

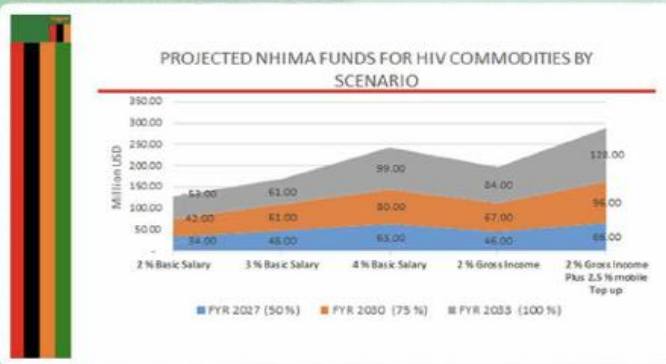


Republic of Zambia
Ministry of Health

ZAMBIA HIV RESPONSE

SUSTAINABILITY ROADMAP VISION 2030 AND BEYOND

PART 1



UNAIDS





ZAMBIA HIV RESPONSE SUSTAINABILITY ROADMAP

**VISION 2030 AND BEYOND
PART 1**

MINISTRY OF HEALTH



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FOREWORD



The Zambia HIV response is guided by the National AIDS Strategic Framework (NASF) 2023-2027 that is anchored on the National Health Strategic Plan 2022-2026, the overarching health framework for contributions to the human capital and social development pillar of the 8th National Development Plan.

The NASF is a domestication of the Global AIDS Strategy (2021-2026) and a demonstration of Zambia's commitment to the 2021 Political Declaration on HIV and AIDS to end inequalities and get on track to end AIDS as a public health threat by 2030 through achievement of the 2025 targets.

Zambia has made tremendous progress towards the 95-95-95 targets with the achievement of 96% knowledge of HIV status among those estimated to be living with HIV, 98% of whom are on life saving antiretroviral therapy of whom 97% are virally suppressed. With this progress, Zambia is further along on the path to achieving HIV epidemic control. However, these momentous achievements are on the backdrop of heavy dependence on external donor support which accounts for approximately 92% of HIV response financing. The Government is cognizant of the risk posed by the current HIV services financing modalities given the changing donor priorities and has therefore embarked on developing an ambitious country sustainability Roadmap for 2030 and beyond.

This HIV Response Sustainability Roadmap (Part 1), developed through an inclusive, collaborative and consultative process involving key stakeholders including Government ministries and departments, HIV cooperating partners and networks of communities living with and affected by HIV, is an expression of Zambia's commitment to transformation in the HIV response for accelerating to the 2030 goal of ending AIDS as a public health threat and domestically sustaining the gains.

With this plan, the Government of the Republic of Zambia, under the stewardship of His Excellency, Dr. Hakainde Hichilema, the President of The Republic of Zambia, will forge strong and effective partnerships for mutual accountability and ensure fidelity to the shared vision for sustainability of the HIV response by all key stakeholders.

The full realization of the vision and desires of this plan will guarantee a future HIV response in which all Zambia's living with HIV are sustained on life saving antiretroviral therapy and all Zambians, particularly key and vulnerable populations, are guaranteed access to comprehensive people-centred HIV combination prevention services to reduce the rates of new HIV infections, secure medicines and medical supplies through domestic resources.

Hon. Dr. Elijah J. Muchima, MP
Minister of Health

ACKNOWLEDGEMENT



The HIV Response Sustainability Roadmap (Part 1) was developed under the leadership of the Government of the Republic of Zambia through the Ministry of Health (MoH), the National AIDS/STI/TB Council (NAC) and the Ministry of Finance and National Planning (MoFNP).

This was an inclusive and consultative process involving key country stakeholders including other Government ministries and departments; HIV Cooperating Partners, specifically, the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM), the Zambia Country Coordinating Mechanism (CCM), the United Nations Joint Program on HIV/AIDS (UNAIDS), the Clinton Health Access Initiative (CHAI); communities and civil society organizations through the Civil Society Self Coordinating Mechanism (CSSCM).

Special appreciation goes to PEPFAR, UNAIDS, WHO, CHAI and the Global Fund for dedicating their technical and financial support to this process. Sincere gratitude goes to the Ministry of Health, Directorate of Policy and Planning leadership, and staff who formed the secretariat to the Steering Committee and the Technical Working Group, for their tireless efforts in coordinating the development process. It is our strong conviction that the implementation of the program and financing transformations included in this roadmap will advance full country ownership and leadership, accelerate Zambia's progress to HIV epidemic control while increasing domestic responsibility by 2030 and beyond.

Dr. George Sinyangwe
Permanent Secretary – DC
Ministry of Health

EXECUTIVE SUMMARY

Zambia has achieved 96-98-97 of the UNAIDS 95-95-95 targets placing the country at an advanced stage of achieving epidemic control and ending AIDS as a public health threat by 2030.¹ However, the gains remain at risk as long as funding to sustain these achievements is dependent on external sources. Out of the USD 557.1 Million annual budget for the year 2022, domestic resource contribution was USD 49.3 Million representing 8.8 %.² The United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) covers the remaining 92%. The main cost driver in the HIV response is antiretroviral therapy (ART) for approximately 1.3 million people. The main cost drivers are health commodities for HIV diagnosis, treatment and prevention, human resources for health and systems support. With the country servicing a huge debt, battling the effects of climate change, including the prolonged drought in the 2023/2024 period, compounded by a slow economic growth rate, the Government's ability to assume responsibility for approximately half a billion United States Dollars annual requirement for the HIV response may not be feasible in the short run.

