



HIV SERVICE PROVISION Current Status, Gap Analysis and Recommendations February, 2025

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Timeline of events over USG Aid Freeze



- January 20th, 2025: President of the United States of America (POTUS) signed an Executive Order on Reevaluating And Realigning United States Foreign Aid Reevaluating And Realigning United States Foreign Aid – The White House
- January 28th, 2025: Secretary of State Marco Rubio signed the Emergency Humanitarian Waiver to Foreign Assistance Pause Emergency Humanitarian Waiver to Foreign Assistance Pause - United States Department of State



Timeline of events over USG Aid Freeze



- January 30th 2025: the Permanent Secretary of Donor Coordination (PS-DC) at the Ministry of Health, Zambia shared a memo
- February 6th 2025: Bureau of Global Health Security and Diplomacy (GHSD, formerly Office of the Global AIDS Coordinator, OGAC) shared an interpretation of the January waiver for PEPFAR programs HIV Care & Treatment and Prevention of Mother to Child Transmission Activities Approved Under PEPFAR Limited Waiver
- **February 11**th **2025:** Official rescinding of the termination, ceasation, suspension or limiting of of activities under the awards





Local level impacts

- **USAID:** Stop Work Order (SWO) issued for all implementing partners Including PEPFAR HIV/TB programs, Malaria, MNCH, Education, programs etc
- CDC: SWO to all Implementing partners, mostly HIV and Global Health Security programs
- Similar SWO for DOD, Peace Corps and Department of State
- Examples of effects at service delivery level: DREAMS & Wellness Centres closed; assets were parked/withdrawn; HRH withdrawn including data entry staff and Community Based volunteers etc





Health Facilities Providing HIV Services in Zambia

Current on Treatment	Number of facilities	No. facilities Cumulative	Percentage of facilities	Percentage of facilities cumulative	Tx Curr	Percentage of Tx Curr	Tx Curr Cumulative
> 5000	29	29	1%	1%	241,379.00	19%	19%
3000-4999	45	74	2%	3%	167,936.00	13%	31%
1000-2999	247	321	9%	11%	408,880.00	31%	63%
500-999	272	593	9%	21%	188,461.00	14%	77%
100-499	1054	1647	37%	57%	249,500.00	19%	96%
1 - 99	1238	2885	43%	100%	47,344.00	4%	100%
Total	2,885				1,303,500.00		

Facility type	Sex	Current on Treatment
Faith Based HF	Female	48,730
Faith Based HF	Male	29,490
Private	Female	52,006
Private	Male	34,117
Total		164,344

ALL FACILITIES HAVE CONTINUED TO PROVIDE ART SERVICES
WITH VARIATIONS IN SCOPE

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Minimum Package of Service ARVs & Drugs for Ols and TPT

Gap Analysis & Recommendations







Treatment				
Description of Item	Average Monthly Issue	Stock on Hand	Months of Stock	
Abacavir Sulfate+Lamivudine+Dolutegravir 60/30/5mg tab, 180s	3,390	13,440	4.0	
Abacavir Sulphate/Lamivudine 120/60mg tab, 30s	14,480	34,002	2.3	
Dolutegravir 10mg Scored Dispersible tab, 90s	769	5,481	7.1	
Dolutegravir 50mg tab, 30s	21,342	32,448	1.5	
Dolutegravir/Lamivudine/Tenofovir 50/300/300mg tab, 90s	965,766	1,323,198		
Dolutegravir/Lamivudine/Tenofovir 50/300/300mg tab, 30s		1,091,501	5.2	
Tenofovir Alafenamide/Emtricitabine/Dolutegravir 25/200/50mg tab, 30s	290,434	191,946		
Tenofovir Alafenamide/Emtricitabine/Dolutegravir 25/200/50mg tab, 90s		200,603	2.7	
Prevention of Mother to Child Transmission (PMTCT) Stock Status				
Nevirapine 50mg/5mL 100mL susp, bottle	4,605	40,655	8.8	
HIV Prevention Commodities Stock Status				
Tenofovir/Emtricitabine 300/200mg tab, 30s	89,371	333,082	3.73	
Cabotegravir IM inj, 600mg/3mL, vial	6,525	40,150	6.2	

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6 monthly Lenacapavir and monthly Dapivirine Vaginal Ring planned under GRZ procurement







Challenges		Mitigation Measures
Disruption in HIV testing & monitoring	 Unavailability of: HIV RT test kits VL reagents TB Xpert Cartridges Blood collection tubes 	 Secure funding for procurement of test kits – GF/NHIMA- Short/Long term Redirection of funds from other activities – Short term Enhance monitoring of commodity status in province – avoid expiries – Short/Long term Policy changes/amendment to reflect changes in service delivery packages short term
Strained Human Resource (Loss of expertise/Number s)	 Inadequate utilization of the DISA PoC leading to overload on PCR labs Delays sample preparation at spoke sites leading to sample wastage Prolonged turnaround time - Inadequate capturing of results in patient files Un-assured quality of laboratory results Inadequate staff to analyze VLs/EID on PoCs - special populations (pregnant mothers 	 Recruitment of lab staff to fill in gaps - Long term Administrative (Provincial/District) re-assignment of staff for continued service provision – Short term Re-orientation of available staff on select – Short term procedures – VL/EID testing on Conventional & PoC platforms _PCR labs Re- mapping hubs based on workloads & available staff – Short term Incrementally transition critical health staff to government payroll Short/long term
Disruption in the Sample courier	 Lack of readily available courier (motorbikes and riders – MoH riders) Lack of support for fuel and maintenance Delays sample shipment from hub labs to PCR labs leading - extended TAT Poor sample quality – delays in pick ups 	 Engagement of MoH riders – Short/Long term Redirection of funds from available budgets – GF/CHAZ – Short term Revising of pick-up schedules – Short term







