

**REPUBLIC OF ZAMBIA**

**NATIONAL HIV/AIDS/STI/TB POLICY**

Ministry Of Health

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## **FOREWORD**

Human immunodeficiency virus (HIV) and Acquired immunodeficiency Syndrome (AIDS) have reached alarming levels in Zambia. It is estimated that about 20% of people aged between 15 and 49 years are infected with the Human Immunodeficiency Virus.

The human toll of AIDS is a tragic reality, being experienced by families, communities and the nation at large. There is no aspect of life that has not directly or indirectly been negatively influenced by the AIDS epidemic. AIDS has become the major cause of illness and death among the young and middle aged adults, depriving households and society of a critical human resource base and thereby reversing the social and economic gains made since independence.

The vision of Government has been to prevent and control the spread of HIV and AIDS, promote care for those who are infected and affected, and reduce the personal, social and economic impact of the epidemic. Although various stakeholders have already done a lot of work affected, the actions and initiatives to-date against the epidemic have not significantly reduced the prevalence levels.

A more concerted and unified national response is therefore urgently needed to promote and coordinate an appropriate response in order to bring the epidemic under control. To this effect, Government has established a multi-sectoral body, The National AIDS Council.

The individual and collective actions against HIV/AIDS/STI/TB will be guided by the policies articulated in this document.

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

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

Hon. Brigadier-General Dr. Brian Chituwo, M.P. MINISTER OF HEALTH

## **ACKNOWLEDGEMENT**

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

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Dr. G. B. Silwamba

Permanent Secretary

## WORKING DEFINITIONS

<b>Acquired Immuno Deficiency Syndrome</b>	Infections that manifest as disease in a person with Immuno Deficiency Syndrome
<b>Commercial Sex Work</b>	Trading of sex for money or material gain.
<b>Commercial sex Worker</b>	Any Person engaged in trading of sex for money or material gain
<b>Opportunistic infections</b>	Any disease whose transmission may be linked with HIV due to its transmission through body fluids or whose risk of clinical disease may be increased due to the presence of HIV.
<b>Human Immunodeficiency - Virus</b>	Is a virus capable of producing the signs and symptoms of AIDS. It is a retrovirus that damages the human immune system this permitting opportunistic infections to eventually cause fatal diseases
<b>Orphan</b>	A child under 18 who has lost one or both parents through death.
<b>Human Rights</b>	Fundamental Freedoms and Basic Human Rights that every person is entitled to in the Constitution of Zambia and International Human Rights Instruments to which Zambia is a party.
<b>Counselling</b>	An interpersonal interaction between a Counselor and Client.
<b>Multidisciplinary</b>	An approach actively and simultaneously involving different disciplines (e.g. medicine, demography, social work; psychology).
<b>Multi-Sectoral</b>	An approach that actively involves different sectors, e.g., agriculture, health and includes private enterprise, NGOs and other sectors.
<b>Dry Sex</b>	Having sex where the vagina has been dried by the use of drying agents such as herbs and chemicals.
<b>Prisoner</b>	A person who has been sentenced to prison.
<b>Sexually Transmitted Disease</b>	Any infection transmitted through sexual contact.

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## INTRODUCTION

Since the first diagnosed case of AIDS in Zambia in 1984, HIV/AIDS has become increasingly wide spread with an estimated adult HIV prevalence of 14 percent in rural areas and 28 percent in urban areas in the 15-49 year old age group. Although the epidemic is showing signs of stabilisation in urban areas, the rates continue to rise in some rural areas.

About one third of the world's population is infected with Tuberculosis. In 1995 there were 9 million cases of TB with 3 million deaths. 95% of TB cases and 98% of TB deaths are in developing countries. Further 75% of TB cases are in the economically productive age group.

The impact of HIV/AIDS/STI/TB has been felt by all sectors of society. In recognition of the worsening HIV/AIDS/STI/TB situation and the need to mobilise other sectors to actively participate in the fight against the

epidemic, a multi-sectoral approach has been adopted. Realising that many problems arising from the epidemic have socio-economic and developmental ramifications, measures contained in this policy are aimed at mitigating against the root causes and consequences.

A multidimensional approach has, therefore, been adopted in dealing with the epidemic and its impact. For this to succeed, it is important that a partnership approach at international, regional, national, community, and individual levels is harnessed. This partnership requires effective co-ordination of the policy and strategies.

This Policy, therefore provides a framework for addressing the HIV/AIDS/STI/TB situation in Zambia, outlining the causes and factors that perpetuate the transmission and the impact of HIV/AIDS/STI/TB on the Zambian population. This document also outlines the response and impact mitigation-interventions already in place, while also stating the vision, objectives, policy measures, institutional legal framework and roles to be performed by Government and other stakeholders.

## CHAPTER 1

### 1.0. SITUATION ANALYSIS

#### 1.1. Global context

1.1.1 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.

1.1.2 WHO-UNAIDS report showed that by December 2000, 36.1 million men, women and children around the world were living with HIV/AIDS. 34.7 million adults, 16.4 million women and 1.4million children. 21.8 million of these had died from the disease that is 7.5 million adults of which 9 million were women and 4.3 million children.

1.1.3 In Sub-Saharan Africa, 25.3 million people 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 12.1 million are in Africa.

1.1.4 The arrival of HIV/AIDS/STI/TB has caused a re-emergence of TB epidemics throughout Southern Africa. As many as two-thirds of TB patients may be HIV positive. HIV infection weakens the immune system of otherwise health adults. Many, perhaps half, of all adults in southern Africa carry a latent TB infection, which is suppressed by a healthy immune system. When HIV weakens the immune system, it can no longer control the TB infection and overt TB disease can-develop.

#### 1.2. National Context

1.2.1. The population of Zambia now stands at 10.2 million people with an annual growth rate of 2.9 percent (Census 2000). More than 50 percent of the population is less than twenty years of age and constitute the most vulnerable group to HIV.

1.2.2. Currently 20 per cent of the adult population aged 15 to 49 are living with HIV. 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 peak ages for HIV among females is 20 to 29 years while that for males is 30 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 percent of pregnant women are HIV positive. Approximately 39.5 per cent of babies born to HIV positive mothers are infected with the virus.

