of lack of knowledge and appropriate life-saving skills. In order to address this problem, the Government shall:

- (a) Ensure that HIV/AIDS/STI/TB education and life-saving skills are integrated in school curricula and are regularly reviewed;
- (b) Encourage parents and guardians to communicate with young people about sexuality and HIV/AIDS/STI/TB and to help them develop their life skills;
- (c) Encourage and support the integration of positive HIV/AIDS/STI/TB education in traditional sexual practices;
- (d) Support IEC interventions targeted at out-of-school children and youth;

- (e) Promote awareness of the dangers of alcohol and drug abuse and their role in increasing the risk of contracting HIV;
- (f) Promote community-based VCT; and
- (g) Create income generating opportunities especially for out-of-school youth.

6.3. Strengthening and Expansion of Voluntary Counselling and Testing (VCT)

Objective: To sensitise communities to the importance of VCT as a means of knowing ones status.

Measures: Voluntary Counselling and Testing is about the best way for those wanting to know their HIV/AIDS status. It also allows for early diagnosis, treatment and conditioning one to handle and positively live with the epidemic. Given these positive elements of VCT, the Government shall:

- (a) Promote the establishment of VCT centres in all its major health facilities throughout the country;
- (b) Develop and disseminate appropriate procedures, guidelines and standards (protocols) for VCT services;
- (c) Ensure that only HIV testing techniques and approaches that meet required national and international standards are utilised;
- (d) Strengthen and support VCT as an integral component of HIV/AIDS/STI/TB prevention, control and care;
- (e) Support appropriate training in VCT;
- (f) Support institutions and organisations offering VCT training;
- (g) Develop VCT guidelines for children;
- (h) Promote community-based counselling and testing; and
- (i) Standardise guidelines for peer educators and counsellors.

6.4. Improved Availability of Condoms and Other Barrier Methods

Objective: To make condoms and other barrier methods available, accessible and affordable to all sexually active individuals throughout the country.

Measures: Condoms and other barrier methods are known to drastically reduce the risk of HIV infection. In order to promote the use of condoms and other barrier methods, the Government shall:

- (a) Encourage the use of male and female condoms and other barrier methods in sexual relations;
- (b) Ensure that condoms are easily accessible to sexually active people through various distribution channels;
- (c) Ensure highest standards of condoms through quality control measures and adherence to registration and distribution requirements as provided under the Pharmacy and Poisons Act of the Laws of Zambia; and
- (d) Ensure that proper instructions and information on the use and disposal of condoms are provided in user-friendly relevant languages.

6.5. Provision of Safe and secure Blood Transfusion Services

Objective: To ensure that only safe and secure blood is used in blood transfusion services in health facilities.

Measures: It is now acknowledged that transfusion of HIV-infected blood is one of the main ways in which HIV is transmitted. Mindful of this, the Government shall:

- (a) Insist on screening all donated blood for HIV, Syphilis, hepatitis B and other infections before transfusion;
- (b) Ensure that effective blood donor recruitment, selection, blood donation and storage strategies are streamlined and strictly applied;
- (c) Provide adequate blood donation and transfusion infrastructure and equipment in all major health facilities; and
- (d) Establish a mechanism for letting blood recipients know the safety of blood before transfusion.

6.6. Prevention and Control of Sexually Transmitted Infections

Objective: To prevent, control STIs and provide quality STI diagnostic and treatment services at all levels of the health care delivery system.

Measures: STIs increase the likelihood of contracting the HIV virus. Consequently, the early diagnosis and treatment of STIs is a critical element in combating the HIV/AIDS scourge. In order to combat the spread of STIs, the Government shall:

- (a) Discourage unprotected sex and multiple sexual partners
- (b) Encourage compliance to treatment and contact tracing.
- (c) Ensure availability of appropriate infrastructure, equipment, drugs and reagents in all health facilities for diagnosing and treatment of STIs;
- (d) Strengthen STI management skills of health workers at all levels of the national health care system through improved human resource training and adequate provision of drugs and supplies;
- (e) Promote the use of standardised management and treatment protocols for opportunistic illnesses in both public and private health facilities; and
- (f) Play a leading role in price negotiations for STI treatment drugs.

