



REPUBLIC OF ZAMBIA

NATIONAL HIV/AIDS POLICY

**MINISTRY OF HEALTH
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Dr. S.K. Miti
Permanent Secretary
Ministry of Health

PREFACE

Deeply concerned about and in recognition of the gravity of socio-economic impact brought about by Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), the Government approved the establishment of the National HIV/AIDS, STD and TB Council .

The chief mandate of the Council is to coordinate the national response on HIV/AIDS. To have this done systematically, the Council and the Ministry of Health were mandated to formulate and/or review enabling policies and instruments and advise Government accordingly. It was also apparent that there was urgent need to have an official document, i.e. a national policy, containing the agreed national intent on how best to harness the national response against the HIV/AIDS pandemic.

We therefore look forward to the implementation of this policy out of which various guidelines and regulations will draw legitimacy and strength.

The Cabinet Committee of Ministers on HIV/AIDS pledges its wish and desire to earnestly cooperate and work with all stakeholders in order to have a well-focused and balanced way of combating the HIV/AIDS epidemic.

Brigadier-General Dr B. Chituwo, M.P.
Chairman
Cabinet Committee of Ministers on HIV/AIDS

FOREWORD

Human immunodeficiency virus (HIV) and Acquired immunodeficiency Syndrome (AIDS) have reached alarming levels in Zambia. It is estimated that about 16 per cent 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 commendable work, 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 in order to bring the epidemic under control. To this effect, Government has established a multi-sectoral body, the National HIV/AIDS, STD and TB Council, to coordinate all nation-wide efforts.

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 measures 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 institution in the country. I, therefore, appeal for your full commitment to the implementation of this policy.

Brigadier-General Dr B. Chituwo, M.P.
Chairman
Cabinet Committee of Ministers on HIV/AIDS

WORKING DEFINITIONS

Acquired Immune Deficiency Syndrome	-	infections that manifest as disease in a person with immuno-deficiency.
Commercial Sex Work	-	trading of sex for money or material gain..
Opportunistic infections	-	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.
Human Immunodeficiency Virus	-	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.
Orphan	-	a child under 18 who has lost one or both parents through death.
Human Rights	-	Fundamental Freedoms and Basic Human Rights that every person is entitled to in the Constitution of Zambia and International Human Rights to which Zambia is a party
Counselling	-	an interpersonal interaction between a client and a Counseller.
Multidisciplinary	-	an approach actively and simultaneously involving different disciplines (e.g. medicine, demography, social work, psychology).
Multi-sectoral	-	an approach that actively involves different sectors, e.g., agriculture, health and includes Private Enterprise, NGOs and other players.
Dry Sex	-	having sex where the vagina has been dried by the use of drying agents such as herbs and chemicals.
Prisoner	-	A person who has been sentenced to prison
Sexually Transmitted Infection	-	Any infection transmitted through sexual contact.

ABBREVIATIONS/ACRONYMS

ADRA	Adventist Relief Agency
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Clinic
ARV	Anti-Retroviral
AZT	Zidovudine
CBO	Community Based Organisation
CBoH	Central Board of Health
CBDs	Community Based Distributions
CCM	Country Coordinating Mechanism
CCF	Christian Children's Fund
CHEP	Copper-belt Health Education Project
CCS	Clinical Care Specialist
CDC	Centre for Disease Control
CDL	Chest Diseases Laboratory
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CHAZ	Churches Health Association of Zambia
CHEP	Copperbelt Health Education Programme
CHIN	Children in Need
CHW	Community Health Worker
CINDI	Children in Distress
CSO	Central Statistics Office
CSW	Commercial Sex Worker
CYC	Community Youth Concern
CP	Cooperating Partners
DHS	Demographic and Health Survey
DFID	Department for International Development (UK)
DALY	Disability Adjusted Life Years
DAPP	Danish Aid from People to People
DHB	District Health Board
DHMT	District Health Management Team
DOT	Directly Observed Therapy
DOTS	Directly Observed Treatment Therapy Short Course
DATF	District HIV/AIDS Task Force
DFID	Department for International Development
FBO	Faith Based Organisation
FFP	Focal Point Person
GDP	Gross Domestic Product
GDF	Global Drug Facility
GRZ	Government of the Republic of Zambia
HAART	Highly Active Anti-Retroviral Therapy
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
ICMI	Integrated Management of Childhood Illnesses
IGA	Income Generating Activity
ITN	Insecticide Treated Mosquito Nets
IMS	Information and Management System
IPT	Intermittent Presumptive Treatment
JICA	Japanese International Cooperation Agency

