

Country Situation

Background Statistics

HIV prevalence - adults (ages 15-49) ^{[1]*}	13.5% [12.8-14.1%]	2009
HIV prevalence - pregnant women (all ages) ^{[2]*}	13.9%	2009
Number of women living with HIV delivering ^[3]	83,400	2011
Est. # children (ages 0-14) living with HIV ^{[1]*}	120,000 [64,000-160,000]	2009
Maternal mortality ratio ^[4]	440/100,000	2010
Est. annual births ^[5]	600,000	2010
Infant mortality rate ^[6]	69/1,000	2010
Under-5 mortality rate ^[7]	105/1,000	2010

Adult HIV prevalence (ages 15-49) in Zambia, estimated at 13.5% in 2009, has remained relatively stable over the last decade. HIV prevalence is slightly higher among females than males^[8] and significantly higher in urban areas and in the richest wealth quintiles when compared to rural areas and the poorest quintiles^[8]. HIV prevalence among pregnant women (13.9%) is comparable to that of the general population. Between 2009 and 2011, Zambia has had a 55% decline in the number of new paediatric HIV infections – from 21,000 to 9,500^[3].

By 2010, Zambia had expanded its PMTCT service coverage to 81% of ANC clinics^[9], resulting in an increase in HIV testing among pregnant women, from 14% in 2005 to 94% in 2010^[10]. Eighty six percent of pregnant women living with HIV received efficacious ARVs for PMTCT in 2011, up from 58% in 2009^[3].

Zambia has adopted the 2010 WHO Option A regimen for PMTCT prophylaxis and has developed a national MTCT elimination plan (2011-2015)^[11]. Zambia has markedly increased PMTCT service access and is well placed to achieve the Global Plan targets by 2015.

Reaching High Level Targets

Global 2015 Targets

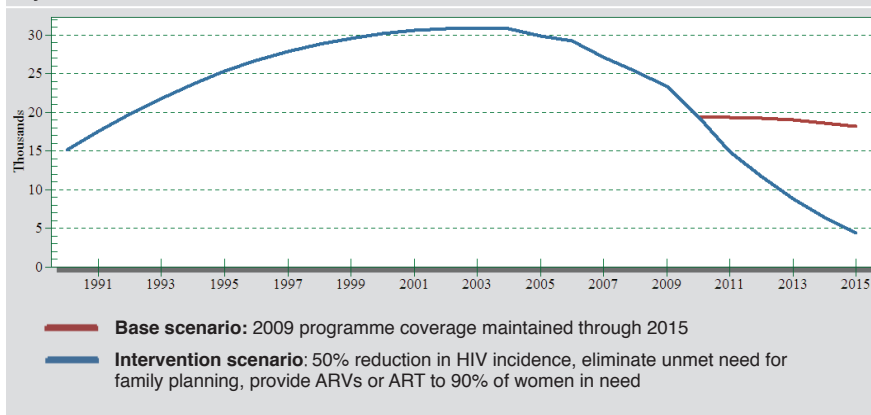
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

An estimated 23,400 children were newly infected with HIV in Zambia in 2009. Modeled data from UNAIDS indicates that if interventions are scaled up between 2010 and 2015 (Figure 1), there would be 4,400 new child infections in 2015—an 81% decline in the number of new child infections between 2009 and 2015^[12].

Figure 1: Number of new child HIV infections due to mother to child transmission, by scenario, Zambia



Source:^[12] Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010

Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections ^[3]	21,000	–	9,500	–	–	–	–
	Number HIV-associated maternal deaths ^[4]	2,200 (2005)	1,620	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	12% ^[13] (2008)	10% ^[4]	–	–	–	–	–
	ART coverage among children (ages 0-14) ^[3]	24%	–	31%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) ^[3]	1.13%	–	0.94%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49) ^[8]	27% (2007)	–	–	–	–	–	–
Prong Three	Mother-to-child transmission rate ^[3]	24%	–	11%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) ^[3]	58% ^a	–	86%	–	–	–	–
	Breastfeeding ARV Coverage ^[3]	21%	–	67%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment ^[3]	51%	–	88%	–	–	–	–

PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

Background Statistics

Young people (ages 15-24) HIV prevalence _[1] *	Female: 8.9% [7.3-12.0%]	2009
	Male: 4.2% [3.2-5.5%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months _[8]	Female: 42%**	2007
	Male: 43%	2007
Male partners of pregnant women attending ANC tested in last 12 months _[14] *	Male: 14%	2010
Unintended pregnancies (ages 15-49) _[8]	Female: 41%	2007

** Based on small denominator (25-49 unweighted cases)

Key Points

Zambia had a slight decline in HIV incidence in women (ages 15-49) between 2009 and 2011—from 1.13% to 0.94%. Among young people (15-24 years) HIV prevalence was over two times higher in females (8.9%) than males (4.2%) as of 2009. In 2007, condom use at last sex among young people (ages 15-24) reporting multiple sexual partners in the last year was 43% in males and 42% in females. In 2007, unmet need for family planning was estimated at 27%_[8] and 41% of pregnancies were unintended. Few male partners (14%) of pregnant women attending ANC received an HIV test in 2010.

PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

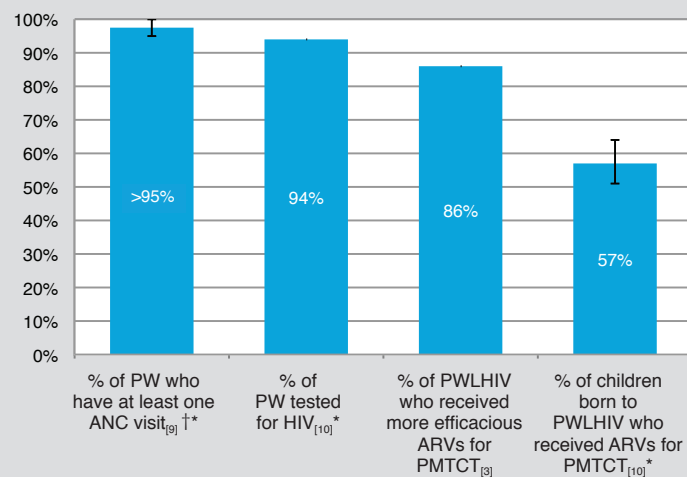
Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

Background Statistics

Timing of 1 st ANC visit (months) _[8]	No ANC:	2%	2007
	<4 months:	19%	
	4-5 months:	53%	
	6-7 months:	23%	
	8+ months:	2%	
	DK:	<1%	
Percentage of women attending at least 4 ANC visits during pregnancy _[8]	Total:	60%	2007
	Urban:	59%	
	Rural:	61%	
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) _[10] *	94%	2010	
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT _[10] *	57% [51-64%]	2010	
Skilled attendant at delivery (%) _[8]	47%	2007	
Exclusive breastfeeding for infants <6 months _[8]	61%	2007	

Figure 2: Coverage of selected PMTCT interventions (2010)



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

Key Points

Although health facility data report that most pregnant women attended at least one ANC visit (> 95%), survey data suggest significantly fewer women had four ANC visits, as recommended by the WHO. According to a 2007 survey, 94% of pregnant women had at least one ANC visit_[8], but 60% had four. Over half of pregnant women (53%) did not deliver with a skilled birth attendant in 2007 and the estimated maternal mortality ratio in 2010 was high (470/100,000)_[4]. In 2011, 86% of HIV-infected pregnant women received more efficacious ARV regimens for PMTCT, and 57% of HIV-exposed infants received ARVs for PMTCT in 2010.

PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing ^[12] *	59%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth ^[10] *	40% [35-45%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth ^[10] *	21% [19-24%]	2010

Key Points

More than half of pregnant women identified as living with HIV had a CD4 test (59%) in 2010 to determine if they were in need of treatment for their own health. Among those who received ARVs, 22% of them received ART for their own health, 63% received more efficacious ARV regimens, and 14% were still receiving single-dose nevirapine, a regimen no longer recommended by WHO. Coverage of early infant diagnosis services and paediatric ART coverage is low—only 21% of HIV-exposed infants received a virologic HIV test by 2 months of age in 2010—a decline from 53% in 2009—and 31% of children with HIV (ages 0-14) received ART in 2011 (see Figure 3).

