

### Country Situation

#### Background Statistics

HIV prevalence - adults (ages 15-49) <sup>[1]*</sup>	12.5% [11.7-13.8%]	2011
HIV prevalence - pregnant women (all ages) <sup>[2]*</sup>	13.9%	2009
Number of women living with HIV delivering <sup>[3]</sup>	83,400	2011
Est. # children (ages 0-14) living with HIV <sup>[1]*</sup>	170,000	2011
Maternal mortality ratio <sup>[4]</sup>	440/100,000	2010
Est. annual births <sup>[5]</sup>	622,000	2011
Infant mortality rate <sup>[6]</sup>	46/1,000	2011
Under-5 mortality rate <sup>[7]</sup>	83/1,000	2011

Adult HIV prevalence (ages 15-49) in Zambia has declined from 13.5% in 2009 to 12.5% in 2011. HIV prevalence among pregnant women, last measured in 2011, is slightly higher (13.9%) than 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<sup>[3]</sup>.

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

In 2013, Zambia adopted WHO Option B+ regimen for PMTCT prophylaxis and has developed a national MTCT elimination plan (2011-2015)<sup>[11]</sup>. Zambia has markedly increased PMTCT service access and is well placed to achieve Global Plan targets by 2015.

### Reaching High Level Targets

#### Global 2015 Targets

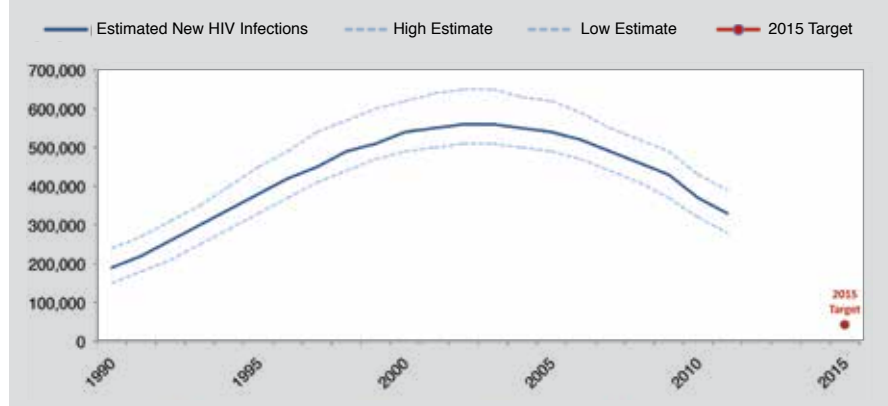
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

#### Child Targets

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

Globally, an estimated 330,000 children were newly infected with HIV in 2011 – down 24% from the 430,000 new infections in 2009. New paediatric HIV infections rose consistently until peaking at 560,000 in 2002 and 2003. Despite the significant progress that has been achieved, much more progress is needed in order to achieve that Global Plan target of a 90% reduction in the number of new HIV infections in children by 2015<sup>[11]</sup>.

**Figure 1:** Estimated number of new paediatric HIV infections globally (ages 0-14), 1990-2011, and 2015 target<sup>[11]</sup>



Source: UNAIDS, unpublished HIV estimates, 2012

### 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 <sup>[3]</sup>	21,000	13,600	9,500	-	-	-	-
	Number HIV-associated maternal deaths <sup>[4]</sup>	2,200 (2005)	1,620	N/A	-	-	-	-
Child Targets	Percentage of under-5 deaths due to HIV	12.4%	10.5%	N/A	-	-	-	-
	ART coverage among children (ages 0-14) <sup>[3]</sup>	24%	24%	31%	-	-	-	-
Prong One	HIV incidence in women (ages 15-49) <sup>[3]</sup>	1.13%	1.03%	0.94%	-	-	-	-
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49) <sup>[8]</sup>	27% (2007)	N/A	N/A	-	-	-	-
Prong Three	Mother-to-child transmission rate <sup>[3]</sup>	24%	16%	11%	-	-	-	-
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) <sup>[3]</sup>	58% <sup>a</sup>	74%	86%	-	-	-	-
	Breastfeeding ARV Coverage <sup>[3]</sup>	21%	47%	67%	-	-	-	-
Prong Four	ART coverage among HIV+ pregnant women in need of treatment <sup>[3]</sup>	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 <sub>[11]</sub> *	Female: 7.0% [5.5-9.3%]	2011
	Male: 3.1% [2.4-4.3%]	2011
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months <sub>[8]</sub>	Female: 42%**	2007
	Male: 32%	2011
Male partners of pregnant women attending ANC tested in last 12 months <sub>[14]</sub> *	Male: 14%	2010
Unintended pregnancies (ages 15-49) <sub>[8]</sub>	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 remained more than twice as high in women than men, although prevalence in both groups declined from 2009 to 2011 (8.9% to 7.0% for females; 4.2% to 3.1% for males). 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%<sub>[8]</sub> and 41% of pregnancies were unintended. HIV testing among male partners (14%) of pregnant women attending ANC improved from 14% (2010) to 32% (2011).