KCM	Konkola Copper Mines
MACO	Ministry of Agriculture and Cooperatives
MCDSS	Ministry of Community Development and Social Services
M & E	Monitoring and Evaluation
MoH	Ministry of Health
MTCT	Mother to Child Transmission
NAC	National HIV/AIDS/STI/TB Council
NMMC	National Malaria Control Centre
NMCP	National Malaria Control Programme
NDL	National Drug Laboratory
NGO	Non-Governmental Organisation
NZP+	Network of Zambian People Living with HIV/AIDS
NBTS	National Blood Transfusion Service
NORAD	Norwegian Agency for Development
OVC	Orphaned and Vulnerable Children
PAGE	Programme for the Advancement of Girl's Education
PMU	Project Management Unit
PPAZ	Planned Parenthood Association of Zambia
PSI	Population Services International
PWAS	Public Welfare Assistance Scheme
PAZA	Press Association of Zambia
PHO	Provincial Health Office
PCI	Project Concern International
PMTCT	Prevention of Mother to Child Transmission
PFP	Provincial Focal Point
PLWHA	People Living with HIV and AIDS
PPD	Pharmacy and Poisons Board
SADC	Southern African Development Community
SBS	Sexual Behaviour Survey
SP	Sulfadoxine Pyrimethamine
SWAAZ	Society of Women and Aids in Zambia
SFH	Society for Family Health
SIDA	Swedish International Development Agency
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TAs	Technical Assistants
TB	Tuberculosis
TBWG	Tuberculosis Working Group
TQM	Total Quality Management
TDRC	Tropical Diseases Research Centre
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNHCR	United Nations Human Commission Rights
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNZA	University of Zambia
USAID	United States Agency for International Development
UTH	University Teaching Hospital
VCT	Voluntary Counselling and Testing

WHO	World Health Organisation
NZP+	Zambian People Living with AIDS
ZBCA	Zambia Business Coalition on AIDS
ZAMBART	Zambia Aids Related Tuberculosis
ZNAN	Zambia Network of AIDS
ZINGO	Zambia Inter-Faith Network
ZIS	Zambia Information Service
ZNBC	Zambia National Broadcasting Services
VAT	Value Added Tax
YMCA	Young Men's Christian Association
YWCA	Young Women's Christian Association
MTCT	Mother to child transmission
M&E	Monitoring and Evaluation

CHAPTER 1

A. Background and Introduction

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

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

3. In Zambia, HIV/AIDS has also become increasingly wide spread with an estimated adult HIV prevalence of 16 per cent. The peak ages for HIV among females are 30 to 34 years (22%) while that for males is 35 to 39 years (29%). Young women aged 15 to 19 are five times more likely to be infected compared to males in the same age group. It is also estimated that 25 per cent of pregnant women are HIV positive and that approximately 40 per cent of babies born to HIV- positive mothers are infected with the HIV virus.

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

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

6. Despite this depressing picture, there are some positive trends. The prevalence of HIV infection in 15-19 year-old youths had dropped over most of the country between 1993 and 1998. At the same time the overall prevalence rate in the whole population

now appears to be stable and is not increasing. Consequently, although the current burden of infection will continue to negatively impact Zambia for many years, it is hopeful that the tide may further be reversed.

