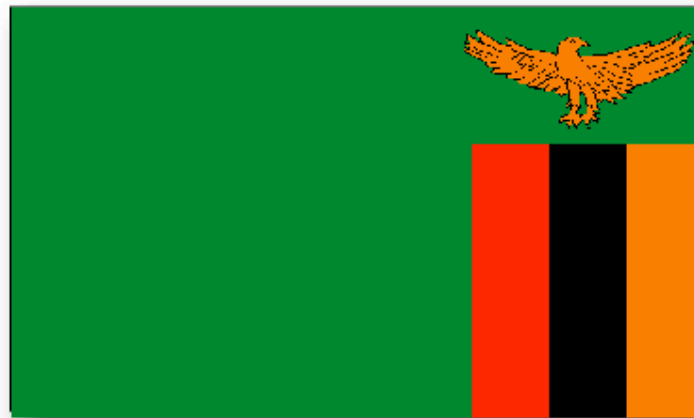


Zambia



*Prepared for the Consultative Meeting on Strategies for increasing the engagement of the
Private Sector in the National HIV/AIDS Agenda in MAP countries*

LIVINGSTONE, ZAMBIA
JULY 14TH-19TH, 2003

ZAMBIA COUNTRY PAGE

ZAMBIA

Assessment of the Epidemiological Situation and Demographics

Estimated percentage of adults living with HIV/AIDS, end of 2001

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001: **21.5%**

Estimated number of deaths due to AIDS

Estimated number of adults and children who died of AIDS during 2001: **120,000**

Estimated number of orphans

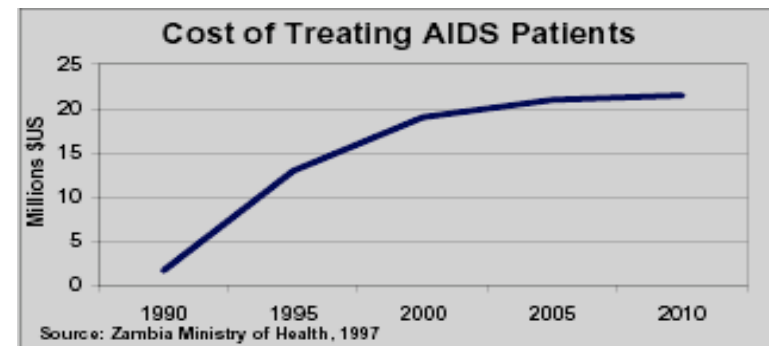
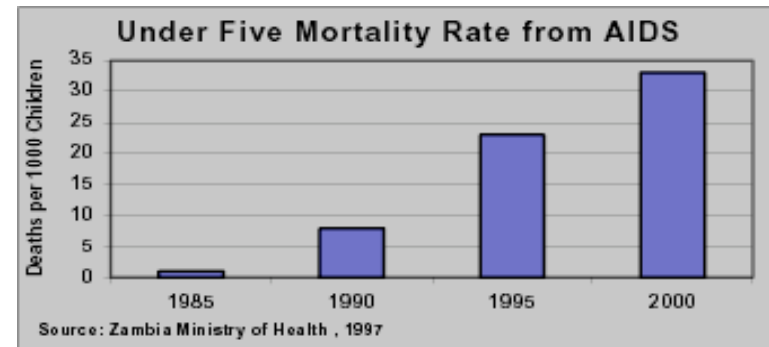
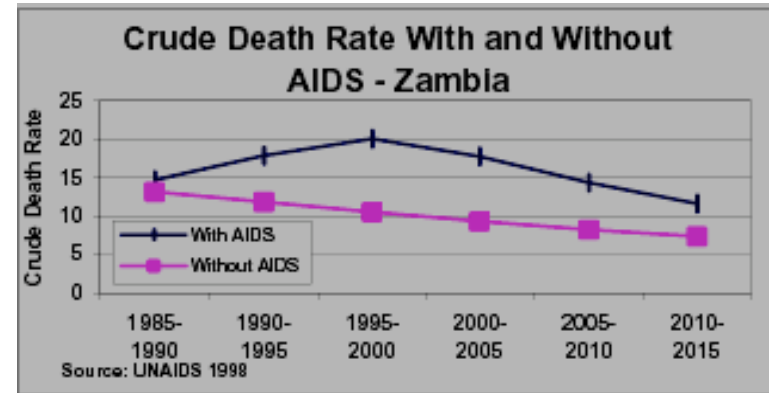
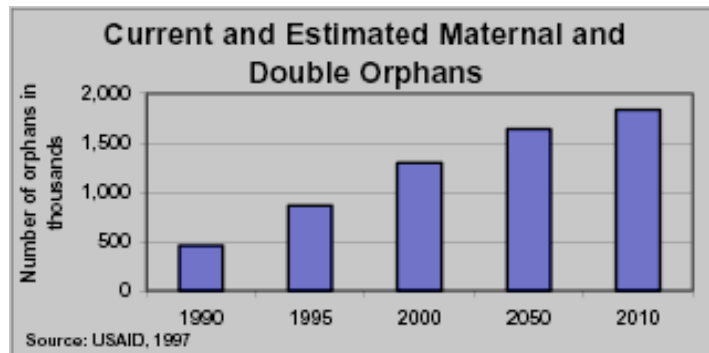
Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 15 at the end of 2001: **570,000**