6.7. Prevention of Mother-to-Child Transmission (PMTCT) of HIV

Objective: To minimise vertical transmission of HIV from the mother to the child.

Measures: It is presently estimated that the HIV virus infects about 40 per cent of all babies born to HIV-positive mothers in Zambia. In order to arrest this trend, the Government shall:

- (a) Encourage women and couples considering having a baby to first seek VCT;

- (b) Ensure that every pregnant woman has access to HIV/STI screening and treatment;
- (c) Provide specific information to the public on how to prevent mother-to-child transmission of HIV and other STIs;
- (d) Facilitate and support access to ARVs by HIV-positive pregnant women;
- (e) Support exclusive breastfeeding among HIV-positive mothers where options for child feeding are not available;
- (f) Support HIV-positive mothers who choose not to breastfeed with information on appropriate alternatives and potential risks; and
- (g) Provide post-test and post-delivery services to mothers.

CHAPTER 7

7.0. TREATMENT, CARE AND SUPPORT POLICY MEASURES

7.1. Prevention and control of Tuberculosis

Objective: To prevent, control TB and provide quality TB diagnostic and treatment services at all levels of the health care delivery system.

Measures: In order to prevent and control the transmission of TB government shall:

- (a) Facilitate the development of guidelines and protocols on the diagnosis treatment and follow up of TB cases.
- (b) Ensure construction of well-constructed and ventilated houses
- (c) Facilitate the construction of well-constructed and ventilated public infrastructure and public utilities to avoid crowding.
- (d) Promote good nutrition and eating habits for the Zambians
- (e) Ensure compliance to TB treatment for the patients

7.2 Treatment of other Opportunistic Infections

Objective: To provide effective diagnostic and treatment services for HIV/AIDS-related opportunistic infections at all levels of the health care system.

Measures: In order to address the problem of HIV/AIDS-related opportunistic infections, the Government shall:

- (a) Ensure availability and accessibility of appropriate infrastructure, equipment, drugs and reagents in all health facilities for diagnosing and treatment of major opportunistic infections;
- (b) Strengthen skills in management of opportunistic infections at all levels of health care;
- (c) Facilitate the standardisation of management and treatment protocols for opportunistic infections in both public and private health facilities; and
- (d) Play a leading role in price negotiations of prices for drugs and supplies for the treatment of opportunistic infections; and
- (e) Train and retain adequate skilled human resources.

7.3. Access to Anti-Retroviral (ARV) Drugs

Objective: To increase the availability and accessibility of antiretroviral drugs and their safe and equitable distribution.

Measures: ARVs are known to immensely prolong lives of HIV-infected persons. The limitation, however, is that their accessibility is constrained by, among others, inadequate information of where and how to get them. In order to increase access to and affordability of ARVs, the Government shall:

- (a) Scale-up its ARV treatment programmes at all levels of health care;
- (b) Enforce strict quality, safety, and efficacy registration standards for all domestically-manufactured and imported ARVs;
- (c) Take a leading role in ARV price negotiations with manufacturers;
- (d) Create a revolving fund for procurement of ARVs;
- (e) Create an enabling environment for manufacturing HIV/AIDS drugs in the country;
- (f) Ensure that appropriate infrastructure, equipment and trained personnel are put in place throughout the country for ARV administration;
- (g) Promote universal routine counselling and testing of all at-risk patients entering a health facility, i.e. routine Opt-out HIV Testing; and
- (h) Provide post-exposure of prophylaxis and access to care for care-givers

7.4. Utilisation of Alternative or/and Traditional medicines

Objective: To promote the use of safe alternative or traditional medicines.