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

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

CHAPTER 2

B. Situation Analysis

B.1. Transmission of HIV, STIs and TB

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

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

- **High levels of poverty** that directly or indirectly create vulnerability to HIV/AIDS. In turn, the consequences of HIV/AIDS lead to poverty resulting in a complex and mutually re-enforcing inter-relationship between HIV/AIDS and poverty;
- **High mobility** of specific social groups that put them at risk. These include refugees, long distance truckers, migrant workers, cross-border traders, fish mongers and uniformed security personnel;
- **Socio-cultural beliefs and practices** such as having multiple-sexual partners, dry sex and the traditional practice of widow/widower cleansing also facilitate the transmission of HIV;
- **Stigma** that leads to discrimination, silence, shame, denial and blaming others with the result that corrective actions such as diagnosis and/or treatment are usually delayed;
- **Inadequate or inappropriate Information Education and Communication (IEC)** due to the fact that in most cases information disseminated is not audience-specific and not based on evidence. In addition, communication methods used are usually directive rather than participatory, while the differently-abled persons are not catered for. Discussions of sexual matters between parents and their children are in most cases still regarded as taboo;
- **Gender Issues** that perpetuate the dominance of male interests and lack of self-assertiveness on the part of women in sexual relations puts both men and women at risk. Women are taught to never refuse their husbands sex regardless of the number of extra-marital partners he may have or his non-willingness to use condoms. This is often the case even when he is suspected of having HIV or other STIs;
- **Prison confinement** that increases the vulnerability to HIV due to frequent unprotected sex in the form of rape, sex between men, non-availability and use of condoms as well as a high prevalence of STIs; and
- **Drug and Alcohol abuse** that enhances the risk of HIV infection. Drug in-take through syringes has particularly been known to be a mode of HIV transmission among drug abusers.

11. Factors perpetuating transmission of TB include HIV infection, overcrowding, poor ventilation, poor nutrition and non-compliance to prescribed treatment. Whereas STI transmission is mostly perpetuated by poverty, HIV infection is accentuated by unprotected sex, multiple sexual partners, non-compliance to treatment and lack of contact tracing.

B.2. Impact of HIV/AIDS/STI/TB

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

B.2.1. Household and Community Levels

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

B.2.2. Orphans

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

B.2.3. Women

15. Although women constitute about half of Zambia's population, they are disproportionately infected by the HIV virus. This is partially due to their vulnerability that is compounded by their limited access to reproductive resources such as land and credit. Unequal distribution of resources at the household level, lack of gender sensitive social security schemes and limited access to health services equally raise their susceptibility to HIV infection. About 18 per cent of adult females are HIV-positive compared to 13 per cent for male adults. Women also bear the biggest burden of providing care and support to the chronically ill and to orphans.

B.2.4. People Living With HIV/AIDS (PLWHA)

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

B.2.5. The Work place

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

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

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

B.3. Plans and Programmes

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

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

- Between 2001 and 2003, a National HIV/AIDS Strategic Framework was developed.

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

B.4. Prevention and Control

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

B.4.1. Information, Education and Communication (IEC) and Life skills Programmes

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

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

B.4.2. Condoms and other Barrier Methods

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

B.4.3. Blood Transfusion

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

B.4.4. Treatment of Sexually Transmitted Infections (STIs)

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

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

B.4.5. Prevention of Mother-to-Child Transmission (PMTCT) of STI and HIV

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

B.4.6. Voluntary Counselling and Testing (VCT)

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

31. Government, through the National AIDS Programme, has trained counsellors throughout Zambia. These have, however, not adequately satisfied demand, while the quality of services lack periodic updating and follow up. It is the vision of the Government to decentralise counselling and testing facilities and make them readily available in public and private institutions and within communities. Currently, counselling services are available in 172 centres around the country. Guidelines for VCT administration have been introduced based on international standards.

B.4.7. Vaccine Development

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

B.5. Treatment, Care and Support

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

B.5.1. Treatment of HIV/AIDS and Opportunistic Infections

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

35. Government acknowledges the fact that ARVs prolong and improve the quality of life as evidenced by those who have access to these drugs. These have continued to lead normal lives and to contribute to national development. Unfortunately, most Zambians living with HIV/AIDS have limited knowledge of where and how they can access ARVs. Uptake of ARVs is currently limited largely due to their relatively high cost. Effective delivery of ARVs is equally constrained by the lack of official operational guidelines on clinical application of their various combinations.

B.5.2. Traditional/Alternative Remedies

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

B.5.3. Home-Based Care (HBC)

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

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

community-based organisations (FBOs), religious and health facilities form the backbone of these programmes.

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

B.5.4. Support for the Infected and Affected

39. Though counselling of the infected and affected people exists, it is on a limited scale and there is an urgent need to expand coverage. Support is, on the other hand, limited and whatever help there is comes from institutions such as Churches, faith-based organisations, the Government's Public Welfare Assistance Scheme (PWAS) through the Ministry of Community Development and Social Services (MCDSS), some non-governmental organisations (NGOs) and community based organisations (CBOs).