1.2.3. The average tuberculosis case rate between 1964 and 1984 remained constant at 100 per 100,000 populations. 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.

1.2.4. 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%.

1.2.5. The sexually transmitted diseases (STDs) constitute one of the major public health problems in Zambia. They account for 10 percent of all documented outpatient attendances in public health facilities. The common STDs include gonorrhoea, syphilis, Chancroid, Trichomoniasis and herpes genitalis. More than 50 percent of persons with a history of STD are infected with HIV.

1.2.6. 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. A recent study in Ndola, for example, indicated that 11.3 percent of men and 14.0 percent of women were infected with syphilis. Two out of every three sex workers in the Ndola commercial sex worker study were infected with a sexually transmitted disease.

1.2.7. There are, however, some hopeful indications. The prevalence of HIV positive tests in 15-19 year-old youths has dropped over most of the country between 1994 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 positive tests in the whole population appears to be stable and is not increasing. This has been attributed to behaviour changes. The recent Sexual Behaviour Survey has documented further evidence of behaviour changes. Although the current burden of infection will continue to impact Zambia for many years, it is hopeful that the tide may be turning.

### **1.3. The transmission of HIV**

1.3.1 HIV infection is transmitted primarily through heterosexual contact and perinatal (mother-to-child) transmission during pregnancy-at birth and while breastfeeding. Other modes of transmission include contaminated blood, reuse of needles and in men having sex with men.

1.3.2. Heterosexual transmission of HIV in Zambia is increased by the

- a) high prevalence of sexually transmitted infections
- b) poor socio-economic status
- c) the practice of *dry sex*
- d) unprotected sex with multiple partners
- e) multiple sexual partners

f) Sexual activities at an early age.

#### 1.4. Factors that Perpetuate the transmission of HIV

a) Social-cultural beliefs and practices

The social cultural beliefs, which subordinate women in society make them more vulnerable to HIV infection. For example, a woman is taught never to refuse sex with her husband even when he is known to be involved in extra marital sexual liaisons, or is suspected to have HIV or indeed any other STI.

Difficult socio-economic conditions compel women to exchange sex for money or gifts. Other cultural practices such as dry sex and the traditional practice of widow/widower cleansing also facilitate the transmission of HIV.

b) Mobility of groups more vulnerable to HIV

Displaced populations such as long distance truckers, migrant workers, cross-border trading, Fishing and fish traders.

#### *Uniformed Personnel*

Although there is been no prevalence of HIV study among uniformed personnel -because of their tour of duties, this group is considered vulnerable to STD and HIV infection in part as a result of their high mobility, which keeps them away from their spouses and partners for extended periods of time. Active programmes to prevent HIV are being implemented for this target group.

A Ministry of Defence HIV/AIDS/STI/TB programme has been set up which provides the following services; health education, condoms, screening and treatment of sexually transmitted diseases, counselling, home based care, orphan and widow/widower support. The programme is working well but requires further strengthening.

#### *Prisoners*

There are approximately 13,000 men and women in Zambia's prisons. Their vulnerability to HIV stems from unprotected sex frequently in the form of rape, high prevalence of STD, and very low and inconsistent use of condoms. Law currently prohibits condom distribution in prisons. Penetrative anal intercourse is common, and they too are unprotected. In some instances the Prisoners delay in accessing medical services, thus delaying the timely diagnosis and treatment of STDs.

c) Poverty

There is a synergetic relationship between poverty and HIV/AIDS. HIV can bring poverty and can promote HIV/AIDS. More than 70 percent of the population falls below the poverty level and of these 90 per cent are women. This is against an increasing proportion of female-headed households mainly due to, the HIV/AIDS epidemic.

The high poverty levels limit the enjoyment of social and economic rights such as education, health care, employment and social services.

d) Inadequate information and education on HIV/AIDS/STI/TB, reproductive health and life skills

e) Discrimination and Stigma

f) Gender Perspective

Women have limited access to productive resources such as land, credit, skills, capital, technology and information. As a result of this, most women are economically dependent on men and this contributes to

their inability to negotiate for safer sex and also engage in commercial sex in order to survive. Girls from poor families are sometimes forced into early marriages, sexual arrangements in exchange for money, or school requisites and thus become vulnerable to HIV.

#### **1.4 Factors that perpetuate transmission of TB and STDs**

##### **TB**

- HIV Infection
- Overcrowding
- Poor Ventilation
- Poor Nutrition
- Incompliance to treatment

##### **STD'S**

- Poverty
- HIV Infection
- Unprotected Sex
- Multiple sexual partners
- Incompliance to treatment

#### **1.6 Impact of HIV/AIDS/STI/TB**

##### **a) Household and community level**

At the family level the majority of those who are dying of HIV/AIDS are in the most productive years and are very often the sole breadwinners in the household. HIV/AIDS has therefore had a devastating effect through the loss of income and thus leading to poverty, changes in patterns of household expenditure, limited access to health services and other social services and the weakening of the family as the basic social unit particularly the extended family, which is an important social safety net.

##### **b) 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 6% becoming street children and less than 1% 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 this is usually in a situation where these grandparents have little or no source of income. A new phenomenon of child-headed households has emerged. The impact of orphans had a tremendous strain on the extended family and the social system to provide the orphans with the needed care, resources and social guidance.

##### **c) People With AIDS (PWA)**

The adverse consequences include stigmatization and discrimination. It is also common for people with HIV to lose their income as their health deteriorates and they are unable to work regularly. Sometimes, the people with HIV abandoned by their families' and forced to live in destitution.

##### **d.) Social economic impact**

The HIV/AIDS epidemic has negatively impacted the social and economic spheres and has contributed to the reversal of many of the development indicators that were achieved before the advent of the epidemic. Infant and child mortality rates, after decades of steady improvements, are now worsening. Tuberculosis, which had been

contained, is now one of the most serious public health problems.

In part, what makes the HIV/AIDS epidemic so serious is that it has a pervasive impact on virtually all, aspects of development and society-in Zambia. Health, education, economy, labour force, agriculture and transport are all affected. Children; women and families feeling the impact.