Measures: Traditional medicine has always been part of Zambia's traditional medical practice. However, so far no serious scientific inquiry has been undertaken with a view to establishing its efficacy, safety and quality. In order to address this problem, the Government shall:

- (a) Facilitate co-operation and collaboration between and among formal and alternative health practitioners with a view to ascertaining positive traditional medical practices that might help in combating the HIV/AIDS pandemic;
- (b) Promote public awareness of known benefits and limitations of different types of alternative remedies so as to enable people make informed choices; and
- (c) Promote scientific interrogation and verification of traditional medicine and claims of successful treatment of HIV/AIDS, STIs and TB.
- (d) Facilitate enacting laws and developing regulations which shall support and promote rational and safe use of traditional/alternative remedies at all levels of health care delivery system.

7.5. Promotion of Appropriate Nutrition

Objective: To engender public awareness of the link between good nutrition and good health.

Measures: There is a direct correlation between good nutrition and good health. In the case of HIV, for instance, good nutrition has been found to prolong lives of patients. In order to promote good nutrition, the Government shall:

- (a) Promote and strengthen nutrition interventions as an integral element of HIV/AIDS/STI/TB treatment, care and support at all levels of the national health care system;
- (b) Support access to micronutrient supplements and nutritious food for people living with HIV and AIDS (PLWHA);
- (c) Strengthen nutrition education among PLWHA; and
- (d) Encourage fortification of staple foods with micro-nutrients.

7.6. Support to the Infected and Affected

Objective: To strengthen treatment, care and support structures for people living with HIV/AIDS.

Measures: Care and support for infected and affected persons help to strengthen their resolve to positively live with the pandemic. In recognition of this, the Government shall:

- (a) Ensure that the referral system adequately caters for PLWHA;
- (b) Promote and strengthen hospice services and other forms of palliative care;
- (c) Strengthen quality-nursing care and basic nursing skills of health providers, volunteers, family members and others as an essential component of PLWHA care and support;
- (d) Mainstream PLWHA, affected households and support groups in designing prevention, care and support programmes at all levels of the national health care system;

Home based care

- (a) Actively support communities and groups engaged in home-based care;
- (b) Strengthen primary health care and social welfare systems in support of home-based care;

Caring for Care Providers

In order to address problems experienced by care providers, government shall

- (a) Provide psycho-social support and appropriate skills to care givers
- (b) Devise strategies to address burnout syndrome and infection risks among service providers.

7.7. Orphans and vulnerable children

Objective: To strengthen care and support structures for Orphans and vulnerable children

Measures: Promote and support community-based care of OVCs and families looking after orphans;

- (a) Design a data capture mechanism for OVCs;
- (b) Provide guidelines for operations of orphanages and drop-in centres;
- (c) Provide psycho-social support and appropriate skills to care-givers; and
- (d) Devise strategies for addressing the burn-out syndrome and infection risks among service providers.

7.8. Support to High Risk and Vulnerable Groups

(Disabled groups, Commercial sex workers, prisoners, refugees and long distance truck drivers)

Objective: To mitigate the high risk of HIV infection common among vulnerable groups.

Measures: Experience demonstrates that vulnerable groups such as commercial sex workers, prisoners and long distance truck drivers face a particularly high risk of contracting the HIV virus. The Government is committed to protecting these groups from infection and shall, therefore:

Prisoners

- (a) Provide prisoners with accurate, clear and relevant information throughout the period of detention to assist them avoid HIV/STI/TB.
- (b) Ensure that the groups have access to HIV voluntary counselling and testing on admission to custodial remand or imprisonment.
- (c) Initiate and promote detection and treatment programmes.
- (d) Strengthen measures to reduce chances of sexual abuse within the prison environment.

Refugees

- (a) Scale-up budgetary allocations to the social sector as a way of reducing poverty and household food insecurity;

- (b) Ensure free access to HIV/AIDS/STI/TB voluntary counselling and testing (VCT) by all high risk and vulnerable groups;
- (c) Include refugees in HIV/AIDS/STI/TB interventions;
- (d) Promote abstinence for singles and fidelity for couples.