- In Zambia, Lusaka and Ndola are the major urban areas. HIV prevalence among antenatal women tested in the major urban areas increased from 5% in 1985 to 27% in 1992 and has remained stable at that rate through 1998.
- In 1991, 60% of male STI patients and 69% of female STI clinic patients tested in Lusaka were HIV positive. Outside of Lusaka, 41% of female STI patients tested were HIV positive.

Source: UNAIDS/WHO Epidemiological fact sheet – 2002 Update

- **During 2000-05, Zambia will have the world's lowest life expectancy at birth: 32.4. Although Zambia's life expectancy is projected to increase, AIDS will reduce life expectancy by 26 to 39 percent through 2050.**
- By 2000, 749,000 Zambians had died because of AIDS, with AIDS having increased the number of deaths in the country by 32 percent. **By 2015, AIDS will have increased the number of deaths by 83 percent, bringing the cumulative total of AIDS deaths to 2.8 million. By 2050, 6.2 million Zambians will have died because of the epidemic.**

Source: Lisa Garbus "HIV/AIDS in Zambia" Country AIDS Policy Analysis Project, AIDS Policy Research Center, University of California San Francisco March, 2003)



Source: http://www.synergyaids.com/documents/554_Zambia.PDF

HIV/AIDS Impact on the Macroeconomic level	National Response
<ul style="list-style-type: none"> • In the medium term, Zambia will experience a 5.8 percent reduction in GDP per capita because of HIV/AIDS; of this percentage, 1.0 percent is due to total factor productivity, 1.7 percent to the capital/labor ratio, and 3.1 percent to "experience" (aggregate knowledge and skills of the workforce, lost due to AIDS mortality and to the lack of such experience among new labor force entrants). • The ILO projects that Zambia will lose 19.9 percent of its labor force by 2020 (compared with the labor force size without HIV/AIDS). <p><i>Source: Lisa Garbus "HIV/AIDS in Zambia" Country AIDS Policy Analysis Project, AIDS Policy Research Center, University of California San Francisco March, 2003)</i></p>	<ul style="list-style-type: none"> • In 2000, Zambia established the National HIV/AIDS/STD/TB Council to serve as the single, high-level institution responsible for national and technical leadership, strategic management, and effective coordination of all government and civil interventions. A committee of cabinet members guides the council. • In November 2002, the Zambian Parliament passed a national AIDS bill, which, among other things, makes the National HIV/AIDS/STD/TB Council a legal body that may solicit funding. The national council is guided by a strategic framework (2001-03), with the following priorities: <ul style="list-style-type: none"> ○ mobilization of multisectoral response ○ behavior change: abstinence, mutual fidelity, or condom use ○ reduction of high risk behaviors (e.g., multiple partners, sexual cleansing) ○ increased and improved STI prevention and control ○ destigmatization of HIV/AIDS ○ increased VCT ○ reduced MTCT of HIV ○ improved HBC and support to PWHA ○ community-based support to orphans and OVC ○ improved drug supply for treatment of STIs and TB, and for HIV-positive clients • Several Zambian ministries (such as the ministries of education, defense, information and broadcasting service, agriculture, food and fisheries, tourism) have all adopted workplace programs to raise awareness of HIV/AIDS among their staff, train peer educators, and distribute condoms. However, budget constraints are impeding full implementation of these work plans. <p><i>Source: Lisa Garbus "HIV/AIDS in Zambia" Country AIDS Policy Analysis Project, AIDS Policy Research Center, University of California San Francisco March, 2003)</i></p>
HIV/AIDS Impact on the Private Sector	
<ul style="list-style-type: none"> • In a study conducted by the Institute of Economic and Social Research at the University of Zambia, London School of Hygiene and Tropical Medicine, and Bart's & The London School of Medicine, employers and employees in eight Zambian firms were interviewed to assess the direct and indirect costs of illness. The main causes of ill health were TB (46.8 percent), diarrhea (12.9 percent), and STIs (5.8 percent). Annual treatment costs incurred by employers ranged from US\$4 to US\$100 per person treated. Other employers costs included productivity losses, paid sick leave, cost of employee replacement, and funerals. Employees incurred costs of US\$13 on average per episode of illness. The researchers note that the common causes of ill health were those most frequently associated with AIDS. • A study conducted in the Konkola Copper Mines found that HIV prevalence ranged from 18.1 to 20.1 percent among permanent employees and 14.4 to 15.2 percent among contract employees <p><i>Source: Lisa Garbus "HIV/AIDS in Zambia" Country AIDS Policy Analysis Project, AIDS Policy Research Center, University of California San Francisco March, 2003)</i></p>	