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

B.5.5. People Living With HIV/AIDS (PLWHA)

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

B.5.6. Orphans

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

B.6. Human Rights and HIV/AIDS

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

B.6.1. HIV/AIDS and the Workplace

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

B.6.2. Confidentiality

45. Confidentiality is key to ensuring that the right to privacy of infected persons is upheld. It is, therefore, important to allow infected persons space to conscientiously choose to either make their status public or keep it private. Confidentiality should, however, not apply to one's sexual partner or spouse as doing otherwise would encourage wilful transmission.

B.6.3. Stigma and Discrimination

46. Stigma and discrimination affect all sections of society as either infected or affected. They particularly affect women, the girl-child and vulnerable groups such as the differently-abled. Perpetuation of stigma and discrimination causes some infected persons to delay their notification of their HIV status and, by extrapolation, treatment,

care and support. In order to address the twin problem of stigma and discrimination, the Government has been sensitising communities to the importance of observing human rights for all irrespective of ones HIV/AIDS status and social or economic standing. Government HIV/AIDS sensitisation programmes and activities are undertaken through provincial and district HIV/AIDS Task Forces and HIV/AIDS Focal Points in line Ministries. NZP+ members, on their part, have been models in fighting stigma and continue to assist communities in becoming open and positive in their discourse on HIV/AIDS/STI/TB and building tolerance and people-centred responses.

B.7. Monitoring, Evaluation, Research and Development (R & D)

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

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

B.8. Institutional Framework

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

50. A multisectoral and multidimensional institutional framework now exists and comprises:

- A Cabinet Committee of Ministers which currently includes Ministries of Health, Mines and Minerals Development, Education, Communications and Transport, Community Development, Information and Broadcasting Services and Finance and National Planning. The Committee's mandate is to provide policy direction, political leadership and advocacy. There is, however, need to revisit this set up with a view to enhancing representation and effectiveness;

- National HIV/AIDS/STI/TB Council whose mandate is to co-ordinate, monitor and evaluate multi-sectoral national anti-HIV/AIDS interventions, undertake research and provide technical guidance to implementing agencies;
- Designated HIV/AIDS/STI/TB Focal Point Persons in all line Ministries and parastatals. Their role is, however, taken as a secondary to normal functions. Concern has also been expressed with regard to the capacity of Focal Point persons to effectively mainstream HIV/AIDS in sectoral programmes; and
- A number of NGOs that are complementing Government efforts. Their linkages between and among themselves and NAC are, however, weak and need strengthening.

CHAPTER 3

C. Vision, Rationale and Guiding Principles

C.1. Vision and goal

51. The **vision** of the National HIV/AIDS Policy is a nation free from Human Immunodeficiency Virus and Acquired Immunodeficiency syndrome (HIV/AIDS). The **goal** of the National HIV/AIDS Policy is to attain a society in which the incidence and impact of HIV/AIDS are significantly reduced to levels where they become manageable socio-economic and public health problems and in which people infected and affected by HIV/AIDS/STI/TB live positively without stigma and discrimination.

C.2. Rationale

52. Since the first cases of HIV/AIDS were reported in Zambia in the middle of the 1980s, the Government has been grappling with various initiatives to fight the pandemic. Some of the initiatives include the provision of political commitment at the highest political level, creation of the Cabinet Committee on HIV/AIDS, designation of HIV/AIDS Focal Point Persons in all line Ministries and parastatals, establishment of a fully-fledged National AIDS Council and support to community-based HIV/AIDS interventions. In undertaking these and other initiatives, the Government has closely worked with both local and international stakeholders. These include NGOs, CBOs, FBOs, Churches, communities, the private sector and international development partners.