Long distance truck drivers and migrant workers

- (a) Ensure free access to HIV/AIDS voluntary counselling and testing (VCT) by all high risk and vulnerable groups;
- (b) Include migrant workers in HIV/AIDS/STI/TB interventions;
- (c) Promote abstinence for singles and fidelity for couples.
- (d) Strengthen measures to reduce chances of being involved in sexual activities
- (e) Encourage drivers and migrant workers to move with their partners (wives and husbands)

Commercial sex workers/ Prostitutes

- (a) Provide sex workers/ Prostitutes with accurate, clear and relevant information throughout the period of detention to assist them avoid HIV/STI/TB.
- (b) Promote the establishment of rehabilitation facilities for commercial sex workers;
- (c) Target clients of commercial sex workers with appropriate information and education with a view to encouraging them to take responsibility for their partners' sexual health;
- (d) Provide accurate, clear and relevant information on HIV/AIDS to all high risk and vulnerable groups;
- (e) Ensure free access to HIV/AIDS voluntary counselling and testing (VCT) by all high risk and vulnerable groups;
- (f) Promote the use of condoms by all high risk and vulnerable groups;

Disabled persons

In order to resolve the challenges associated with people with disabilities, Government shall

- (a) Ensure free access to HIV/AIDS voluntary counselling and testing (VCT) by all high risk and vulnerable groups;
- (b) Include disabled persons, displaced persons and migrant workers in its HIV/AIDS interventions; and
- (c) Promote abstinence for singles and fidelity for couples.
- (d) Integrate the HIV/AIDS/STI/TB services required by people with different abilities in the existing health and social welfare delivery systems

CHAPTER 8

8.0. POLICY MEASURES FOR INSTITUTIONAL ARRANGEMENTS

8.1. Strengthening the Institutional Framework

Objective: To establish and strengthen structures for effective coordination of multisectoral HIV/AIDS/STI/TB responses at national, provincial, district and community levels.

Measures: In order to strengthen structures for effective coordination of multi-sectoral responses to HIV/AIDS, STIs, TB and other opportunistic infections, the Government shall:

- (a) Adopt and effectively implement the “Three Ones” approach (i.e. one national strategic plan, one national coordinating body and one monitoring and evaluation plan);
- (b) Accord the National AIDS Council the highest political commitment and support;
- (c) Strengthen the institutional capacity of the National AIDS Council so as to enable it to effectively direct and coordinate national, provincial, district and community efforts targeted at the prevention and control of HIV/AIDS/STI/TB and
- (d) Establish or and strengthen structures for effective coordination of the multi-sectoral response at national, provincial, district and community levels.

8.2. Human Resource Development and Training

Objective: To build capacity in human development and training in the area of HIV/AIDS/STI/TB.

Measures: In order to help the development of human resources in the fight against HIV/AIDS/STI/TB Government shall:

- (a) Support staff development in the area of HIV/AIDS STI and Tuberculosis
- (b) Support the training of staff in the skills of mitigating HIV/AIDS/STI/ and TB

8.3. Strengthening the Legal Framework

Objective: To create a conducive legal framework for addressing the HIV/AIDS pandemic.

Measures: An enabling legal and regulatory framework is an essential element of any effective strategy for fighting HIV/AIDS, STIs, TB and other opportunistic infections. Cognisant of this fact, the Government shall:

- (a) Ensure the effective implementation, monitoring and evaluation of the HIV/AIDS/STI/TB Act; and
- (b) Amend and harmonise HIV/AIDS/STI/TB relevant pieces of legislation such as the National Health Services Act, CAP 315 and the Public Health Act, CAP 295 and the Employment Act, CAP 268.

8.4. Improved Resource Mobilisation

Objective: To ensure availability of adequate resources for fighting against the HIV/AIDS, STIs, TB and other opportunistic infections.

Measures: The effective implementation of HIV/AIDS/STI/TB interventions requires adequate mobilisation and rational allocation of scarce health resources. In cognisance of this, the Government shall:

- (a) Establish a National HIV/AIDS/STI/TB Trust Fund;
- (b) Provide specific national budgetary allocations for HIV/AIDS/STI/TB interventions; and
- (c) Improve capacity for donor coordination and realignment of HIV/AIDS/STI/TB resources.