The Government will ensure efficient use of available domestic and external resources through a comprehensive analysis of the technical and allocative efficiency of current and future HIV investments. Bold, innovative and ambitious steps will be taken to ensure predictable and sustainable financing for the HIV response. These will include the introduction of legislation for establishment of a health fund and inclusion of HIV services onto the public health insurance package. Government will further consider a shift to a total market approach (TMA) to provision of HIV products and technologies, with financial protection for the vulnerable. There will be further consideration for social contracting and enterprise mechanisms to sustain community led HIV responses - key for maximizing access and improving outcomes among key and vulnerable populations. In addition, Zambia will explore innovative financing such as debt swaps for health and philanthropy. The current legal and policy environment will be assessed with a view to effect positive changes to attain and sustain HIV epidemic control, including the repositioning and restructuring of the National HIV/AIDS/STI/TB Council and facilitate access to HIV services in a stigma and discrimination free environment. Building resilient systems for health is central to sustaining the HIV response. The country will accelerate efforts for guaranteeing national HIV commodity security including expansion of storage and distribution capacity, as well as local or regional manufacturing. The Government will incrementally transition human resources for health (HRH) supported by partners into the government establishment based on need. Additionally, Government will undertake service integration informed by prior assessments. Zambia will expand coverage for electronic records management systems, and build systems interoperability, aiming at having one overarching government owned system for strategic information, including HIV surveillance. There will be consideration for increased private sector participation across the spectrum of the HIV response.

¹ UNAIDS 2024 Spectrum Estimates

² 2022 National AIDS Spending Assessment, NASA

Acronyms

AHD	Advanced HIV Disease
AIDS	Acquired Immunodeficiency Disease syndrome.
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
AYP	Adolescents and Young People
BHC	Basic Health Care package
BSC	Bio Safety Cabinet
CBO	Community Based Organisations
CBV	Community Based Volunteers
CCM	Country Coordinating Mechanism
CDC	Centre for Diseases Control and Prevention
CHAI	Clinton Health Access Initiative
CHAZ	Churches Health Association of Zambia
CLM	Community Led Monitoring
CRS	Catholic Relief Services
CSO	Civil Society Organisation
CSSCM	Civil Society Self Coordinating Mechanism
DATIM	Data for Accountability Transparency and Impact
DHIS2	District Health Information Software 2
DNOP	Diagnostic Network Optimization Plan
DSD	Differentiated Service Delivery
FYR	Financial Year
EHR	Electronic Health Records
eLMIS	Electronic Logistics Management Information System
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HIV	Human Immunodeficiency Virus
HIVDR	HIV Drug Resistance
HRH	Human Resources for Health
HRIS	Human Resources Information System
IMF	International Monetary Fund
KP	Key Populations
LIS	Laboratory Information System
MAT	Medically Assisted Treatment
MCH	Mother and Child Health
MoFNP	Ministry of Finance and National Planning
MoH	Ministry of Health
NAC	National HIV/AIDS/STI/TB Council
NACMIS	National AIDS Council Management Information System
NASF	National AIDS Strategic Framework
NCDs	Non-Communicable Diseases
NHIMA	National Health Insurance Management Authority
NHSP	National Health Strategic Plan
OVC	Orphaned and Vulnerable Children

PBFW	Pregnant and Breastfeeding Women
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PMTCT+	Prevention of Vertical Transmission of HIV
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
RADAR	Resource Alignment Data Analysis and Review Dashboard
SBC	Sexual Behavioural Change
SI	Strategic Information
STI	Sexually Transmitted Infection
TB	Tuberculosis
TDABC/M	Conduct Time Driven Activity Based Costing & Management
TMA	Total Market Approach
UHC	Universal Health Coverage
USD	United States Dollar
UNAIDS	United Nations Joint Program on HIV/AIDS
VAT	Value Added Tax
VMMC	Voluntary Medical Male Circumcision
WIS	Warehouse Inventory System
ZAMMSA	Zambia Medicines and Medical Supplies Agency

1.0 COUNTRY CONTEXT

The Global AIDS Strategy expects countries to achieve 95-95-95 targets by 2025 which means 95% of PLHIV know their status of whom 95% would receive lifesaving antiretroviral treatment and 95% of those receiving treatment would be virally suppressed. Zambia has achieved 96-98-97 of these targets placing the country at an advanced stage of achieving epidemic control and ending AIDS as a public health threat by 2030. Out of the estimated 1,342,000 People Living with HIV (PLHIV), 1,295,030 are on life-saving Antiretroviral Therapy (ART) of whom 97% are virally suppressed (Figure 1). This leaves an HIV diagnosis and treatment gap of about 50,000 people.³