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

C.3. Guiding Principles

54. The policy debate and resultant Policy formulation were guided by a number of principles among which are that:

- HIV/AIDS is a serious public health, social and economic problem affecting the whole country and requiring to be addressed as a national and developmental priority requiring highest political commitment, strong partnerships and a multisectoral approach;

- Information, community participation and social and behaviour change are a cornerstone for the prevention and control of HIV/AIDS;
- Human and social rights and dignity of all people, irrespective of their HIV-status should be maintained and that elimination of stigma and discrimination against infected and affected people should be promoted;
- Providing care and counselling is essential in order to minimise the personal and social impact of HIV/AIDS;
- Addressing gender equity issues and HIV concerns are a central element in the fight against HIV/AIDS;
- A conducive and supportive environment at all levels of society enhances the response to HIV/AIDS by individuals, families and communities;
- An appropriate national co-ordination and advocacy framework is essential for the development, implementation and co-ordination of HIV/AIDS strategies and interventions;
- Zambia's HIV/AIDS interventions should be informed and guided by the three ones, i.e. one national strategic plan, one monitoring and evaluation plan and one national monitoring and evaluation body; and
- There should be coordinated capacity building for all HIV/AIDS at all levels;
- HIV/AIDS interventions should be pro-poor and, consequently, HIV/AIDS should be mainstreamed in the Poverty Reduction Strategy paper (PRSP), Public Service Reform Programme (PSRP), Medium Expenditure Framework (MTEF) and other national development documents.

CHAPTER 4

D. Aim, ultimate Objectives and Outputs

55. The overall aim of this Policy is to reduce both the incidence and impact of HIV/AIDS/STI/TB in Zambia. Specific and functional objectives are to:

- Facilitate a multi-sectoral and multidimensional national response to HIV/AIDS, STIs and TB;
- Provide an enabling policy framework for advocacy, social mobilisation and communication for social change;
- Assist in the identification of priority intervention areas and preferred intervention options; and
- Provide parameters for resource mobilisation as well as monitoring and evaluation of programmes and interventions against HIV/AIDS/STI/TB.

56. It is anticipated that if these objectives are expeditiously and resolutely pursued, the spread of the HIV/AIDS pandemic, STIs, TB and other opportunistic infections can be achieved. In this regard, the following are the preferred ultimate outputs of the Policy:

- Improved HIV/AIDS/STI/TB awareness, positive attitudes, behaviour and practices at all levels;
- Reduced HIV transmission rates in all age and socio-economic groups;
- Reduced negative socio-economic impact for the infected and affected individuals, families and communities as a way of sustaining national economic productivity; and
- Eliminated stigma and discrimination against people infected and affected by HIV/AIDS.

CHAPTER 5

E. General and Cross-Cutting Policy Objectives and Measures

E.1. Domestication of International Declarations on HIV/AIDS

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

Measures

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

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

E.2. Multisectoralism

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

58. 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/STI/TB education, care and support are incorporated in core functions of NGOs and other civil society stakeholders.

E.3. Increased Advocacy, Social Mobilisation and Communication

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

Measures

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

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

E.4. Enhanced Equity and Gender Sensitivity

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

Measures

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

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

E.5. Incorporation of Faith-based Organisations

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

Measures

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

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

E.6. Involvement of Traditional Leadership and Structures

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

Measures

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

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

E.7. Employment and the Workplace (Private, public etc)

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

Measures

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

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

E.8. Protection of Human Rights and Prevention of Stigma and Discrimination

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

Measures

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

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

E.9. Protection of Rights of Children and Young People

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

Measures

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

- Mainstream parents of street kids and other vulnerable children in the design and implementation of programmes targeted at alleviating their plight;
- Ensure that children and young people, regardless of their HIV status, enjoy rights as enshrined in the African Charter, UN Convention on the Rights of Child and relevant Zambian laws;
- Promote programmes that enhance coping mechanisms of parents and guardians of orphans and other vulnerable children, including street children;
- Ensure that confidentiality of children's HIV status is strictly maintained and communicated to the child, parents, guardians or prospective foster parents only if the communication does not harm the rights of the concerned child; and
- Train a special cadre of health personnel in skills for counselling children and young people about the dangers of early sex, unwanted pregnancies and the importance of preventing HIV infection.