8.5. Improved Programme Monitoring and Evaluation

Objective: To strengthen programme monitoring and Evaluation of various HIV/AIDS/STI/TB interventions.

Measures: Monitoring and evaluation of HIV/AIDS/STI/TB interventions are important for ensuring that interventions result in anticipated outputs and benefits reach intended beneficiaries. In order to ensure this, the Government shall:

- (a) Develop a national HIV/AIDS M&E plan to form the core of tracking the national HIV response. This will contain national indicators, data sources and information products, and will form the national reporting process on HIV interventions for the public sector, private sector and civil society institutions.
- (b) Define the roles and responsibilities of all public sector institutions, the private sector and civil society at national and district level in terms of HIV/AIDS monitoring of interventions and reporting to the HIV/AIDS coordinating body as part of a national M&E plan.
- (c) Ensure that the necessary capacity building is carried out in order to ensure that all stakeholders are able to provide the necessary information for the national M&E system.

- (d) Promote efficiency use of data and resources by making sure that indicators and sampling methodologies are comparable over time.
- (e) Ensure that the National M&E plan will be responsive to the national strategic framework and as such, review of the national M&E plan will coincide with the development/redesign of this framework
- (f) Promote the monitoring of both programme data and financial data for reporting purposes.
- (g) Ensure that guidelines for the various HIV prevention, care and support intervention areas will contain a specific section on monitoring and evaluation, with clear reporting lines to be included as part of this process.

CHAPTER 9

9.0. SECTORAL RESPONSIBILITIES

The fight against the HIV/AIDS pandemic, STIs and TB is a national responsibility that should invariably involve all stakeholders. Indeed, given the complexity, multidimensional nature and incidence of the pandemic, STIs, TB and other opportunistic infections, it is inconceivable that any one facet of the Zambian society can have the capacity to effectively fight against them. While acknowledging this, it is important to also acknowledge the fact an effective onslaught on HIV/AIDS, STIs and TB will only be achieved on the back of a strong, resolute and committed political leadership. In this regard, it is expected that, although all Government Ministries will actively participate national anti-HIV/AIDS/STI/TB programmes, some of them will find themselves playing a bigger role than others on account of their broad mandates. Below is a description of the specific roles that will be expected to be played by selected line Ministries.

9.1. Financial Sector

Given the enormous fiscal implications of the national fight against the HIV/AIDS pandemic, the financial sector shall be responsible for:

- (a) Providing specific budget lines for HIV/AIDS/STI/TB prevention and control;
- (b) Integration of HIV/AIDS awareness and counselling in all its in-house training programmes; and
- (c) Ensuring that HIV/AIDS is mainstreamed in all national development plans and programmes.
- (d) Spearhead resource mobilisation for HIV/AIDS/STI/TB interventions

9.2. Labour and Social Security and social safety net Sector

In order to effectively address outstanding issues with regard to HIV and employment, the Labour and Social Security sector shall:

- (a) Make a statutory amendment to the Employment Act, Cap 512, so as to make illegal non-voluntary HIV pre-employment screening;
- (b) Remove HIV/AIDS-related discriminatory barriers to joining any social security or pension scheme; and
- (c) Collect, coordinate and disseminate HIV/AIDS-related information in regard to employment practices and labour force trends.
- (d) Provide for social safety net to vulnerable groups like orphans, the aged, street children and the disabled.

9.3. Education Sector

In order to redress the HIV/AIDS challenges associated with the education sector, the Education sector shall:

- (a) Ensure that the education sector is fully transformed so as to effectively militate against the rapid spread of HIV/AIDS in the sector;
- (b) Ensure that the sector fosters and inculcates supportive behavioural change among the youth;
- (c) Strengthen functional links between the educational sector, local communities and other relevant sectors;
- (d) Support and strengthen the role of local educationists/teachers in mobilising their respective communities against HIV/AIDS;
- (e) Review and enforce penalties against school pupils, teachers and other education personnel who engage in sexual abuse of school girls;
- (f) Give priority to orphans and vulnerable children (OVCs) in awarding bursaries and scholarships;
- (g) Integrate HIV/AIDS awareness in pre-service and in-service training programmes; and
- (h) Introduce counselling in workplaces as one way of preventing HIV infection among its personnel, particularly teachers, pupils and students, and promoting positive living by those who are already infected and affected.