(e) Work place impact

HIV/AIDS has negatively impacted on agriculture, the public service and the private sector in a variety of ways inter-alia by absenteeism, loss of productive workers, huge funeral costs which have generally led to diminished productivity and has ultimately affected our human resource base thereby undermining our efforts at revitalizing the economy.

i) Businesses in Zambia have 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.

ii) Impact of HIV/AIDS on Education

There is a high mortality rate among teachers, which has led to a shortfall of teachers. The productivity of teachers has dropped in part as a result of absences due to frequent illnesses, which has in turn affected the quality of education.

In 1998, the Ministry of Education reported that 1,331 teachers died as result of AIDS. Furthermore, studies have reported an HIV prevalence rate of up to 40 percent among teachers. Given the prevailing high rate of mortality and morbidity, the scarcity of human resources is further aggravated. According to a recent study, even if teachers' training colleges increased their production of teachers, the shortfall of teachers attributed to deaths from AIDS will not be met in the short to medium term. This projection does not even take into account expansions that are required under a universal education scheme. As provinces are obliged to contribute to the funeral costs of teachers and civil servants in general, expenses for funeral and coffins has increased quite dramatically.

Apart from being understaffed, the productivity of teachers has dropped in part as a result of absences due to illness. Another related factor is an increase in the average time they take off work to attend funerals. Even when teachers are present in class, a study has shown that they suffer from exceedingly high levels of stress attributed to trying to tackle the immense and complex social situations more and more students are faced with due to AIDS deaths in the family.

iii) Health

In terms of the impact of HIV/AIDS on the health sector, this continues to be a great concern given the consequent astronomical cost involved in the care and treatment. The treatment of opportunistic STD infections in HIV infected persons is expensive and has placed an unprecedented burden on the delivery of

comprehensive health care. The services available cannot meet the demand and Government has been unable to invest adequately into this sector due to inadequate national resources.

Another aspect of the impact on the health sector has been the high morbidity and mortality among health workers. Thereby affecting the quality of the health care offered.

## **1.7. Gender Perspective**

Although women constitute about half of Zambia's population, they are disproportionately infected by the HIV. For a long time, HIV/AIDS researchers and analysts believed that over the course of an epidemic, about equal numbers of men and women would become infected. The multicentre study confirms this pattern. The study revealed prevalence rate of 32% among females and 25% among males in Ndola.

This imbalanced sex ratio may occur in part because women are more prone to infection than men. Research indicates women are two to four times more vulnerable to HIV infection than men during unprotected intercourse because of the larger surface areas exposed to contact. Similarly, women are more vulnerable to other sexually transmitted diseases, the presence of which greatly enhances the risk of HIV infection. Some STDs present recognisable symptoms in men are often asymptomatic in women and, therefore, remain untreated. The 1996 Demographic and Health Survey (DHS) indicate that men are twice as likely as women to seek treatment for STDs. Whatever the exact dynamics, young women attain high HIV infection levels at notably younger ages than young men.

Women lack control over their lives and are taught from early childhood to be obedient and submissive to males, particularly males who command power such as a father, uncle, husband, elder brother or guardian. In sexual relations, a woman is expected to please her male partner, even at the expense of her own pleasure and well being. Dominance of male interests and lack of self-assertiveness on the part of women puts them at risk.

Women are taught to never refuse having sex with their husbands, regardless of their number of partners he may have or his non-willingness to use condoms, even if he is suspected of having HIV or another STD. A number of women continue to practice dry sex which increases vulnerability to infection through bruising and laceration of genital organs of both partners.

## **1.8. Efforts in Addressing the HIV/AIDS epidemic**

### Plans and Programmes

1.8.1 The following plans were put in place as a response to the epidemic:

- a) In 1986 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) 1988 -1992 The First Medium Term Plan which prioritized eight operational areas: TB and Leprosy; information, education and communication; counselling; laboratory support; epidemiology research; STD and clinical care; programme management; and home based care.
- d) 1994 - 1998 Second Medium Term Plan which was multisectoral in design and incorporated a mechanism for inter-sectoral co-ordination and collaboration
- e) 2001- 2003 Development of National Strategic Framework

The above mentioned plans attempted to incorporate a mechanism for intersectoral coordination and collaboration and contained interventions on prevention, treatment, care and support.

## Multisectoral coordination and collaboration

1.8.2. 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. The subsequent integrated programmes have sought to foster political commitment at the highest level, develop intersectoral approaches, encompassing all Government ministries, the private sector and civil society, fully involve people with AIDS and develop effective AIDS impact mitigation strategies.

The desire to strengthen the multisectoral approach in the fight needs encouragement. Below are the activities that will require the participation of various players.

### 1.8.3. Prevention and control

Prevention has been the cornerstone to the national response through coordinated efforts of the Government and civil society. The major interventions have been raising awareness and influencing behaviour change, voluntary counselling and testing, prevention of mother to child transmission, promotion of condom use; case finding and treatment of STDs and provision of safe blood and blood products.

#### a) Information, Education, Communication and Life skills Programmes

The main thrust of the IEC programmes was the use of mass media to inform the general public about HIV/AIDS/STI/TB. The channels used included television, radio, billboards, and use of pamphlets. IEC also included introduction of applicable materials in school curricula. Several NGOs and churches have their respective programmes implemented IEC activities.

The Government through the Ministry of Education has adopted a number of HIV/AIDS/STI/TB and reproductive health teaching materials in the mainstream school curriculum at national level. This is within the context of Life Skills education for boys and girls from primary school up to tertiary levels. Special life skills programmes were also developed and targeted at special groups such as commercial sex workers, truck drivers, out of school youth, military etc., by the NGOs.

These programmes tend to cover smaller populations along the line of rail. In general, the development of IEC materials does not involve the beneficiaries as result beneficiaries do not take ownership. Sometimes the messages are not well targeted, culturally acceptable and do not comply with the law.

#### b) Condom access, distribution and use including other barrier methods

Although the knowledge on condom is high but use is low (24% ZSBS, 1998). Social marketing has to date been the primary strategy for increasing the access, acceptability and use of condoms in Zambia. Male condoms were actively marketed through mass media promotions. Traditional outlets such as health centres, pharmacies and drug stores have been used. Non-traditional outlets have also been targeted for condom sales and these include bars and provision stores. A female condom was introduced, its use is very low.