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010^[12]*

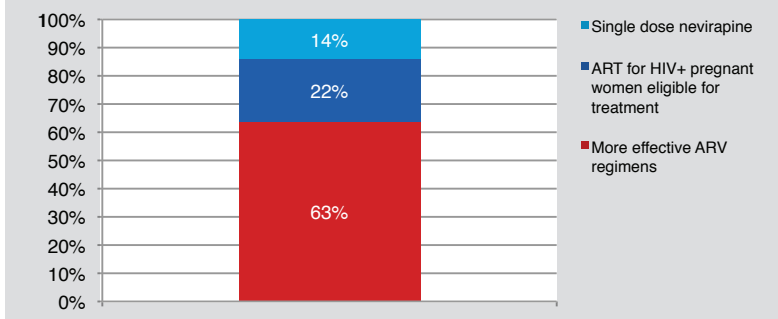
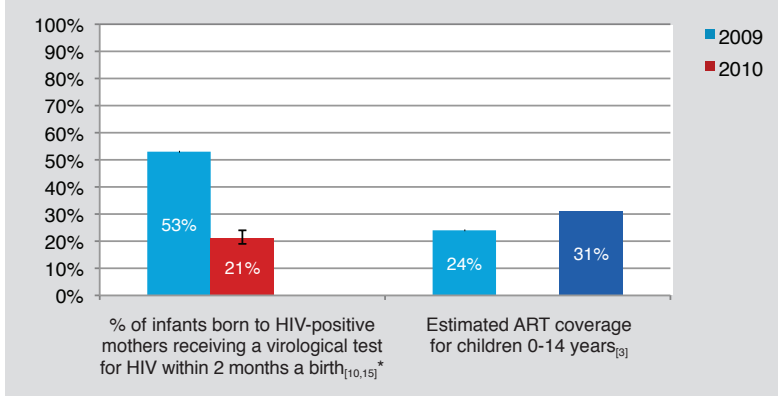


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges

Single dose nevirapine is still in use.

Few infants born to HIV+ mothers receive ARVs for PMTCT, CTX prophylaxis, or are tested for HIV within two months of birth. Few HIV+ children receive ART.

With the high HIV prevalence in Zambia

Data on some key PMTCT indicators are not available at the national level, hindering tracking of progress towards eMTCT targets

The Bottom Line

If national EMTCT targets for Zambia are to be met by 2015, the following actions should be considered:

Phase out single dose nevirapine and replace with efficacious regimens.

Given the strong MNCH platform, more innovation is needed to continue to expand access to PMTCT interventions, especially ART to pregnant women and children for their own health.

More attention to primary prevention is needed, targeting adolescents and pregnant women and their partners.

Strengthen routine monitoring system to ensure timely collection and reporting of quality data on Global Plan indicators.

References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010
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- 5 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World, 2012*
- 6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
- 7 Liu L, Johnson HL, Cousens S, et al, for the Child Health Epidemiology Reference Group of WHO and UNICEF. *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000*. Lancet 2012
- 8 Zambia Demographic and Health Survey 2007, Final Report
- 9 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011
- 10 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 11 Republic of Zambia, Ministry of Health, National MTCT Elimination Plan
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- 14 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector*. unpublished estimates, 2011
- 15 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2010*

Notes:

- * Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.
- ** Based on small denominator (25-49 unweighted cases)
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.
- ª 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:

- ANC: Antenatal care
- ART: Antiretroviral therapy
- ARVs: Antiretroviral prophylaxis
- CTX: Co-trimoxazole prophylaxis
- EID: Early infant diagnosis
- EMTCT: Elimination of mother-to-child transmission of HIV
- FP: Family planning
- L&D: Labour and delivery
- MMR: Maternal mortality ratio
- MNCH: Maternal, newborn and child health
- PMTCT: Prevention of mother-to-child transmission of HIV
- PWLHIV: Pregnant women living with HIV
- SRH: Sexual and reproductive health
- WHO: World Health Organization