9.4. Health Sector

In order to resolve the challenges associated with the provision of health as well as enable the health sector to provide leadership in the fight against HIV/AIDS, the Health sector shall:

- (a) Ensure that the health sector attaches highest priority to HIV/AIDS prevention, care, support and treatment at all levels;
- (b) Strengthen overall capacity of the health sector to pro-actively respond to the challenges posed by HIV/AIDS;
- (c) Promote and strengthen inter-sectoral networking at national, provincial and district levels; and
- (d) Provide requisite technical backstopping to all stakeholders actively involved in the fight against the HIV/AIDS pandemic.

9.5. Agricultural Sector

The major portion of the Zambian population is engaged in agriculture either as a source of living or income. On its part, the agricultural sector employs hundreds upon hundreds of individuals some of whom are in the remotest parts of the country. In order to address the numerous health challenges associated with the sector, the agricultural sector shall:

- (a) Promote the mainstreaming of HIV/AIDS in agricultural programme planning;

- (b) Utilise its extensive agricultural extension network for purposes of HIV/AIDS prevention and support;
- (c) Ensure that systematic efforts in support of improved national and household food security and nutritional standards for low-income groups are initiated and promoted;
- (d) Promote the empowerment of rural women in order to reduce the negative impact of HIV/AIDS on production levels;
- (e) Provide skills training facilities to PLWHAs as a means of ensuring their participation in HIV/AIDS prevention and care programmes; and
- (f) Provide targeted food support as a component of HIV/AIDS care and support to families in need.

9.6. Sport, Youth and Child Development Sector

The incidence of HIV infections is particularly acute among the youth and adolescent population. As the line Ministry responsible for youth development shall:

- (a) Strengthen human and organisational capacity within key agencies of the Government and communities in support of initiatives targeted at combating the spread of HIV/AIDS among children and youth;
- (b) Mobilise resources for targeted programmes against the spread of HIV/AIDS among children and youth in the country;
- (c) In conjunction with the Ministry of Justice (MoJ), formulate a more progressive penal code relating to sexual abuse of children;
- (d) Develop mechanisms for protecting children against the effects of harmful practices and values that may subject them to dangers of HIV/AIDS;
- (e)** Systematically use sports as a conduit for HIV/AIDS social mobilisation and awareness creation; and
- (f)** Raise awareness of the dangers of drug and alcohol abuse.

9.7. Communications and Transport Sector

It is now common knowledge that social mobility, such as among long distance truck drivers and cross-border traders, is among the major vectors for HIV transmission. Mobility and transportation can, however, be positively employed to sensitise the public to the dangers of contracting HIV/AIDS and the Ministry responsible for Communications and Transport is suitably placed to provide the requisite leadership. In this regard, the Ministry shall:

- (a) Produce and provide HIV/AIDS/STIs/TB information, education and communication (IEC) materials for display on public conveyances such as buses and trains, including stadia and other sports facilities. It will also lobby for the imprinting of HIV/AIDS/STI/TB messages on utility bills (telephones, power, water, etc), electronic messages, stamps and other media and channels;
- (b)** Support and encourage the marketing of condoms at railway stations, inter-city bus stations, Post Office counters and boarder and transit points; and

- (c) Encourage the private transport sector to mainstream HIV/AIDS in their business plans.