E.10. Promotion of HIV/AIDS relevant Research & Development (R & D)

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

Measures

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

- Develop a national HIV/AIDS Research Strategy that will contain a clear research agenda
- Establish links with research institutions and will promote cooperation between research agencies to maximise utilisation of research findings
- Ensure that appropriate ethical review committees prior to research being undertaken approve research.
- Encourage, support and strengthen research related to HIV/AIDS/STI/TB by both local and international researchers;
- Support identified priority health research and application of research findings;
- Promote research in traditional/alternative remedies;
- Provide appropriate infrastructure and funding for HIV/AIDS/STI/TB research programmes;
- Encourage collaboration and coordination between and among local and international health researchers;

- Ensure Zambia's participation in vaccine development in partnership with international health research institutions;
- Invest in appropriate infrastructure and human resources that are requisite for vaccine development and Clinical Trials; and
- Negotiate for preferential access to outcomes of vaccine research.
- Organise HIV/AIDS Research Dissemination Seminars where all new biomedical and social research relating to HIV/AIDS will be disseminated

E.11. Creating a Supportive Environment

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

Measures

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

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

CHAPTER 6

F. PREVENTION AND CONTROL POLICY MEASURES

F.1. Improved and Expanded IEC

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

Measures

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

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

F.2. Building Life-saving Skills

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

Measures

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

- Ensure that HIV/AIDS/STI/TB education and life-saving skills are integrated in school curricula and are regularly reviewed;
- Encourage parents and guardians to communicate with young people about sexuality and HIV/AIDS/STI/TB and to help them develop their life skills;

- Encourage and support the integration of positive HIV/AIDS/STI/TB education in traditional sexual practices;
- Support IEC interventions targeted at out-of-school children and youth;
- Promote awareness of the dangers of alcohol and drug abuse and their role in increasing the risk of contracting HIV;
- Promote community-based VCT; and
- Create income generating opportunities especially for out-of-school youth.

F.3. Strengthening and Expansion of Voluntary Counselling and Testing (VCT)

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

Measures

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

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

F.4. Improved Availability of Condoms and Other Barrier Methods

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

Measures

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

- Encourage the use of male and female condoms and other barrier methods in sexual relations;

- Ensure that condoms are easily accessible to sexually active people through various distribution channels;
- Ensure highest standards of condoms through quality control measures and adherence to registration and distribution requirements as provided under the Pharmacy and Poisons Act of the Laws of Zambia; and
- Ensure that proper instructions and information on the use and disposal of condoms are provided in user-friendly relevant languages.

F.5. Provision of Blood Transfusion Services

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

Measures

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

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

F.6. Treatment of Sexually Transmitted Illnesses (STIs)

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

Measures

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

- Ensure availability of appropriate infrastructure, equipment, drugs and reagents in all health facilities for diagnosing and treatment of STIs;
- Strengthen STI management skills of health workers at all levels of the national health care system through improved human resource training and adequate provision of drugs and supplies;
- Promote the use of standardised management and treatment protocols for opportunistic illnesses in both public and private health facilities; and
- Play a leading role in price negotiations for STI treatment drugs.

F.7. Prevention of Mother-to-Child Transmission (PMTCT) of HIV

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

Measures

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

- Encourage women and couples considering having a baby to first seek VCT;
- Ensure that every pregnant woman has access to HIV/STI screening and treatment;
- Provide specific information to the public on how to prevent mother-to-child transmission of HIV and other STIs;
- Facilitate and support access to ARVs by HIV-positive pregnant women;
- Support exclusive breastfeeding among HIV-positive mothers where options for child feeding are not available;
- Support HIV-positive mothers who choose not to breastfeed with information on appropriate alternatives and potential risks; and
- Provide post-test and post-delivery services to mothers.

CHAPTER 7

G. TREATMENT, CARE AND SUPPORT POLICY MEASURES

G. 1. Treatment of Opportunistic Infections

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

Measures

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

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

G.2. Access to Anti-Retroviral (ARV) Drugs

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

Measures

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

- Scale-up its ARV treatment programmes at all levels of health care;
- Enforce strict registration standards for all domestically-manufactured and imported ARVs;
- Take a leading role in ARV price negotiations with manufacturers;
- Create a revolving fund for procurement of ARVs;
- Create an enabling environment for manufacturing HIV/AIDS drugs in the country;
- Ensure that appropriate infrastructure, equipment and trained personnel are put in place throughout the country for ARV administration;

- Promote universal routine counselling and testing of all at-risk patients entering a health facility, i.e. routine Opt-out HIV Testing; and
- Provide post-exposure of prophylaxis and access to care for care-givers

G.3. Utilisation of Alternative or/and Traditional Remedies

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

Measures

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

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

G.4. Promotion of Appropriate Nutrition

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

Measures

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

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

G.5. Support to the Infected and Affected

Objective: *To strengthen treatment, care and support structures for infected and affected people.*