Condoms are easily accessible in the urban setting compared to the rural areas.

The barrier methods such as spermicidal are being promoted through family planning but their use is low.

#### c) Blood Transfusion

The Government established 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 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 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. There are frequent shortages of test kits for HIV, syphilis and Hepatitis B. However, there are no mechanisms for the beneficiaries to know the safety of the blood they are getting.

d) Treatment of Sexually Transmitted Infections (STIs)

The National STD Control Programme of Zambia was launched in 1980. Its main responsibilities were to reduce the transmission of STD, to provide efficient diagnostic and treatment services and to conduct research on STD.

A network of 62 STD clinics located at the central, provincial and district hospitals were established to ensure aetiological management. From 1990 to 1994, diagnostic, clinical management and prevention services at these health centers were improved through training, and the provision of diagnostic equipment and supplies. Since 1994, there has not been effective support to the programme in all the areas mentioned

Currently, many health centers in Zambia are adopting the use of syndromic approach for STD management, especially as they lack equipment and trained laboratory staff. Guidelines were distributed and health worker training has commenced in some districts. In five urban districts, syndromic management was integrated into maternal and child health services package at health centre level, to improve pregnancy outcomes. The challenges are staff training, drug availability and public awareness and integration into MCH and family planning.

e) Prevention of Mother to Child Transmission for STI and HIV

Prevention of mother to child transmission of STI was part of the STD programme. Of late the programme has not been successful due to shortage of testing kits for maternal syphilis screening programme and drugs for ophthalmia neonatorum prophylaxis.

Prevention of mother to child transmission has taken the front role in preventing vertical transmission. Currently this is being piloted in 4 sites and is yet to be up scaled

f) Voluntary Counselling and Testing (VCT)

Voluntary Counselling and Testing (VCT) is the entry point for diagnosis and management of infected persons. It has now become part of a wide range of interventions such as prevention of Mother to child transmission of HIV, TB programmes, STD programmes, treatment, and home based care. VCT also helps to challenge denial of infection and helps members of society to recognize and accept that one can live with HIV infection and show no outward signs and symptoms.

Government through the National AIDS programme has trained counselors throughout Zambia though this has not adequately satisfied the need. The vision is to decentralize counseling and testing facilities and make them readily available in public and private institutions within the communities. The service both institution and community based is currently limited to major centers.

g) Vaccine development

It is clear that safe, effective and affordable HIV Vaccine would offer the best hope and important tool for the future control of the HIV epidemic. Government through the National HIV/AIDS/STI/TB Council has classified vaccine development as a priority.

However, the implementation of the HIV vaccine strategy in the country, the issue of personnel training,

laboratory facilities infrastructure and institutional arrangements for scientific and ethical appraisals for vaccine trials need to be addressed.

#### 1.8.4. Treatment, Care and Support

The approach all along has been to provide support through counselling and testing, treating the symptomatic HIV infected patients-and encouraging home based care through community approaches.

##### a) Treatment of HIV/AIDS/STI/TB

Treatment has mainly been confined to treating symptomatic HIV infected patients with opportunistic infections Tuberculosis and STIs. These services have been provided within the normal health and traditional care delivery systems. These drugs are not readily available.

Since the 1990s treatment has included antiretrovirals (ARVs) mainly in the private sector and to some extent in public institutions where patients procured their own medicine or where treatments is initiated outside and follow up is done in Zambia. Although the private sector has been providing these services they have limited access to laboratory facilities for monitoring patients. In addition some drugs are brought in without proper registration, evaluation and quality control.

Government recognizes that ARVs prolong & improve the quality of life and that those who have access to these drugs have continued to lead a normal life and contribute to national development. However, the ARVs are now in the country and only dispensed through the private sector leading to most Zambians living with HIV/AIDS having no access to ARVs because of cost implications. Also there are no official operational guidelines on clinical application of various combinations of antiretroviral drugs.

For Government to implement ARVs in the public sector the issue of cost pertaining to personnel training, drugs, laboratory facilities, physical infrastructure needs to be addressed.

##### b) Traditional and alternative medicine/remedies

It is recognized that most Zambians seek traditional and/or alternative remedies/treatment. Many claims have been made on curing HIV/AIDS/STI/TB by the alternative/traditional practitioners but these have not been evaluated in terms of efficacy, potency and toxicity. There is no collaboration between western and alternative medicine.

##### c) Home Based Care

The development of home-based care models in Zambia is partly in response to the unprecedented costs within the health sector and has many implications. Initiated to relieve the pressure on hospital beds, Home Based Care in Zambia is implemented in two ways:

i) Hospital initiated outreach programmes (Vertical Programmes) reaching out to the communities and slowly integrating into community activities.

ii) Community initiated programmes (horizontal programmes) often by the church based organizations and other voluntary organizations. These initiatives rely on community volunteers with the support from community-based organizations, religious and health facilities

Although home-based care has been found to be an effective complement or alternative to Hospital services, it

has a cost implication and therefore places an economic burden on those providing care on voluntary basis. This limits the ability of the provider of home-based care to offer services on a wider scale. In addition, due to limited resources for outreach activities, hospital initiated community programs. have not reached out to a wider community.

d) Support given to the affected and infected

i) General

Continuous counseling of the affected and infected exists but at a limited scale. There is need to expand the services so as to have a wider coverage. Support appears to be limited and whatever help there is comes from institutions such as the religious, Government Public Welfare Assistance Scheme, the Department of Social Welfare, small NGOs and other home based care programmes.

Other programmes such as drop-in centres are involved in food provision, education and recreation but they are on very small scale and in general under funded.

At the level of the community, small-scale agricultural schemes are being managed with profits going to those most in need as decided by the project committee.

Coping strategies at household and community level have mainly bordered on small-scale income generating activities. Village public assistance committees are functional in some areas, and have undertaken projects for self-improvement. Community schools have been initiated. Despite the great burden that has been placed on the community, it is evident that community commitment is extremely strong in Zambia.

ii) People With AIDS (PWA)

PWA have come together to form the Network of Zambian People Living (NZP+) with HIV/AIDS. This non-Governmental organization with a current membership of over 1,000 aims to promote and enhance the quality of life, dignity and self esteem of people with HIV/AIDS/STI/TB and to reduce vulnerability to HIV infection. NZP+ provides an important contribution to national discourse on HIV/AIDS. Also, NZP+ are actively involved at the community, district and national level in shaping the response to the epidemic.