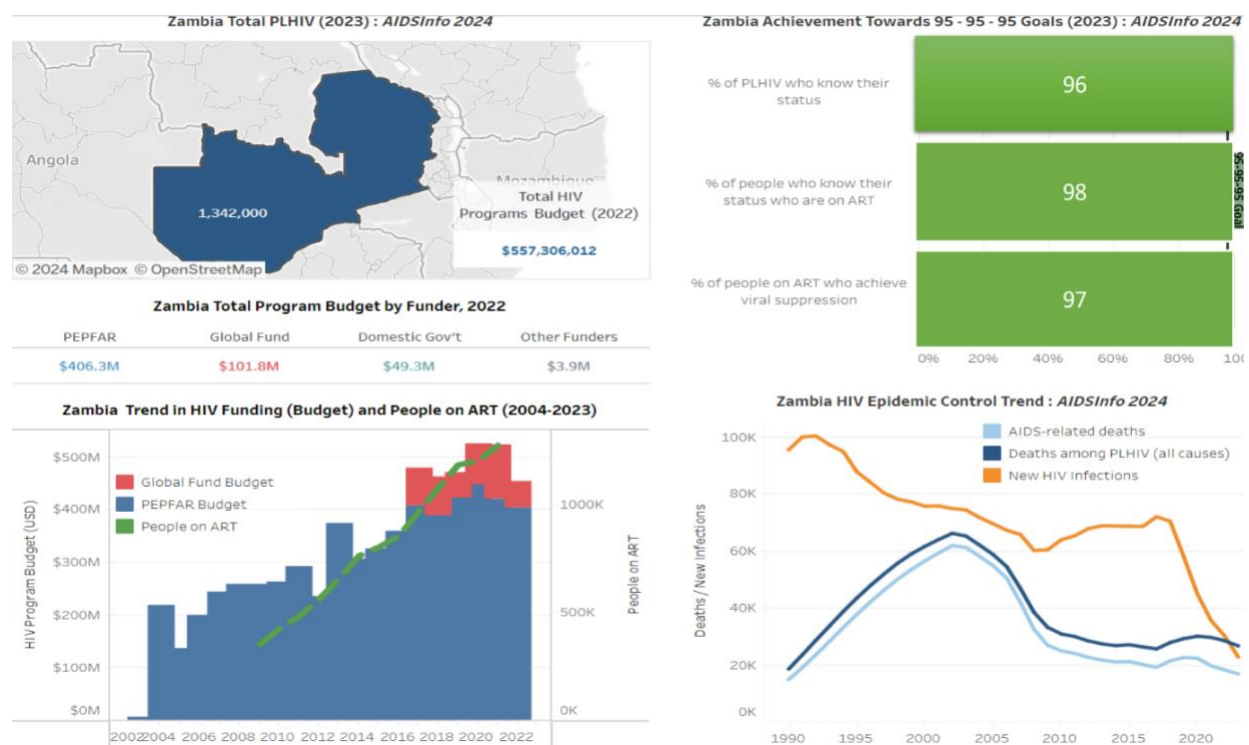


Figure 1: Zambia's Epidemiological Data Aligned with Financial Resources (PEPFAR 2024 RADAR) Draft Report

The 2022 total HIV program budget was USD 557.4 million out of which USD 406.3 million was from PEPFAR, USD 101.8 million from GFATM and USD 49.3 million from domestic resources, representing 8.8 %.⁴ The current success scored in HIV programming are on the back drop of heavy reliance on external financing as demonstrated in table 1 below.⁵ The financing gap for the response increases from 1.68% in 2023 to 28.39% in 2026. For Zambia to sustain HIV treatment there is need to guarantee universal access to effective and high-quality HIV care for all people living with HIV, regardless of age, location, or socio-economic status. This will require an expanded, innovative and predictable domestic financing for HIV services.

³ National HIV/AIDS Strategic Framework 2023-2027

⁴ 2022 National AIDS Spending Assessment, NASA

⁵ National HIV/AIDS/STI/TB Council (2022) National HIV/AIDS Strategic Framework 2023 - 2027

Table 1: Funding Needs for HIV and Anticipated Domestic Financing (NASF 2022-2026)

Year	2022	2023	2024	2025	2026
NASF Estimated Cost		\$562,364,704	\$600,989,686	\$621,898,767	\$646,862,262
Domestic Resources	\$49,300,000	\$49,300,000	\$49,300,000	\$49,300,000	\$49,300,000
PEPFAR	\$406,300,000	\$402,600,000	\$392,217,000	\$376,000,000	\$319,600,000
GF	\$101,800,000	\$101,000,000	\$94,026,640.09	\$96,610,095.92	\$94,298,690.87
Total Available Resources	\$557,400,000	\$552,900,000	\$535,543,640.09	\$521,910,095.92	\$463,198,690.87
Gap		\$9,464,704	\$65,446,045.91	\$99,988,671.08	\$183,663,571.13
% Domestic Contribution	8.84	8.92	9.21	9.45	10.64
% Gap		1.68	10.89	16.08	28.39

PEPFAR out year budget amounts will be based on availability of funds

1.1 The Vision and Purpose

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

The purpose of this roadmap is to outline the high-level outcomes and strategies for transforming and sustaining the Zambia HIV response.

2.0 CURRENT STATE OF SUSTAINABILITY

This section describes the current status of sustainability of the Zambia HIV response based on the five domains that include political leadership; enabling laws & policies; sustainable and equitable financing; services and solution (HIV prevention and HIV testing, treatment, care and support) and systems.

2.1 Political Leadership

Zambia has endorsed the 2021 Political Declaration on HIV/AIDS which commits to ending AIDS as a public health threat by 2030 by addressing inequalities, universal access to HIV prevention, treatment, care and upholding human rights and dignity.

The Government of Zambia established the National HIV/AIDS/STI/TB Council (NAC) through the NAC Act of 2002 for coordination of the multisectoral HIV response based on the three one's principle - one national strategic plan, one national coordinating authority and one national monitoring framework.

There is political commitment at the highest level through the Office the President in providing leadership at national and subnational levels, demonstrated through international and national commitment, commemorations and related engagements on HIV. Furthermore, there have been increases in the health budget allocation from 8% in 2021 to 12% in 2024,⁶ with a government dedicated budget for ARVs.

Despite the government committing to the three ones' principle, the multi-sectoral coordination is sub-optimal at the national and subnational (decentralized) levels. Optimisation of the multi-sectoral coordination and the decentralised response will result in a strong and sustained leadership at all levels.

2.2 Enabling Laws and Policies

Zambia has made significant strides in addressing the HIV epidemic through the enactment of progressive laws and practices that guarantee access to HIV services for all Zambians, including key and vulnerable populations. These include: the NAC Act of 2002, the Anti-Gender-Based Violence Act No. 1 of 2011, the Gender Equality Act, the Child Protection Act No. 22 of 2011, the Children Code and Act of 2022, the Children Marriage Prohibition Act of 2018, and the NHIMA Act No. 2 of 2018. In addition, the country undertakes periodic legal and policy environment assessments and stigma index surveys to assess laws and practices that impact delivery of HIV services to PLHIV, key and vulnerable populations.

Notwithstanding all these progressive achievements, the legal and policy environment remains challenging for access to HIV services for key and vulnerable populations. The primary legal challenge lies in the criminalization of certain behaviours, such as same-sex relationships and sex work, which directly conflict with public health goals and create an environment of fear and stigma.

⁶ Ministry of Finance and Development Planning (2024) Medium-Term Fiscal Framework (MTFF)

2.3 Sustainable and Equitable financing

According to the Health Financing Strategy 2017-2027,⁷ huge debt service is likely to limit the country's fiscal outlook for health spending in the short to medium term. In 2017, interest payments were expected to reach an estimated K11.5 billion, twice the health budget. In addition, fiscal consolidation efforts to put public finances on a sustainable path have remained elusive. In March 2017, the International Monetary Fund (IMF) found that expenditures in the first two months of the year substantially outpaced revenue, with an elevated fiscal deficit of 9.3% of Gross Domestic Product GDP. These indicators point to high risk of debt distress. Debt sustainability analyses suggest that the debt ratio would rise to 54% of GDP by end of 2017, two points below the sustainability threshold of 56%. It actually rose to 71 % of the GDP by 2021 (Table 2).