Multisectoral Response	List of Contacts (websites and useful contacts)
<ul style="list-style-type: none"> • Zambia relies heavily on donor funding. Donors funding HIV/AIDS programs include DFID, CIDA, EC, GTZ, Ireland Aid, JICA, Netherlands, DANIDA, NORAD, SIDA, USAID, and CDC. • Zambia is to receive US\$42 million from the World Bank's Multicountry HIV/AIDS Program for Africa (MAP). • In April 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria awarded a total of \$92 million in grants to Zambia over 5 years for HIV/AIDS prevention and mitigation (with \$19 million for the first year). • In FY 2002, USAID provided \$18.5 million to help support the Government of the Republic of Zambia (GRZ) and Zambian civil society in the fight against HIV/AIDS. • The Zambia Federation of Employers has encouraged its members to assist their workers in accessing ART. However, most Zambians either work in the informal sector or hold low level, non-unionized positions that do not offer medical assistance. • In December 2002, Copperbelt Electricity Corporation announced that it would provide ART to its workers and their spouses. • Among firms that have implemented HIV prevention (and some care) programs are Barclays Bank, Nakambala Sugar Estates, Caltex Oil, INDENI Petroleum Refinery Company, Copperbelt Electricity Corporation, Zambian Breweries, Mopani Copper Mines, British Petroleum, Konkola Copper Mines, and AHC Mining Municipal Services. However, the majority of Zambian employers have no HIV/AIDS policy nor program. <p><i>Source: Lisa Garbus "HIV/AIDS in Zambia" Country AIDS Policy Analysis Project, AIDS Policy Research Center, University of California San Francisco March, 2003); USAID, HIV/AIDS in Zambia.</i></p> <ul style="list-style-type: none"> • There are a number of projects and implementing agencies that specialize in HIV/AIDS prevention programmes in the workplace, particularly in the business sector, that have formed a consortium called the 'AIDS in the Workplace' Partnership. The main partners are as follows: Zambia Business Coalition on HIV/AIDS (ZBCA), The Zambia HIV/AIDS Business Sector (ZHABS) project, The Comprehensive HIV/AIDS management Programme (CHAMP), Zambia Integrated Health Programme (ZIHP), Zambia Health Education and Communication Trust (ZHECT). Other members of the partnership include the Planned Parenthood Association of Zambia (PPAZ), Kara Counselling, and the Society for Family Health (SFH) 	<ul style="list-style-type: none"> • National AIDS Council: Rosemary Musonda, Acting Director General, NAC Tel: 261-1-255-044, 260-9-7777-5732(cell), email: musonda@zamnet.zm • Zambia Business Coalition on HIV/AIDS (ZBCA), ZANACO 4th Floor P.O.Box 31026, Lusaka, Zambia. The Board Secretary, Tel: 261 1 220801 Fax 220802, zbcas@zamtel.zm • Zambia National AIDS Network, P.O. Box 32401, Lusaka. Tel: 260-1-231153 • Population Services International/Society For Family Health, ZIHP-SOM Plot 39, Central Street, P. O. Box 50770, Lusaka. Tel: 260-1-292443, Fax 260-1-292463, E-mail: sfh@zamnet.zm

Zambia – List of Potential Direct Partners

<u>Source</u>	<u>URL/Contact Info</u>	<u>What to find</u>	<u>Comments</u>
Zambia Business Coalition on HIV/AIDS (ZBCA)	The Board Secretary ZANACO House, 4th Floor PO Box 31026 Cairo Road Lusaka Tel: 261 1 220801 Fax: 220802, zbcas@zamtel.zm		
The Zambia HIV/AIDS Business Sector (ZHABS) project	Deirdre Allison Project Manager PO Box 51232 1 Chikwa Road Longacres Lusaka Tel: 260 1 252819/255815 Fax: 253777, zhabsp@zamnet.zm		
The Comprehensive HIV/AIDS management Programme (CHAMP)	Rosanna Price-Nyendwa Programme Director Post.Net no 178, Private Bag E835 5997 Great East Road Northmead Lusaka Tel: 260 1 295041/295029, rosanna.price-nyendwa@ihc-africa.com		
Zambia Integrated Health Programme (ZIHP)	Mutinta Nyumbu Red Cross Building Longacres Lusaka Tel: 260 1 254555, MUTINTAN@zihp.org.zm		
Zambia Health Education and Communication Trust (ZHECT)	Chilufya Mwaba Executive Director Plot No.56 Mwambula Crescent Jesmondine Lusaka Tel: 260 1 290797, chilufya@zhect.org.zm		

	Chilufyam@zamnet.zm		