They accomplish this by participating in the design, development and implementation of HIV/AIDS related policies and programmes. It is now customary for Government ministries and, agencies to include NZP+ members in deliberations related to HIV/AIDS and such partnership is advocated with other sectors in the country. There is need to strengthen and expand this effort.

iii) Orphans and vulnerable children

Individuals, Community Based Organisations (CBOs), NGOs and religious organizations are currently managing the response to orphaned children in Zambia. The Government institutional framework based in the Department of Social Welfare in the Ministry of Community Development and Social Services (MCDSS) is involved in the provision of services to orphans as well as the provision of grants to child friendly NGOs and CBOs. The challenges are the identification of orphans especially in rural areas, public awareness of available services and limited resources. There is need to standardise child care provisions. Coping mechanism for orphan care within communities are not well developed.

#### 1.8.5 Human Rights and HIV/AIDS

Government has guaranteed the Rights and Freedoms of individuals through the Constitution. These Rights include the right of access to health and other social services without discrimination and also apply to work-place situations.

## a) Employment and the Workplace

Section 28 of the Employment Act requires that every employee shall be medically examined by a 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, which he/she is required to do. Though, the Act does not require that prospective employees be tested HIV/AIDS, some institutions do request for mandatory testing, However, there is no law protecting employees against this.

## b) Confidentiality

HIV/AIDS/STI/TB are notifiable diseases under the Public Health Act (Infectious Diseases Regulations).

Confidentiality is currently upheld for all diseases and all client's personal data should be kept in confidence. However, there is no specific regulation on sharing one's HIV/AIDS status.

## c) Stigma, Discrimination and Ethical issues

People with HIV/AIDS, STD and TB are stigmatized and they experience some form of discrimination. This in part is due to beliefs that AIDS is associated with illicit sex and a result of sin. Some of the Stigma is associated with misconceptions about how HIV is acquired.

The adverse consequences of such Stigma include; increased burden and suffering among those living with AIDS, a reluctance of individuals to know their HIV status, delay in seeking health care, and delays by communities to respond to HIV prevention.

Fair labour practices require that all employees be treated equally without discrimination regardless of HIV status.

In collaboration with civil society and legal affairs institutions, attention is now being focused on the rights of vulnerable groups such as women and children with the intent of mitigating the discriminatory aspects of HIV/AIDS/STI/TB. Much work remains to be done to address the society-imposed Stigma associated with the condition.

Women and children remain vulnerable to losing their property and opportunities for legal recourse is in the developmental stages. Of particular interest to NZP+ is the elimination of Stigma associated with HIV/AIDS/STI/TB. NZP+ members have been models in this regard and are contributing to assist communities to be more open in their discourse on HIV/AIDS/STI/TB, build more tolerance, and make their responses more people-centred.

### 1.8.6 Research and Development

Research is on going in biomedical, social, traditional/alternate medicines and economic fields. There is no prioritization, coordination, appropriate infrastructure, and trained human resource. There is need to have appropriate linkages to conduct HIV/AIDS related research.

### 1.8.7 Monitoring and Evaluation

A number of clinical, epidemiological, behavioural and impact studies related to HIV/AIDS have been carried out. Sentinel surveillance system for HIV and population based studies have been used to monitor the trend of HIV epidemic. A system of collecting information from health facilities is in place to capture cases of AIDS, TB and other STDs. However, data from various programmes and ministries have not been collated and analyzed at the national level.

## **1.9. Institutional Framework**

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.

A multisectoral and multidimensional institutional framework has been put in place comprising:

- i) Cabinet Committee of Ministers which currently includes Ministries of Health, Mines and Minerals Development; Education; Communications and Transport; Information and Broadcasting, and Information Services; and Finance and National Planning. The Committee's mandate is to provide policy direction, political leadership and advocacy. However, there is need to revisit this set up.
- ii) The National HIV/AIDS/STI/TB Council established to co-ordinate, carry out monitoring, evaluation, and research and providing technical guidance to implementing agencies. The Council has created:
  - (a) a forum for a common sectoral approach in the strategic planning for HIV/AIDS/STI/TB, and
  - (b) a coordinated priority setting for fighting the HIV/AIDS/STI/TB, epidemic by all stakeholders with effective utilization of resources.
- iii) HIV/AIDS/STI/TB Focal Point Persons in Ministries, parastatals and other private Institutions have been appointed to perform HIV/AIDS/STI/TB functions as a secondary role. These persons need to internalise the issue of HIV/AIDS so as to be effective including mainstreaming. However, this role is taken as a secondary role.
- iv) A number of NGOs are supplementing Government efforts. However, there is no formal linkage between implementing agencies (NGOs) and coordinating body (NAC).

The problem with institutional arrangement is that there is no multisectoral structures at Provincial and district level to coordinate the HIV/AIDS/STI/TB activities.

## **1.10. Legal Framework for National HIV/AIDS/STI/TB Council**

1.10.1. Currently there is no national body that coordinates efforts being done to fight HIV/AIDS by the private, civil society and government institutions. Therefore, there is need to establish the National AIDS Council through an Act of Parliament.

1.10.2. There is a vacuum in the existing legislation with regard to the provision for proactive services and measures to fight HIV/AIDS. There is need to review and amend the existing legislation.

## **1.11. Political Commitment**

The government has taken right first step by the establishment of the Cabinet Committee of Ministers and the National AIDS Council and secretariat. Sustained advocacy and political commitment has however, been adhoc and erratic especially at lower levels of political hierarchy.