Table 2: World Bank Report on Zambia's Debt Burden (2021)

General Government Expenditure	Central Government Debt, Total	External Debt Stocks	Total Debt Service	Total Debt Service to Export (%)
% of GDP	% of GDP	% of GNI	% of GNI	% of exports of goods, services and ...
17.10%	71.25%	124.71%	7.99%	13.77%

Zambia Fiscal Context, 2021: World Bank/IMF

In Zambia the healthcare financing is largely through the national budget. However, allocations for health are inadequate, making it difficult for MoH to meet all the needs in the sector, including HIV. The cooperating partners such as the U.S. government through PEPFAR, the GFATM, the United Nations and other multilateral and bilateral donors, provide essential financial and technical assistance to bolster the government's HIV response and fill the financing gap. This results in donor funding accounting for 92% of annual HIV-related spending excluding the fixed costs. The Government will therefore need to find other innovative alternative ways of raising funds away from the national budget allocations for the health sector and HIV response to sustain the gains the country has made in treatment and prevention programs.

2.4 Services and Solutions

2.4.1 HIV Prevention

Zambia has achieved tremendous strides in reducing HIV incidence from 1.6% in 2010 to 0.3 % in 2022, reducing new HIV infections from 46,000 to 27,000 but is not on track to achieve the 2025 target of 15,000. Progress is slowest among key and vulnerable populations and children.

Zambia provides HIV combination prevention services for all populations. HIV prevention services include voluntary medical male circumcision (VMMC), condoms programming, sexual behavioural change (SBC), prevention of vertical transmission of HIV (PMTCT+) and pre-

⁷ Ministry of Health (2017) Health Financing Strategy: 2017 – 2027 Towards Universal Health Coverage for Zambia

exposure prophylaxis (PrEP). These services are delivered at health facilities and through community outreach and wellness centres.

The Zambia HIV prevention response requires a resource alignment exercise to assess its compliance to the global recommended threshold of 25% of total HIV funding. The programs are primarily funded by PEPFAR and the Global Fund, priority investments being in prevention programs for key and vulnerable populations. To maintain the gains made thus far in HIV prevention and sustain the low levels towards elimination of new infections, increased domestic funding for these programs will need to be prioritised.

2.4.2 HIV Testing, Treatment, Care and Support

The Government has ensured that ART is available at all public health facilities across the country. This expansion has been facilitated through decentralized models, allowing for more localized access in rural and remote areas. These services are provided at both facility and community levels. Community ART services are led by community health workers and peer educators allowing increased access and person centeredness. Currently, over 1,295,030 people living with HIV are receiving ART, representing 98% of those eligible for treatment (UNAIDS 2024). Ministry of health program data shows that viral load coverage among PLHVI on ART is 87 % of whom 97% are virally suppressed.

Despite the momentous achievements Zambia has scored in HIV treatment, the country's treatment domain is at risk of losing and negating the gains made thus far, due to over dependence on the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and the Global Fund for the financing of over 90% of the HIV response.

2.5 Systems

2.5.1 Laboratory

The country has a four-tier laboratory system starting at the health centre level (HC), District level (H1), Provincial level (H2) and the tertiary level (H3)⁸. While the majority of hospitals have laboratories attached to them, this is not true for health centres as only a small number have

Table 3: Distribution of Lab. Facilities per Province NBLSP (2024)

	HC	Mini Hospital	H1	H2	H3	Tertiary	Total
Province							
Central	25	1	8	1	1	0	36
Copperbelt	75	0	6	4	2	0	87
Eastern	50	10	11	2	1	0	74
Luapula	27	2	12	2	0	0	43
Lusaka	39	6	14	7	2	10	78
Muchinga	18	4	8	3		0	33
Northern	36	13	10	2	0	0	61
North Western	19	6	10	3	0	0	38
Southern	0	0	56	7	1	0	64
Western	7	0	12	2	0	0	21
Total	296	42	147	33	7	10	
Stand-alone National Reference labs							2
Total							537

laboratories. Some health posts, health centres and clinical settings in hospitals have established point of care testing provided by non-laboratory professionals using simple rapid technology and monitored by the district health office. The public sector through Ministry of health has 537 operational laboratories serving the 3,023 facilities (Table 3). The ten provinces

⁸ Ministry of Health (2023) National Biomedical Laboratory Strategic Plan 2023-2027

have provincial laboratories. Laboratory tests for HIV is two-fold, antigen based and polymerase chain reaction (PCR) based. Access to testing is via a diagnostic network optimization that uses a hub and spoke system to link samples for testing to all health facilities. Zambia has also introduced multi-pathogen testing platforms for efficiency and integration.

Despite these important achievements, the laboratory sub-sector still experiences challenges such as staff shortages as only 2,906 against the approved establishment of 3,246 lab technical staff are in post. In addition, intermittent stock outs of commodities and supplies, weak management and coordination structures at provincial and district levels as well as lack of Quality Management Systems at facilities below level II persist.

The laboratory services are central to quality and sustainable HIV services. Like the prevention and treatment programmes, laboratory equipment, commodities and supplies are largely financed externally through PEPFAR and the Global Fund. It is therefore critical to increase and sustain domestic funding for laboratory services.

2.5.2 Procurement and Supply Chain Management and Health Technologies

Zambia's procurement and supply chain management for medicines and medical supplies is overseen by MoH, which provides governance, oversight, and policy. The procurement, storage and distribution is by the Zambia Medicines and Medical Supplies Agency (ZAMMSA), mandated by an Act of Parliament of 2019. The MoH, working closely with ZAMMSA and partners, is responsible for quantification, procurement, warehousing and distribution for health commodity security.

ZAMMSA's operations are largely externally funded with gaps in human resource, finance and logistics capacities. Additionally, there human resource, storage and commodity management capacity gaps at service delivery points.

It is therefore imperative to have a fully capacitated and stable ZAMMSA which is adequately financed through a sustainable and predictable domestic financing system.