9.8. Tourism Sector

The tourism sector is characterised by high mobility of people who come to Zambia to view its natural attractions. It is probable, therefore, that the rate of HIV infection might be high as tourists travel up and down the country. In order to contribute to the national fight against the rapid spread of HIV/AIDS in the tourism sector, the Ministry responsible for Tourism shall:

- (a) Provide HIV/AIDS education to its employees, including those in Forestry and Wildlife Departments;
- (b) Support efforts aimed at finding alternative remedies for dealing with HIV/AIDS-related conditions;
- (c) Integrate HIV/AIDS topics into forestry and wildlife syllabi;
- (d) Investigate environmentally-friendly means of disposing condoms, syringes, razor blades and other sharp instruments that may contribute to the spread of HIV;
- (e) Ensure that all tourist operators and the hospitality industry incorporate HIV/AIDS prevention information in staff training programmes and in information packages offered to clients and patrons;
- (f) Owners of hotels, motels, lodges, camping sites and other tourist facilities mainstream HIV/AIDS in the business promotion programmes; and
- (g) Ensure that a person's HIV/AIDS status is not a criterion for admission to or accessing tourism services.

9.9. Information and Broadcasting Sector

The Ministry responsible for Information and Broadcasting Services is the official Government mouthpiece and, as such, plays a pivotal role in transmitting official positions on national issues. In this regard, the Ministry shall:

- (a) Ensure that it effectively utilises the public print and electronic media to disseminate HIV/AIDS/STI/TB messages and information to the general public;
- (b) In conjunction with the Ministry of Health, provide relevant HIV/AIDS/STI/TB information, education and communication (IEC) materials, including counselling services to other line Ministries and departments; and
- (c) Integrate HIV/AIDS education in journalism and broadcasting courses.

9.10. Governance and Justice Sector

Like is the standard elsewhere in the world, the Zambian Cabinet is responsible for national policy formulation and implementation. Given this understanding, the Cabinet Office is expected to provide the requisite policy direction to the national fight against HIV/AIDS/STI/TB. In doing, this, it shall:

- (a) Establish a mechanism for monitoring and evaluation of the implementation and impact of HIV/AIDS/STI/TB interventions by all line Ministries and other stakeholders;
- (b) Develop strategies for the care and support of public service workers infected and affected by HIV/AIDS within the broad framework of the Public Service Reform Programme (PSRP);
- (c) Integrate HIV/AIDS information, education and communication into curricula of public service training institutions such as the National Institute for Public Administration (NIPA) and National In-Service Training College (NISTC); and
- (d)** Closely work with and support the National HIV/AIDS/STI/TB Council.
- (e) Support changes in pieces of legislation that disadvantage HIV infected and affected persons and that encourage stigma and discrimination;

9.11. Defence and Security Sector

Security and defence forces are highly mobile in the discharge of their daily calls of duty. Their mobility exposes them to the risk of contracting HIV/AIDS, STIs, TB and other opportunistic infections. In order to militate against the high risk of infection associated with the high mobility of security and defence forces, the Ministry responsible for Defence and security shall:

- (a) Ensure that it plays a more pro-active role in HIV/AIDS/STI/TB prevention, care, treatment and support;
- (b) Integrate HIV/AIDS education in all military training curricula;
- (c) Provide enhanced counselling services and peer education programmes in all military bases;
- (d) Provide VCT services in all military hospitals;
- (e) Ensure that defence personnel on deployment in and outside the country are provided with the necessary information and means to guard themselves against HIV/AIDS, STIs, TB and other opportunistic infections;

9.12 Home Affairs

The sector is responsible for staff (uniformed and non uniformed officers) and groups (refugees, displaced communities) who are highly mobile in the discharge of their daily calls of duty and daily dealings. Their mobility exposes them to the risk of contracting HIV/AIDS, STIs, TB and other opportunistic infections. In order to militate against the high risk of infection associated with the high mobility of these groups, the Ministry responsible for Home Affairs shall:

- (a) Ensure law enforcement
- (b) Ensure that it plays a more pro-active role in HIV/AIDS/STI/TB prevention, care, treatment and support;
- (c) Integrate HIV/AIDS education in all military training curricula;
- (d) Provide enhanced counselling services and peer education programmes in all military bases;
- (e) Provide VCT services in all military hospitals;
- (f) Ensure that defence personnel on deployment in and outside the country are provided with the necessary information and means to guard themselves against HIV/AIDS, STIs, TB and other opportunistic infections;