## **CHAPTER 2**

### **2.0. VISION, GUIDING PRINCIPLES AND OBJECTIVES**

#### **2.1. Vision**

A nation free from Human Immunodeficiency Virus and Acquired Immunodeficiency syndrome (HIV/AIDS)

#### **2.2. Guiding Principles**

2.2.1. The policy is guided by the following underlying principles that:

- a) An appropriate legal framework is essential to the overall attainment to the vision.
- b) An appropriate national co-ordination and advocacy framework is essential for the development, implementation and co-ordination of HIV/AIDS/STI/TB strategies and interventions; and
- c) HIV/AIDS/STI/TB is a serious public health, social and economic problem affecting the whole country to be addressed as a political, developmental and security national priority, requiring a multisectoral approach;
- d) Information, education and communication for behaviour change is a cornerstone for the prevention and control of HIV/AIDS/STI/TB;
- e) Providing treatment, care and support are essential to minimise the personal and socio-economic impact of HIV/AIDS/STI/TB;
- f) Human rights and dignity of all people, irrespective of their HIV status should be respected and that stigma and discrimination against people with HIV/AIDS are eliminated;
- g) Gender mainstreaming in HIV/AIDS issues is a central element in the fight against the epidemics;
- h) A supportive social economic environment at all level of society, enhances the response to HIV/AIDS/STI/TB by individuals, families and communities.

#### **2.3. Objectives**

2.3.1. In order to achieve the vision, the following objectives will be pursued to:

- a) Provide legal framework for the establishment of a multisectoral autonomous institution for technical guidance to implementing agencies and monitor and evaluate the national response to HIV/AIDS/STI/TB
- b) Provide a framework and facilitate advocacy and social mobilization in order to promote partnership in the fight against HIV/AIDS/STI/TB;
- c) Intensify and strengthen preventive intervention programmes by various stakeholders in order to reduce the spread and impact of HIV/AIDS/STI/TB;
- d) Reduce morbidity and mortality related to HIV/AIDS/STI/TB;
- e) Eliminate the socio-economic impact of HIV/AIDS/STI/TB;
- f) Uphold and protect the human rights and Dignity of all people with HIV/AIDS/STI/TB;

- g) Ensure Gender Mainstreaming in all HIV/AIDS/STI/TB interventions;
- h) Encourage and support research in HIV/AIDS/STI/TB prevention and management;
- i) Ensure mobilization of resources by Government for the implementation of HIV/AIDS/STI/TB interventions; and
- j) monitor and evaluate interventions of the National HIV/AIDS/STI/TB Policy.

## **CHAPTER 3**

### **3.0. POLICY MEASURES**

#### **3.1. Domestication of International Instruments and Declarations on HIV/AIDS** 3.1.1 The Government will

- a) Uphold the international declarations assented to on HIV/AIDS and translate them into strategies suitable to the local environment:
- b) Collaborate with International and regional organisations with similar objectives and strategies in addressing the HIV/AIDS/STD/TB.

#### **3.2. Political Commitment**

3.2.1 In order to provide overall national leadership to the response to HIV/AIDS/STI/TB, Government shall:

- a) Declare HIV/AIDS as a National Disaster.
- b) require political leaders at all levels to mobilise and sensitise the nation on HIV/AIDS.

#### **3.3. Multisectoralism**

3.2.1 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 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/STD education, care and support are incorporated in core functions of NGOs and other civil society stakeholders.

#### **3.4. Advocacy And Social Mobilisation**

In order to achieve the highest levels of social mobilization and commitment for the fight against HIV/AIDS/STI/

TB, Government shall;

- a) Ensure that all national leaders are conversant with and understand the HIV/AIDS context and implications as well as their expected role in fighting the scourge;
- b) Encourage and strengthen the role of the family and community as the basic structure of society and protection against HIV/AIDS.

### **3.5. Prevention and control**

In order to prevent and control the spread of HIV/AIDS/STI/TB, the following measures will be undertaken:

#### **3.5.1. Information, Education and Communication**

In order to achieve positive behavioural change through information, education and communication on HIV/AIDS/STI/TB the Government shall:

- a) Ensure that people throughout the country have access to clear and relevant HIV/AIDS/STI/TB information through appropriate channels;
- b) Support and encourage the development of IEC material that is based on participatory methods involving the respective audience/population and using appropriate language;
- c) Devise mechanisms for documenting innovations on responses to HIV/AIDS as they emerge and disseminate them to stakeholders in a timely manner.
- d) Promote and undertake awareness campaigns on the need for male involvement in taking care of the chronically ill
- e) introduce public education on the dangers of certain cultural and religious practices that perpetuate the spread of HIV/AIDS/STI/TB.
- f) Mobilize and strengthen the mass media to promote HIV/AIDS/STI/TB prevention, control, care and impact mitigation policies and interventions.

#### **3.5.2. Life and HIV prevention Skills**

In order to impart appropriate HIV prevention skills children and adolescents, the Government shall

- a) Ensure that HIV/AIDS/STI/TB education which has been integrated in the school curricula are regularly reviewed and implemented;
- b) Encourage parents and guardians' ability to communicate with young people about sexuality, HIV/AIDS/STI/TB and develop their life skills.
- c) Encourage and support integration of positive HIV/AIDS/STI/TB education in traditional sexual socialization institutions and activities.
- d) Support IEC interventions targeting out-of-school children and youth.

#### **3.5.3. Voluntary Counselling and Testing**

In order to make voluntary Counselling and Testing services available to all people in the country, Government

shall

- a) Encourage establishment of VCT centers which are accessible and affordable throughout the country.
- b) Ensure that appropriate procedures, guidelines and standards for VCT services are developed and implemented.
- c) Ensure that only HIV testing techniques and approaches that meet required national and international standards are utilized.
- d) Strengthen and support counselling as an integral component HIV/AIDS/STI/TB prevention, control and care.
- e) Support appropriate training in HIV/AIDS/STI/TB counselling psychosocial.
- f) Establish and strengthen institutions offering counselling training

#### 3.5.4; Barrier-Methods and Condoms

In order to make condoms available, accessible and affordable to all sexually active Individuals throughout the country, Government shall

- a) Encourage the use of male and female condoms and other barrier methods in all sexual partnerships.
- b) Ensure that condoms are easily accessible to sexually active people through various distribution channels.
- c) Ensure highest standards of condom quality through control measures and adherence to the current legal requirements under the Pharmacy and Poisons Act for registration for all products sold offered and donated.
- d) Ensure that proper instructions and information on use and disposal of condoms and other barrier methods are provided using the relevant languages in the package and/or before issuing condoms.