Measures

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

- Ensure that the referral system adequately caters for PLWHA;
- Promote and strengthen hospice services and other forms of palliative care;
- Strengthen quality-nursing care and basic nursing skills of health providers, volunteers, family members and others as an essential component of PLWHA care and support;
- Mainstream PLWHA, affected households and support groups in designing prevention, care and support programmes at all levels of the national health care system;
- Actively support communities and groups engaged in home-based care;
- Strengthen primary health care and social welfare systems in support of home-based care;
- Promote and support community-based care of OVCs and families looking after orphans;
- Design a data capture mechanism for OVCs;
- Provide guidelines for operations of orphanages and drop-in centres;
- Provide psycho-social support and appropriate skills to care-givers; and
- Devise strategies for addressing the burn-out syndrome and infection risks among service providers.

G.6. Support to High Risk and Vulnerable Groups (Disabled groups, Commercial sex workers, prisoners, refugees and long distance truck drivers)

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

Measures

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

- Scale-up budgetary allocations to the social sector as a way of reducing poverty and household food insecurity;
- Promote the establishment of rehabilitation facilities for commercial sex workers;

- Target clients of commercial sex workers with appropriate information and education with a view to encouraging them to take responsibility for their partners' sexual health;
- Provide accurate, clear and relevant information on HIV/AIDS to all high risk and vulnerable groups;
- Ensure free access to HIV/AIDS voluntary counselling and testing (VCT) by all high risk and vulnerable groups;
- Promote the use of condoms by all high risk and vulnerable groups;
- Include disabled persons (the blind , deaf etc), displaced persons and migrant workers in its HIV/AIDS interventions; and
- Promote abstinence.

CHAPTER 8

H. POLICY MEASURES FOR INSTITUTIONAL ARRANGEMENTS

H.1. Strengthening the Institutional Framework

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

Measures

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

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

H.2. Strengthening the Legal Framework

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

Measures

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

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

H.3. Improved Resource Mobilisation

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

Measures

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

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

H.4. Improved Programme Monitoring and Evaluation

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

Measures

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

- Develop a national HIV/AIDS M&E plan to form the core of tracking the national HIV response. This will contain national indicators, data sources and information products, and will form the national reporting process on HIV interventions for the public sector, private sector and civil society institutions.
- Define the roles and responsibilities of all public sector institutions, the private sector and civil society at national and district level in terms of HIV/AIDS monitoring of interventions and reporting to the HIV/AIDS coordinating body as part of a national M&E plan.
- Ensure that the necessary capacity building is carried out in order to ensure that all stakeholders are able to provide the necessary information for the national M&E system.
- Promote efficiency use of data and resources by making sure that indicators and sampling methodologies are comparable over time.
- Ensure that the National M&E plan will be responsive to the national strategic framework and as such, review of the national M&E plan will coincide with the development/redesign of this framework
- Promote the monitoring of both programme data and financial data for reporting purposes.

- Ensure that guidelines for the various HIV prevention, care and support intervention areas will contain a specific section on monitoring and evaluation, with clear reporting lines to be included as part of this process.

CHAPTER 9

I. Sectoral Responsibilities

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

I.1. Finance and National Planning Sector

86. Given the enormous fiscal implications of the national fight against the HIV/AIDS pandemic, the Ministry of Finance shall be responsible for:

- Providing specific budget lines for HIV/AIDS prevention;
- Integration of HIV/AIDS awareness and counselling in all its in-house training programmes; and
- Ensuring that HIV/AIDS is mainstreamed in all national development plans and programmes.

I.2. Labour and Social Security Sector

87. In order to effectively address outstanding issues with regard to HIV and employment, the Ministry of Labour and Social Security shall:

- Make a statutory amendment to the Employment Act, Cap 512, so as to make illegal non-voluntary HIV pre-employment screening;
- Remove HIV/AIDS-related discriminatory barriers to joining any social security or pension scheme; and
- Collect, coordinate and disseminate HIV/AIDS-related information in regard to employment practices and labour force trends.