2.5.3 Human Resource for Health

The Government through MoH is committed to support the health sector and to ensure the availability of well-trained, competent and equitably distributed health workforce. Human Resources for health continue to be a major theme in the drive to achieve Universal Health Coverage (UHC) and to deliver health services, as close to the family as possible, using the primary health care approach.⁹ In order to address the health human resources challenges, the Ministry of Health establishment was expanded from 126,831 positions in 2021 to 140,934. Out of this, 55% (77,856) of the positions have been filled, leaving a gap of 45%.¹⁰ The Ministry projects to have 70% of the establishment filled by 2026¹¹

⁹ Ministry of Health, (2022) National Health Strategic Plan 2022-2026.

¹⁰ Ministry of Health, Department of Human Resource and Administration (2024) Presentation Paper. MTEF 2025-2027 Technical Updates

¹¹ Ministry of Health, Department of Human Resource and Administration (2024) Presentation Paper. MTEF 2025-2027 Technical Updates

A significant proportion of human resource in the health sector, especially for HIV services, is externally financed through PEPFAR and Global Fund, at facility and community levels. The HIV sustainability plan will propose practical steps for transition into government establishment.

2.5.4 Strategic information

There are several reporting information management systems which pull data from 3,553 health facilities (3,182 public, and 371 private) and the community. The District Health Information System version 2 (DHIS2) is the main system used by the MoH, while the Data for Accountability, Transparency and Impact Monitoring (DATIM) is used by the USG, and the National AIDS Council Management Information System (NACMIS) is used by the NAC for monitoring the community response. The main patient management system is SmartCare. Other systems are service specific, which include the laboratory (DISA link & e-Labs), logistics (warehouse information system - WIS & the electronic logistics management information system - eLMIS). While the DHIS2, NACMIS, laboratory and logistics information systems are housed and governed by the government currently, efforts are underway to achieve the same for the SmartCare.

This fragmentation of data systems contributes to the spreading thinly of investments and inconsistencies and/ or inaccuracies in information. At present there are 1,755 health facilities not using Smart care. Besides, only 30% of health facilities report directly into the DHIS2.

A nationally owned, interoperable, efficient, effective, timely and secure strategic information system is key to the success of any health program.

2.5.5 Delivery and Integrated Systems

About 90% of all HIV Services are delivered through public health facilities for majority of people on ART. HIV service delivery is vertical and provided mainly through primary health care facilities. Siloed programs have proven to be wasteful, creating missed opportunities for diagnosis and management of HIV comorbidities and other conditions such as noncommunicable diseases.

Strategies towards resolving these challenges will be critical to achieving sustainably integrated HIV services. Integration and redesigning of HIV services will require meticulous planning and resourcing. Private sector participation and innovative DSD models presents an opportunity to achieving a sustainable delivery and integrated HIV program.

2.5.6 Community Systems

The community is central to the national HIV response. The community system constitutes networks of people living with and affected by HIV, community-based organizations (CBOs), FBOs and CSOs. The Civil Society Self Coordinating Mechanism (CSSCM) consisting of 8 self-coordinating networks is the coordinating body that leads the community response in Zambia. It is adequately represented in HIV response decision bodies including the Global Fund Country Coordinating Mechanism, the NAC board among others. They play a significant role in the community response through community led service delivery, monitoring and advocacy.

Community-based and led organizations heavily rely on external funding for their operations. The main financiers being PEPFAR and the Global fund.

3.0 TRANSFORMATION PLAN

3.1 Political Leadership

Future Sustainability State

Ownership, leadership and accountability for a transformed multi-sectoral and decentralized HIV response at the Presidency.

Sustainability Priorities

- Adequate and predictable domestic financing to the health sector
- Adequate allocation of domestic resources to the HIV response
- Legal and policy reforms for repositioning and restructuring of HIV response multisectoral coordinating bodies at national and sub-national levels

High Level Outcomes and Strategies.

SN	High Level Outcome	Strategies/actions
1	Political commitment to increased budget allocation for the HIV response.	<ul style="list-style-type: none">○ Endorsement of the HIV Sustainability Roadmap at the Presidency.○ Advocacy and engagements with political leadership (heads of government at all levels and members of parliament) to commit to legal and policy reforms for increasing domestic financing for health and HIV
2	Effective multisectoral coordination of the HIV response at national and sub-national levels	<ul style="list-style-type: none">○ Amend the NAC Act to reposition the NAC under the Office of the Vice President○ Restructure the NAC to enforce the three one principle and facilitate a stronger coordination of the HIV response at all levels in line with the decentralisation Policy.

3.2 Enabling Laws and Policies

Future Sustainability State

A Zambia HIV response that is rights-based, gender transformative, inclusive, people centred and guarantees HIV services for all in a stigma and discrimination free environment.

Sustainability Priorities

- Legal reforms targeting amendments to promote HIV service access for key and vulnerable populations
- Gender equitable social norms, attitudes and behaviours through full enforcement of gender policy
- HIV sensitive social protection for key and vulnerable populations

High Level Outcomes and Strategies

SN	High Level Outcome	Strategies/actions
1	A stigma-free and protective legal and policy environment for access to services for all including key and vulnerable populations	<ul style="list-style-type: none"> ○ Law reforms to align with the 2021 Declaration on Ending AIDS as a public Health problem ○ Law Amendments to protect key and vulnerable populations and health care workers who provide services to vulnerable minors ○ Strengthen community advocacy for expanding community led HIV service delivery towards the 80-30-60 targets ○ Strengthen national mechanisms for reporting and redressing of HIV related stigma and discrimination
2	Gender equitable social norms, attitudes and behaviours.	<ul style="list-style-type: none"> ○ Enforcement of the gender policy ○ Strengthen country capacity for reducing GBV to less than 10%
3	HIV sensitive social protection.	<ul style="list-style-type: none"> ○ Expand domestic social protection resources

3.3 Sustainable and Equitable Financing

Future Sustainability State

Adequate and predictable domestic financing for the Zambia HIV response with efficient utilization of resources.