#### 3.5.5 Provision of Safe Blood Transfusion Services

In order to uphold highest standards of safety of all blood and blood products used for transfusion, Government shall:

- a) Require the screening of all blood for HIV, Syphilis, hepatitis B and other infections before transfusion.
- b) Ensure that effective blood donor recruitment and selection strategies are applied.
- c) Ensure that appropriate procedures, guidelines and standards for blood bank services are implemented and reviewed
- d) Advocate for the availability of adequate and safe blood bank facilities in all districts.
- e) Ensure that there is a mechanism of letting the beneficiaries know the safety of blood

#### 3.5.6 Treatment of STIs

In order to provide quality STI services at all levels of the health care delivery system, Government shall

- a) Ensure availability of appropriate infrastructure, equipment and drugs in

all health facilities for all age groups and sexes.

- b) Strengthen STI management skills of health workers and integration of this into training curriculum.

### 3.5.7 Prevention of Mother to Child Transmission (PMTCT)

In order to minimize the vertical transmission of HIV from mother to child, the Government shall

- a) Ensure that every pregnant woman has access to STI screening and treatment.
- b) Provide specific information to the public on reduction of mother to child transmission of HIV and other STIs.
- c) Encourage women and couples considering having a baby to seek VCT.
- d) Facilitate and support the access to ARVs and treatment for STI for pregnant women.
- e) Encourage infant feeding options in HIV positive mothers and continue breastfeeding where options child feeding are not available.
- f) Support HIV positive women who choose not to breastfeed with information on appropriate alternatives and potential risks.
- g) Endeavour to support the formulation of a package that supports an HIV positive mother and her baby in order to allow for survival of both mother and child.

## 3.6. **Treatment, Care and Support**

In order to provide effective and efficient treatment, care and support measures will be undertaken to address challenges under the following:

### 3.6.1. Treatment of Opportunistic Infections and STIs

In order to make available comprehensive, cost-effective and affordable treatment of HIV/AIDS/STI/TB throughout the country, Government shall:

- a) Strengthen the capacity of the health care delivery system through provision of adequate resources.
- b) Make available the relevant essential drugs, drugs for treatment of opportunistic and STI infections at all levels of the public health care system.
- c) Support the development and use of standardized management protocols for HIV/AIDS/STI/TB in both public and private health institutions.
- d) Provide health staff in the public and private health facilities with appropriate training in HIV/AIDS/STI/TB education, counseling and management of opportunistic and STI infections.
- e) Take a leading role in price negotiation efforts with manufacturers of opportunistic infection drugs and make them accessible and affordable.

### 3.6.2. Anti-Retroviral Drugs

In order to increase the accessibility of antiretrovirals drugs and ensure their safe and equitable utilization, Government shall;

- a) Introduce and facilitate antiretrovirals drugs in the public health care system/sector
- b) Ensure the registration of antiretrovirals brought in the country in accordance with the

stipulations governing the procurement and use of drugs and medical supplies.

- c) Take a leading role in price negotiation efforts with manufacturers of ARV drugs and make them accessible and affordable.
- d) Strengthen efforts for enabling the procurement of ARV generics in the country. .
- e) Create a revolving fund for procurement of ARV drugs
- f) Facilitate the establishment of facilities for manufacturing HIV/AIDS drugs in public and private sector
- g) Endeavour to support the formulation of a package that supports an HIV positive mother and her baby in order to allow for survival of both mother and child.

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- c) Take a leading role in price negotiation efforts with manufacturers of ARV drugs and make them accessible and affordable.
- d) Strengthen efforts for enabling the procurement of ARV generics in the country.
- e) Create a revolving fund for procurement of ARV drugs
- f) Facilitate the establishment of facilities for manufacturing HIV/AIDS drugs in public and private sector
- g) Ensure that appropriate infrastructure and trained personnel are put in place throughout the

country for utilization of ARVs.

### 3.6.3. Traditional/Alternative Remedies

In order to address the challenges of alternative remedies, Government shall

- a) Facilitate co-operation and collaboration between formal and traditional health practitioners in order to strengthen HIV/AIDS/STI/TB control and care.
- b) Promote public awareness about the known benefits and limitations of the different sources of care to enable people make informed choices.
- c) Institute and apply measures to control claims of HIV/AIDS/STI/TB cure through one recognized body to be responsible for validation of the efficacy of the treatment regimen.

### 3.6.4. Nutrition and HIV

In order address the challenges associated with HIV and poor nutrition status, Government shall

- a) Ensure food security at household level
- b) Promote and strengthen nutrition interventions as an integral element of HIV/AIDS/STI/TB care and support at all levels.
- c) Support access to micronutrient supplementation for PWA.

## **3.7. Support-to affected and infected**

In order to appropriately address the needs of individuals with HIV/AIDS/STI/TB, their families and communities that pose a serious challenge to the health care delivery and the social welfare systems, measures will be undertaken under the following;

### 3.7.1 Continuum of care for PWA

In order to provide a continuum of care for PWA throughout the country, Government shall,

- a) Ensure that the referral system adequately caters for PWA.
- b) Promote and strengthen hospice services and other forms of palliative care.
- c) Promote quality-nursing care and strengthen basic nursing skills by service providers, volunteers, family, members and others as an essential component of PWA care.
- d) Encourage the involvement of beneficiaries, households and support groups in formulating prevention, care and support plans

### 3.7.2. Home Based Care

In order to fully develop community and home based care (HBC) and support it as an essential component of the continuum of care for PWA and their families, Government shall

- a) Support the communities and families to engage in home based care.
- b) Strengthen primary health care and social welfare system to support HBC.

### 3.7.3 Orphans

In order to address the challenges of orphans, the Government shall:

- a) devise a mechanism for identification of orphans
- b) create a data bank
- <c) provide guidelines on the orphanages and their operations
- d) mobilise sufficient resource to support orphan care
- e) Promote orphan care mainly within and through the community.
- f) Support training of health personnel and other youth practitioners in counselling young people on sexual and reproductive health.