I.3. Education Sector

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

- Ensure that the education sector is fully transformed so as to effectively militate against the rapid spread of HIV/AIDS in the sector;

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

I.4. Health Sector

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

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

I.5. Agriculture and Cooperatives Sector

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

- Promote the mainstreaming of HIV/AIDS in agricultural programme planning;
- Utilise its extensive agricultural extension network for purposes of HIV/AIDS prevention and support;
- Ensure that systematic efforts in support of improved national and household food security and nutritional standards for low-income groups are initiated and promoted;
- Promote the empowerment of rural women in order to reduce the negative impact of HIV/AIDS on production levels;

- Provide skills training facilities to PLWHAs as a means of ensuring their participation in HIV/AIDS prevention and care programmes; and
- Provide targeted food support as a component of HIV/AIDS care and support to families in need.

I.6. Sport, Youth and Child Development Sector

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

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

I.7. Communications and Transport Sector

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

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

I.8. Tourism, Environment and Natural Resources Sector

93. The tourism sector is characterised by high mobility of people who come to Zambia to view its natural attractions. It is probable, therefore, that the rate of HIV infection

might be high as tourists travel up and down the country. In order to contribute to the national fight against the rapid spread of HIV/AIDS in the tourism sector, the Ministry of Tourism, Environment and Natural Resources shall:

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

I.9. Information and Broadcasting Services Sector

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

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

I.10. Governance and Justice Sector (Cabinet and Public Service)

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

- Establish a mechanism for monitoring and evaluation of the implementation and impact of HIV/AIDS/STI/TB interventions by line Ministries and other stakeholders;
- Develop strategies for the care and support of public service workers infected and affected by HIV/AIDS within the broad framework of the Public Service Reform Programme (PSRP);

- Support changes in pieces of legislation that disadvantage HIV infected and affected persons and that encourage stigma and discrimination;
- Integrate HIV/AIDS information, education and communication into curricula of public service training institutions such as the National Institute for Public Administration (NIPA) and National In-Service Training College (NISTC); and
- Closely work with and support the National HIV/AIDS/STI/TB Council.

I.11. Security and Defence Sector

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

- Ensure that it plays a more pro-active role in HIV/AIDS/STI/TB prevention, care, treatment and support;
- Integrate HIV/AIDS education in all military training curricula;
- Provide enhanced counselling services and peer education programmes in all military bases;
- Provide VCT services in all military hospitals;
- Ensure that defence personnel on deployment in and outside the country are provided with the necessary information and means to guard themselves against HIV/AIDS, STIs, TB and other opportunistic infections; and
- Ensure that a person's HIV status is not part of the criteria for recruitment, training and promotion.

I.12. National HIV/AIDS/STI/TB Council

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

- Support the development and coordination of policies, plans and strategies for the prevention and combating of HIV, AIDS, STI and TB;
- Advise the Government, health institutions and other organizations on the policies, strategies and plans to prevent and combat HIV, AIDS, STI and TB;
- Advise the Government, health institutions and other organizations on the policies, strategies and plans to prevent and combat HIV, AIDS, STI and TB;

- Ensure the provision and dissemination of information and education on HIV, AIDS, STI and TB;
- Develop a national HIV, AIDS, STI and TB research agenda and strategic plan which shall include the quest for a cure for HIV, AIDS as one of the research priorities;
- Support programmes relating to prevention, care, and treatment of HIV, AIDS, STI and TV;
- Mobilize resources to promote and support identified priority interventions including research in areas related to HIV, AIDS, STI and TB;
- Provide technical support and guidelines to health and other institutions involved in the: -
 - (i) Prevention and treatment of HIV, AIDS, STI and TB; and
 - (ii) Care and support of persons infected with or affected by HIV, AIDS, STI and TB;
- Collaborate with other research institutions in relation to HIV, AIDS, STI and TB; and

CHAPTER 10

J. Implementation Arrangements

J.1. Operationalization of the Policy

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

J.2. Responsibility for Policy Implementation

99. The various sectoral Ministries, non-governmental organisations, community-based organisations and the private sector will be required to play their respective roles, while NAC will be responsible for the overall national coordination and reporting. At Government level, the Cabinet Committee on HIV/AIDS will provide political leadership and advocacy.

J.3. Monitoring and Evaluation

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

J.4. Financial Implications

101. The implementation of national and sectoral HIV/AIDS/STI/TB interventions has heavy fiscal implications. In order to meet the more than normal budgetary demands that the implementation of this Policy will make on the *fiscus*, the Government will need to scale up its resource domestic and international mobilisation of health resources.

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