Sustainability Priorities

- Establish a national health fund
- Increase domestic resource mobilization for the HIV response
- Policy and legal reforms for an expanded national public health insurance
- Migrate to a total market approach (TMA) in the provision of HIV products and services.

SN	High Level Outcome	Strategies/Actions
1	A national health fund	<ul style="list-style-type: none"> • Policy and legal reforms for establishment of a national health fund • Develop a tax and financing framework for the national health fund (sin tax, VAT, philanthropy)
2	Adequately funded HIV response using domestic resources	<ul style="list-style-type: none"> ○ Advocacy with MoFNP and parliament for increased budget allocation for health and HIV
3	HIV services included onto public health insurance benefits packages	<ul style="list-style-type: none"> ○ Define and cost HIV services for inclusion into the public health insurance benefits package ○ Policy on HIV financing to NHIMA ○ Clearly defined government and private sector financing modalities
4	A total market approach in the provision of HIV products and services	<ul style="list-style-type: none"> ○ Promote PPP Models for HIV services ○ Policy formulation and adoption for TMA ○ Incentivise private sector participation.
4	Efficient and effective HIV response	<ul style="list-style-type: none"> ○ Conduct Time Driven Activity Based Costing & Management (TDABC/M) assessment ○ Service integration at public and private sector health facilities ○ Establish modalities for social contracting for community responses

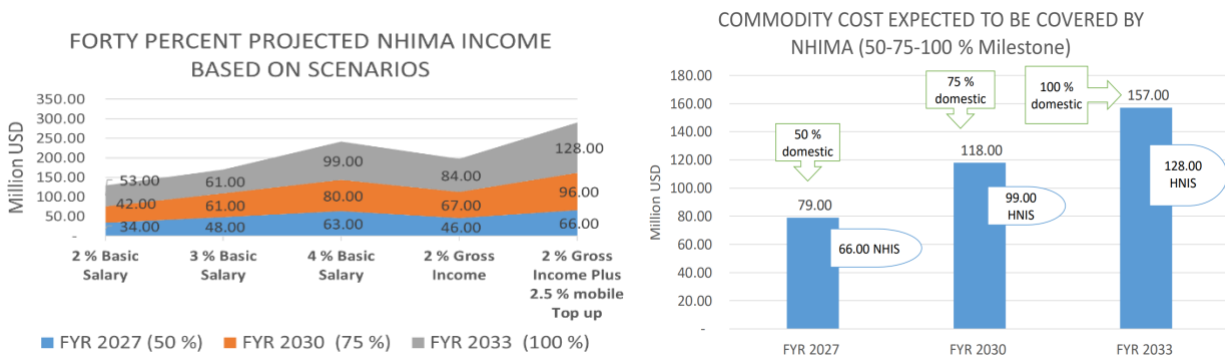


Figure 2: Scenario-Based HIV Commodity Cover by National Health Insurance Scheme Contribution

Zambia will progressively mobilize domestic resources to cover the cost of health commodities for prevention and treatment of HIV. The 2024 estimated HIV cost of medicines and medical supplies, laboratory testing inclusive, is 157 million United States Dollars (Figure 2). Applying Forty per cent of projected scenario-based cash inflows for a national health insurance, at Fifty per cent (50 %) cost cover by 2027, Seventy-five per cent (75 %) cost cover by 2030, and hundred per cent (100 %) cost cover by 2033, does significantly close the commodity gap (Figure 2).

3.4 Services and Solutions

3.4.1 HIV Prevention

Future Sustainability State

Reduction of new HIV infections to 15,000 and achieve HIV epidemic control in all populations and geographies

Sustainability Priorities

- People-centred, comprehensive, evidenced based, high impact, HIV and STI combination prevention services for all, focusing on key and vulnerable populations including adolescents and young people (AYP), pregnant and breastfeeding women (PBFW), leveraging partnerships across multiple sectors, including the private sector and communities
- Availability and accessibility of condoms, VMMC, harm reduction services, PrEP and PEP to populations in need using innovative strategies and delivery models mainstreamed into public and private health sectors

High Level Outcomes and Strategies

SN	High Level Outcome	Strategies/actions
1	People-centred HIV and STI combination prevention and services for key and vulnerable populations	<ul style="list-style-type: none"> ○ Scale up key and vulnerable population friendly HIV and STI services at facility and community levels ○ Scale up minimum packages (age and risk profile appropriate) of HIV and STI combination prevention service packages for key and vulnerable populations ○ Foster peer-led education and service delivery ○ Universal and equitable access, with last mile distribution, of government subsidized condoms and lubricants for HIV and STI prevention and family planning ○ Social Contracting and enterprise mechanisms
2	VMMC integrated into Primary Health Care	<ul style="list-style-type: none"> ○ Centralization of the VMMC supply chain management owned by the Government ○ DSD and outreach programs
3	Quality harm reduction services for people who inject drugs (PWID)	<ul style="list-style-type: none"> ○ Operationalization of the harm reduction and MAT clinic implementation strategy. ○ Establish and operationalize rehabilitation centres through PPPs
5	Empowered individuals, families, households and communities with knowledge and skills to prevent HIV infection	<ul style="list-style-type: none"> ○ Evidence based targeted social behavioural change programming using a human centred design approach
6	Triple elimination of vertical transmission of HIV, syphilis and hepatitis BC	<ul style="list-style-type: none"> ○ Strengthen integration of PMTCT+ of HIV, syphilis and hepatitis B services into maternal, child health and immunization ○ Strengthen cohort monitoring throughout the breastfeeding period, within maternal, child health, and immunization programs
7	PrEP and PEP options available and accessible for eligible populations	<ul style="list-style-type: none"> ○ Decentralized/community PrEP and PEP delivery ○ Total Market Approach for PrEP and PEP

3.4.2 HIV Testing, Treatment, Care and Support

Future Sustainability State

A Zambia where universal access to effective, high-quality and people centred HIV care across the cascade is guaranteed for all people living with HIV, regardless of age, location, or socio-economic status. These services must be supported by and secured largely through domestic resources.