#### 3.7.4 Caring for Care Providers

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

- a) Provide psychosocial support and appropriate skills for caregivers
- b) Devise to address burnout syndrome among service providers.

### **3.8. High risk and vulnerable groups**

#### 3.8.1. Poverty Reduction

In order to achieve the highest levels of social mobilization and commitment for the fight against HIV/AIDS/STI/TB, Government shall re-orient resources to enhance rural development as a way of addressing poverty and food insecurity.

#### 3.8.2. Commercial Sex Work

In order to address the challenges of HIV transmission in sex work and reduction of HIV transmission Government shall

- a) Enforce the provision of the existing law and provide facilities for rehabilitation of sex workers
- b) Target clients of sex workers with appropriate information and education and encourage them to take responsibility for their partners' sexual health.

#### 3.8.3. Prisoners, Refugees, Truckers, Fish traders

In order to ensure that all people mentioned are protected from HIV infections, Government shall

- a) Provide all the above mentioned groups with accurate, clear and relevant information throughout the period of detention to assist them avoid HIV/STD/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 and sexual abuse.

- e) Encourage and provide condoms.

### **3.9. Human Rights, Stigma, Discrimination And Ethical Issues**

#### **3.9.1. HIV Testing**

In order to provide guidance on HIV testing, Government shall

- a) Encourage voluntary counselling and testing for all persons and maintain confidentiality by service providers
- b) Legalise mandatory testing in case of persons charged with any sexual offence that could involve risk of HIV transmission.
- c) Not encourage anonymous testing without consent except in research where it is unlinked anonymous.

#### **3.9.2 Partner Notification**

In order to bring about shared confidentiality that is desirable to promote prevention, better care and coping with HIV/AIDS, Government shall legislate against individuals who deliberate and knowingly withhold their HIV status from their partners/spouses

#### **3.9.3. Stigma and Discrimination**

In order to eliminate stigma and achieve human and constitutional rights for HIV infected people, Government shall

- a) Promote education and information to the public to eliminate discrimination against PWA.
- b) Encourage the insurance industry to develop and apply policies, which take into account the insurance needs of persons with HIV/AIDS.

#### **3.9.4. Differently abled persons**

In order to resolve the challenges associated with people with different abilities, Government shall integrate the HIV/AIDS/STI/TB services required by people with different abilities in the existing health and social welfare delivery systems.

#### **3.9.5. Children and Young People**

In order to protect the rights of children and young people and avail them access to HIV/AIDS/STI/TB prevention and care services throughout the country, the Government shall

- a) Ensure that parents and guardians of street kids are located, penalized and made to fulfill their child rearing obligations.
- b) Ensure that children and young people, regardless of their HIV status, enjoy all their rights as enshrined in the African Charter, UN Convention on the Rights of the Child and the relevant Zambian laws.
- c) Ensure that confidentiality of children's HIV status is strictly maintained and only

communicated to the child or parents or guardians or prospective foster parents in the interest of the child.

Support training of health personnel and other youth practitioners in counselling young people on the dangers of early sex, unwanted pregnancies, and prevention of HIV/STDs.

### 3.9.6. Willful Transmission of HIV

In order to provide a framework for dealing with willful transmission of HIV, Government shall:

- a) Legislate against willful transmission of HIV/AIDS
- b) Put in place support systems for victims and offenders in the form of counselling, education, information, rehabilitation and appropriate therapy.

## **3.10. Gender**

In order to effectively deal mainstream, the Government shall

- a) Adopt a gender-based approach to planning and implementation of programmes.
- b) Strengthen the enforcement of existing legislation dealing with sexual harassment, abuse and violence.

## **3.11. Research and Development**

### 3.11.1 Research

In order to promote HIV/AIDS/STI/TB research , Government shall:

- a) Development agenda in HIV/AIDS/STI/TB, research
- b) Encourage and strengthen research related to HIV/AIDS/STI/TB
- c) Encourage research and evaluation of traditional/alternative remedies in the prevention, management and care of HIV/AIDS/STI/TB and other related infectious diseases.
- d) Facilitate infrastructure development, capacity building for HIV/AIDS/STI/TB research.
- e) Mobilise resources to promote and support identified priority research and application of research findings.

### 3.11.2 Vaccine Development

In order to encourage vaccine research and development, Government shall

- a) Mobilise resources to support vaccine development. .
- b) Ensure Zambia's participation in vaccine development

## **3.12. Monitoring and Evaluation**

In order to strengthen monitoring and evaluation of various interventions, Government shall

- a) Support the establishment of an effective surveillance system
- b) Establish and strengthen the existing information systems
- c) Facilitate the development of a national databank and clearing house

## **4.0. IMPLEMENTATION FRAMEWORK**

### **4.1. Institutional Framework**

4.1.1. The body to be charged with the responsibility of directing the national effort in the control and prevention of HIV/AIDS shall be the National HIV/AIDS, STD and TB Council.

4.1.2 The National HIV/AIDS/STD/TB Council shall be placed under the highest Government office in the land.

4.1.3 Establish or and strengthen structures for effective coordination of the multisectoral response at national, provincial, district and community levels.

### **4.2 Legal Framework**

4.2.1 To address the problems of HIV/AIDS/STI/TB, Government shall:

- a) Enact a Principal and comprehensive Act to:
  - i) Support the implementation of the National HIV/AIDS/STI/TB Policy;
  - ii) Provide the legal framework for the establishment of the Council.
  
- b) amend and harmonise all the relevant pieces of legislation. These will include the provisions in the National Health Service Act Cap 315, the Public Health Act Cap 295 and Employment Act - Cap 268.

### **4.3. Resource Mobilisation**

4.3.1 For the policy to be effectively implemented and on a sustainable basis, there will be need for adequate funding. In this regard, the Government shall

- a) Establish a National HIV/AIDS Trust Fund.
- b) make annual allocations in the National Budget

4.3.2. In addition, the Government shall raise funds from other sources. **4.4. Policy**

## **Implementation Strategies**

The Policy shall be translated into National Strategic Framework addressing all the issues therein.

### **4.5. Policy Monitoring and Evaluation**

The Government shall support the coordinating body to develop monitoring tools for monitoring and evaluation of the implementation.