9.13 Private, Construction and industry Sector

In order to contribute to the national fight against the rapid spread of HIV/AIDS in the Private, construction and industry sector, the Ministry responsible for Private Construction and industry sector shall:

- (a) Provide HIV/AIDS education to its employees, including those in the mining and private sector.
- (b) Support efforts aimed at finding alternative remedies for dealing with HIV/AIDS-related conditions;
- (c) Integrate HIV/AIDS topics into construction and Mining syllabi;
- (d) Ensure that all Private, construction and mining companies incorporate HIV/AIDS prevention information in staff training programmes and in information packages offered to surrounding communities and workers;

9.14. National HIV/AIDS/STI/TB Council

An effective response to the HIV/AIDS epidemic requires a partnership approach, involving government Ministries, local and international NGOs, CBOs, religious organisations, the private sector, UN agencies and bilateral donors. This partnership approach requires effective coordination of the policies and activities in each of these different sectors in order to ensure complementarity in activities and avoid the inefficient use of limited financial and human resources. In order to coordinate and support the development, monitoring and evaluation of the multi-sectoral national response for the prevention and combating of the spread of HIV, AIDS, STI and TB in order to reduce the personal, social and economic impacts of HIV, AIDS, STI and TB, the National HIV/AIDS Council shall:

- (a) Support the development and coordination of policies, plans and strategies for the prevention and combating of HIV, AIDS, STI and TB;
- (b) Advise the Government, health institutions and other organizations on the policies, strategies and plans to prevent and combat HIV, AIDS, STI and TB;
- (c) Advise the Government, health institutions and other organizations on the policies, strategies and plans to prevent and combat HIV, AIDS, STI and TB;
- (d) Ensure the provision and dissemination of information and education on HIV, AIDS, STI and TB;
- (e) Develop a national HIV, AIDS, STI and TB research agenda and strategic plan which shall include the quest for a cure for HIV, AIDS as one of the research priorities;
- (f) Support programmes relating to prevention, care, and treatment of HIV, AIDS, STI and TV;
- (g) Mobilize resources to promote and support identified priority interventions including research in areas related to HIV, AIDS, STI and TB;
- (h) Provide technical support and guidelines to health and other institutions involved in the: -
 - (i) Prevention and treatment of HIV, AIDS, STI and TB; and
 - (j) Care and support of persons infected with or affected by HIV, AIDS, STI and TB;
- (k) Collaborate with other research institutions in relation to HIV, AIDS, STI and TB; and

CHAPTER 10

10.0. IMPLEMENTATION ARRANGEMENTS

10.1. Operationalisation of the Policy

The Policy will be operationalized through the development and implementation of a National HIV/AIDS/STI/TB Strategic Plan. Sectoral, thematic and institutional action plans on HIV/AIDS/STI/TB will also form part of the policy operationalization process.

10.2. Responsibility for Policy Implementation

The Ministry of Health shall be responsible for the implementation of the policy. The various sectoral Ministries, non-governmental organisations, community-based organisations and the private sector will be required to play their respective roles.

10.3. Monitoring and Evaluation

The Cabinet, through Ministry of Health in conjunction with the National AIDS Council (NAC), will be in charge of the overall monitoring and evaluation of this Policy based on the Implementation, Monitoring and Evaluation. Periodic reviews of the Policy will be instituted as and when required.

10.4. Resource Mobilisation

The implementation of national and sectoral HIV/AIDS/STI/TB interventions has heavy financial implications. In order to meet the more than normal budgetary demands that the implementation of this Policy will require, Government will need to scale up its domestic and international resource mobilisation. In this regard the government shall:

- (a) Establish the National HIV Trust Fund
- (b) Make annual allocations in the National Budget
- (c) Raise funds from other sources including bilateral, multilateral cooperating partners and other stakeholders
- (d) Train and retain health professionals.