Sustainability priorities

- Commodity security for HIV testing, treatment and clinical monitoring including management of comorbidities and advanced HIV disease (AHD)
- Sustaining the population on ART treatment through efficient person-centred services
- HIVDR surveillance
- Undertaking a bidirectional integration of services
- Expand private participation in service delivery

High Level Outcomes and Strategies

SN	High Level Outcome	Strategies/actions
1	Comprehensive DSD models that facilitate easy access to ART for all	<ul style="list-style-type: none">○ Revise DSD models to develop population specific cost-effective service delivery models.○ Design interventions that enable longitudinal tracking and linking children and adults○ Expand private participation in service delivery
2	Viral load suppression across all populations	<ul style="list-style-type: none">○ Expand treatment literacy programs among communities.○ Strengthen social support systems for all vulnerable populations (children, adolescent girls and young women, adolescent boys and men, key populations).○ Expand VL coverage to maintain viral suppression and subsequent reduction of advanced HIV disease (AHD)○ Introduce and sustain new, better and well tolerated ARV molecules (e.g. injectable ARVs) to improve retention among children and AYP
3	Routine national surveillance of HIVDR	<ul style="list-style-type: none">○ Integrate HIV surveillance into national disease surveillance (updating guidelines, tools, reporting and capacity building)
4	One stop shop (Integrated Services) with One Health Record	<ul style="list-style-type: none">○ Conduct service integration assessments○ Implement bidirectional integration of HIV services○ Develop guidelines and patient flows for service integration○ Training of HCWs in management and delivery of integrated health services

3.5 Systems

3.5.1 Laboratory

Future Sustainability State

Achieve operational capacity and quality of laboratory testing services at each level of care that supports the Basic Health Care package (BHC) and Universal Health Coverage (UHC).

Ability to provide relevant accurate, timely, and accessible laboratory information to support evidence-based HIV services.

Sustainability Priorities

- Provide laboratory biosafety and biosecurity that contribute to safety of the laboratory personnel, patients, community and the environment.
- Capacity building in Bio Safety Cabinet (BSC) certification and clean rooms
- Establishment of cost structure for BSC program
- Development and utilization of local electronic Laboratory information management system (LIMS) soft ware
- Utilize locally developed accreditation systems.
- Reconfigure the hub and spoke referral system to service all facilities
- Ensure energy security for laboratories

High Level Outcomes and Strategies

SN	High Level Outcome	Strategies/actions
1	All laboratories accessing electronic Laboratory information management system (LIMS). Local Accreditation body established.	<ul style="list-style-type: none"> ○ Procure IT hardware equipment ○ Develop and update the local LIMS soft ware ○ Develop a business model to sustain the biosafety and calibration program
2	Established revenue collection from Bio Safety Cabinet (BSC) service, local capacity to certify all BSCs and clean rooms, reduced cost of maintenance and certification	<ul style="list-style-type: none"> ○ Establish BSC certification and clean rooms, cost structure for BSC program, ○ Implement reagent rentals program ○ Build provincial capacity to certify BSCs ○ Operationalise PPPs for the Diagnostic Network Optimization Plan (DNOP) operationalization
3	Safe blood and blood products available and financed domestically. Surveillance able to detect pathogens within 7 days.	<ul style="list-style-type: none"> ○ Establishment of Biosafety certification Framework
4	National integrated courier system	<ul style="list-style-type: none"> ○ Configure the hub and spoke to service all laboratory facilities ○ Expand private sector participation in the DNOP

3.5.2 Procurement & Supply Chain and Health technologies

Future Sustainability State

A domestically resourced procurement and supply chain system that delivers timely, efficient, and uninterrupted medicines and medical supplies to the last mile for an effective HIV response at all levels.

Sustainability Priorities

- Government owned and led national quantification (forecasting and supply planning) for HIV commodities
- Adequate storage and handling capacity
- An efficient and reliable distribution system
- An electronic logistics management information system for real time visibility of supply chain, including migration to the local warehouse management system software
- Strengthening supply chain and commodity management capacities at all levels

High Level Outcomes and Strategies

SN	High Level Outcome	Strategies/actions
1	Enhanced commodity management capacity at all levels.	<ul style="list-style-type: none"> ○ Recruit, train, retain staff at across the logistics cycle ○ Build capacity on effective supply chain management
2	Expanded storage capacity	<ul style="list-style-type: none"> ○ Build and equip hubs and other storage facilities to facilitate timely assembly
3	Timely and efficient delivery of medicines and supplies to the last mile.	<ul style="list-style-type: none"> ○ Private sector participation in distribution of commodities ○ Move toward locally developed source software. ○ Expand coverage of the electronic logistics management information system to all health facilities for real time visibility ○ Strengthen the end-to-end visibility of commodities in the supply chain through interoperability of systems ○ Migration to the local warehouse management system software for warehousing and storage facilities ○ Capacity building of end-users of the logistics management information system
4	HIV commodity security	<ul style="list-style-type: none"> ○ Predictable and adequate operational budget for procurement, supply chain and logistics management ○ Explore local/regional drugs and commodities manufacturing

3.5.3 Strategic Information

Future Sustainability State

One overarching Government owned system for HIV strategic information (SI), including surveillance, that is secure, accurate, accessible, interoperable, with civil, vital registration and financial information.

Sustainability Priorities

- Government ownership of health information systems for Zambians in line with the Data Protection Act no. 3 of 2021
- Expansion of electronic health records (EHR) to all HIV service delivery points
- Interoperability of existing health information systems in line with the 3 Ones Principle
- Integration of surveillance of HIV, STI, TB, Malaria and viral hepatitis into national surveillance
- Civil and Vital registration linked to Electronic Health Records (EHR)
- Health financial data routinely collected on the national health information system.

High Level Outcomes and Strategies.