Challenges		Mitigation Measures
Under utilization of Laboratory Information Systems	 No access to e-lab functionalities – no visibility on sample custody chain and results management _ No Licensee/Data bundles /Talk time No support for Supper user talk time/bundles to call facilities – physical visits to resolve challenges Data visualization of the NMDPP 	 Local adapted solutions – CIDRZ life APP - Long term Secure funding for licenses renewals – Short term Re-orientation of MoH Super users – funds for system tech support Migrate data to MoH – sever space – engage MoH IT
Disruption in Quality Monitoring Activities	 Subscription to EQA schemes Distribution of EQA materials – HIV testing 	 Redirection of funds – GF/GRZ Shoe Fast track processes for In Country Scheme establishments – VL/EID



Immediate Needs & Recommendations for Wellness Centers



- Open the wellness centers to allow access to register for transfer of ROCs to nearby facilities.
- Integrate KP services into facilities, which will require making facilities KP friendly and deployment of KP CBVs to facilitate service access
- Mobilize funds including CDF to support communityled response, monitoring, stigma and discrimination



Immediate Recommendations for Continuity of HIV Services



- Human Resource for Health (Health care worker and community based volunteers)
 - Re-deployment of Health care workers in HIV service points
 - Permanent employment by GRZ of PEPFAR supported staff
 - Gradual manner
 - Lobbying support from non-PEPFAR supported NGOs
 - Leverage on HR support from GF and make re-distribution

2. Stabilise Laboratory and Pharmaceutical Commodity Supply chain

- Fast-tracking GRZ, Global Fund and CHAZ procurements in the pipeline
- Supplemental funding for laboratory commodities from GRZ
- Reprogramming of Global fund resources to commodities
- Withdrawal of free ARVs supplies to private clinincs



Immediate Recommendations for Continuity of HIV Services

3. Stabilize courier and distribution of commodities and Lab Samples

- Mobilisation of supplemental vehicles for commodity distribution from works and supply or defense forces etc
- Mobilize Supplemental funds for fuel for distribution and courier
- Intra-district/intra-provincial redistribution of vehicles/motor bikes from other GRZ and local government organs to assist with courier

4. Stabilise the health information system (SmartCare/eLMIS,LIMS)

- Urgent training/orientation of GRZ healthcare workers in SmartCare/eLIMS,LIMS
- Mobilisation of extra data clerks from non-PEPFAR supported partners
- Funding for licenses and internet services
- Short term hires for consultant IT experts for eLMIS/DISA/e-Labs
- Retrieval of data equipment from PEPFAR Partners for use

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Medium-term Recommendations for Sustainability of HIV Services



Medium-term Recommendations for sustainability of HIV services

1. Pharmaceutical and laboratory commodities

- Local manufacturing of ARVs and other medical consumables
 - Leverage on existing local capacity while technology transfer is promoted
- Inclusion of ARVs and TB drugs as part of the Health insurance package (NHIMA)
- Increase funding to cover the gap in the cost of ARVs/HIV and HIV laboratory commodity procurement

2. Health Information Systems

Transition ownership of all health information systems to the government





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3. Human Resource for Health

- Increase the budgetary allocation for the annual recruitment of Health workers
- Incorporate HIV training in the Pre/In-services training curriculum

4. Commodity distribution & Courier system

- Sub-contracting of national commodity Distribution entity
- Expansion of point of care testing platforms in the districts
- Enhance the Integration of the courier with ZAMPOST





Long term Recommendations for Sustainability of HIV Services



Summary of Proposed Long-term Solutions: SEVEN BROAD AREAS

- Create Health Fund & Strengthen NHIS to take up HIV services
 - Policy adjustments -Advocacy
- Increase National Budget allocation for HIV services
 - Constrained by current fiscal space (debt & climate issues)
- Local Manufacturing of ARVs and other Commodities
- Legal & Policy reforms to create an enabling environment
 - For HIV service provision to KVP (protect HCW & recipients of care)
- Re-design service delivery modalities as well as integrate services where feasible
 - Will require assessments, guidelines etc.
- Build resilient systems for health
 - Storage & distribution infrastructure, lab diagnostic and monitoring capacity (QMS & LIS)
 - Inter-operable information systems, government stewardship, acceptable coverage across
 HF, including communities
 - Support community led actors in service delivery and monitoring-Social contracting
- Private Sector Participation
 - Leverage on comparative and competitive advantages across the areas (services & systems)





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