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

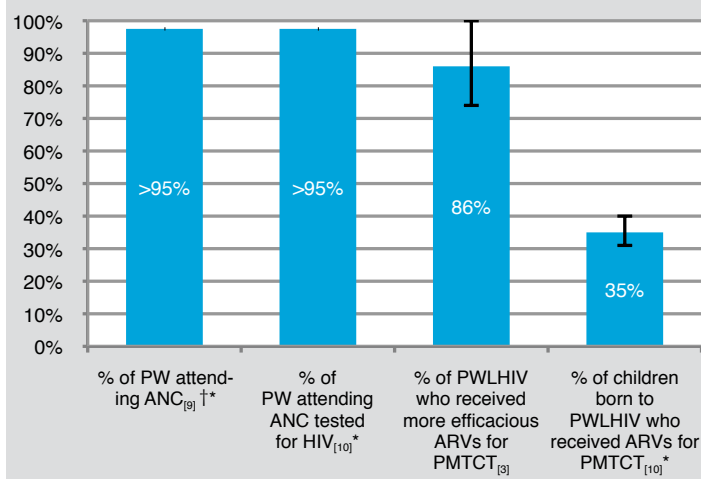
### Global 2015 Targets

- 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 <sup>st</sup> ANC visit (months) <sub>[8]</sub>	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 <sub>[8]</sub>	Total:	60%	2007
	Urban:	59%	
	Rural:	61%	
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) <sub>[10]</sub> *	>95%	2011	
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT <sub>[10]</sub> *	35% [31-40%]	2011	
Skilled attendant at delivery (%) <sub>[8]</sub>	47%	2007	
Exclusive breastfeeding for infants <6 months <sub>[8]</sub>	61%	2007	

**Figure 2: Coverage of selected PMTCT interventions (2011)**



† 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 most pregnant women in Zambia attend at least one ANC visit (>95%) and are tested for HIV during ANC (94%), only 60% have four ANC visits, as recommended by the WHO. Over half of pregnant women (53%) do not deliver at health facilities with a skilled birth attendance and the maternal mortality ratio in Zambia is high (470/100,000). In 2011, 86% of HIV-infected pregnant women received more efficacious ARV regimens for PMTCT; however, only 35% of HIV-exposed infants received ARVs for PMTCT in 2011.

## 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

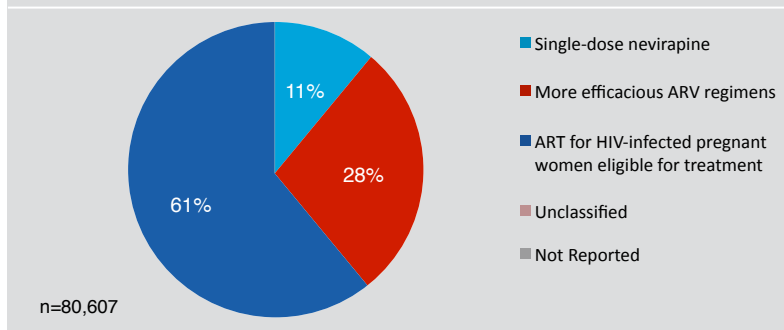
#### Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing <sup>[12]*</sup>	59%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth <sup>[10]*</sup>	35% [30-40%]	2011
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth <sup>[10]*</sup>	54% [47-62%]	2011

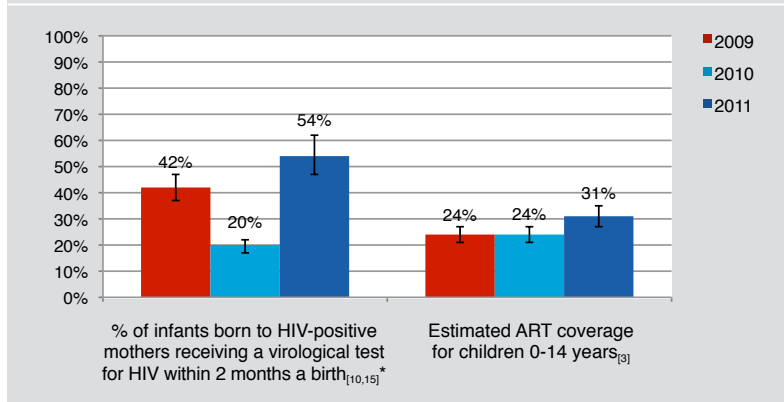
### Key Points

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, 28% of them received ART for their own health, 61% received more efficacious ARV regimens, and 11% were still receiving single-dose nevirapine, a regimen no longer recommended by WHO. Coverage of early infant diagnosis services improved with more than half (54%) of HIV-exposed infants received a virologic HIV test by 2 months of age in 2011. ART coverage for children with HIV (ages 0-14) has also expanded from 24% to 31% between 2009 and 2011, although it lags far behind excellent national adult ART coverage (see Figure 3).

**Figure 3:** Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2011<sup>[13]</sup>



**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

HIV prevalence is still high in the general population (12.5%) and pregnant women (13.9%)

Despite high coverage of ANC1+ (>95%), HIV T&C (94%) and ARVs for PMTCT (86%), a significant proportion of women and their children are still unreached, especially in rural areas

Inadequate organization of MNCH service delivery system with weak linkages between ANC, PMTCT, childbirth, postnatal and ART services resulting in low ANC4+, SBA, CD4 count and EID rates, small proportion of male partners (14%) of pregnant women attending ANC tested for HIV and high unmet needs for FP

### The Bottom Line

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

More attention should be paid to primary prevention interventions among adolescents, pregnant women and their male partners

Further expansion of PMTCT services to all ANC facilities especially in rural areas with specific attention to the unreached and marginalized

Build capacity within MNCH services for strong links with communities especially for the provision of quality antenatal and postnatal follow up care that address MNCH, family planning and PMTCT specific needs

## References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010
- 2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
- 3 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 4 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
- 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
- 12 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
- 13 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2010*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010
- 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