SN	High Level Outcome	Strategies/actions
1	One monitoring system at national level for health-related data	<ul style="list-style-type: none">○ Transition ownership of all health SI systems to government.○ Operationalize interoperability across all systems (DHIS2, DATIM, NACMIS, eLMIS, LIMS, SmartCare etc.)○ Routine health financial data collection linked to EHR○ Civil and Vital registration linked to EHR
2	Established structures for health data security, privacy, compliance and access	<ul style="list-style-type: none">○ Enforce compliance to the data protection act.○ Standardize guidelines for data generation, storage, access, sharing and use.
3	Evidence based decision making and improved service delivery	<ul style="list-style-type: none">○ Strengthen collaborations between partners○ Create a data repository for all research and programmatic data and facilitate its utilization○ Establishment of robust data collection, analysis, and feedback systems for community led service delivery and monitoring (CLM).○ Strengthen feedback loop mechanism at all levels.
4	Disease surveillance to detect, respond to, and prevent emerging disease outbreaks, and control of diseases like HIV, STI, TB, Malaria and viral hepatitis.	<ul style="list-style-type: none">○ Integrate HIV, STI, TB, Malaria and viral hepatitis into national surveillance system

3.5.4 Human Resources for Health

Future Sustainability State

A health system that has an adequate mix of HRH disciplines/specializations including community health workforce that is appropriately deployed.

Sustainability Priorities

- Transitioning of HRH from external support to domestic support
- Allocation of adequate domestic financing for HRH recruitments
- Transition towards integration of functions where feasible
- Single spine remuneration for community-based volunteers (CBVs) across roles and tasks
- Recruitment, training and retraining to fill 70% of MoH establishments

High Level Outcomes and Strategies

SN	High Level Outcome	Strategies/actions
1	An adequate number of Health workforce competent in delivering integrated HIV/TB services at health facility and community level	<ul style="list-style-type: none">○ Assessment of staffing needs for integrated services○ Complete and implement the HRH transition plan for donor supported staff○ Support recruitment and retention of the CBV and support, strengthen and maintain Community HRIS and database○ Incorporate pre and in-service training in training plans at all levels to close identified knowledge and skills gaps

3.5.5 Community Systems

Future Sustainability State

Empowered communities with stronger leadership in managing the community led HIV response supported by a well-trained and incentivized community health workforce.

Sustainability Priorities

- Decentralized community HIV response that is integrated in the Local Authorities
- Community-led HIV service delivery in selected prevention, treatment and support services
- Community led monitoring (CLM) and evidence informed advocacy
- Continuous capacity building for an effective HIV community response

High Level Outcomes and Strategies

SN	High Level Outcome	Strategies/actions
1	Decentralized community HIV response integrated in the Local Authorities	<ul style="list-style-type: none"> ○ Community Engagement for raising awareness and fostering participation ○ Partnerships development for collaboration among CSOs, government, private sector. ○ Scale up community-based and community-led HIV care models ○ Build social capital and reduce stigma by engaging with community leaders, religious organizations, and youth groups to foster a supportive environment for HIV prevention and care
2	National HIV program service delivery expanded to include community led organizations (PLHIV, key and vulnerable populations)	<ul style="list-style-type: none"> ○ Review/develop frameworks for community service delivery and CLM through social contracting ○ Facilitate institutional capacity building for community led service delivery
3	Community led monitoring (CLM) and evidence informed advocacy	<ul style="list-style-type: none"> ○ Capacity strengthening for CLM and policy advocacy

Annex

Working Groups and timelines

The Zambian government led by the Ministry of Health and the National HIV/TB/STI Council started country dialogues on the country's sustainability road map development in March 2024. The approach adopted is phased as guided by the UNAIDS assessment tool and other government health instruments. An Eleven (11) member steering committee appointed by the secretary to cabinet and a multi-stakeholder Forty-Seven (47) member technical working group are leading and overseeing the roadmap development process. Country dialogues were held leveraging PEPFAR Zambia COP 23 planning, Global Fund Country Team missions, the CCM provincial dialogues that culminated in a joint steering committee and technical working group inception meeting in which terms of reference were ratified paving the way for engagements by the technical working group. Terms of reference and deliverables for these two committees are as shown below:

Terms of Reference	Key Deliverable
<ul style="list-style-type: none">• To coordinate stakeholder engagements, consultations, and gather inputs, insights, and expertise for the roadmap's development• To undertake a sustainability assessment of the current Zambia HIV response and identify the strengths, weaknesses, opportunities and threats• To define program and systems transformations needed to address weaknesses and threats while leveraging on existing strengths and opportunities• To assess and prioritize interventions for sustainability, focusing on locally driven solutions, while leveraging on international support where necessary	<ul style="list-style-type: none">• Team of experts & Information to knit road map,• A current (2024) SWOT analysis of the current Zambia HIV response with respect to sustainability• Actionable changes in programs, and in systems, required to fix weaknesses and neutralize threats to sustaining the HIV response in Zambia at key milestone points (2025 & 2030)• A catalogue of prioritized programs/interventions, which will be sustainably implemented from domestic resources as much as possible

The technical working group is divided into five sub-committees aligned to the five sustainability domains proposed in the HIV Response Sustainability Roadmap primer. The five sub-committees are 1. Political Leadership and Governance; 2. HIV Testing and Treatment; 3. HIV Prevention; 4. Systems for Health (health and community systems) and 5. Financing and Domestic Resource Mobilization.

Time lines, Process and Work Flow

A sustainability assessment of the current Zambia HIV response guided by the UNAIDS sustainability assessment tool has been undertaken by the TWG. Program elements considered high and medium priorities for sustainability have been reviewed and high-level outcomes defined. Pathways for change for the high-level outcomes have also been described. Guided by a prioritization matrix, the high-level outcomes have been further stratified into short term (**2025 – 2027**), medium term (**2028 – 2030**) and long term (**2031 – 2033**). The sustainability assessment findings have been utilized to describe the sustainability roadmap part A to be launched by **1st December, 2024**. In a subsequent phase, the roadmap part A will be translated into a roadmap part

B, which will outline the transformation plan, implementation guidance, monitoring and evaluation measures and resource needs to achieve the change objectives and advance towards the HLOs. It will detail the shifts and adjustments in engagement and implementation that may be required over time based on learning and lessons learned through the implementation process, newly available knowledge or the emergence of new knowledge gaps. Part B will be launched in February, 2025.

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ZAMBIA HIV RESPONSE SUSTAINABILITY ROADMAP

VISION 2030 AND BEYOND PART 1

