



**Ministry of Health**

**ZAMBIA MINIMUM PACKAGE FOR  
SUSTAINABLE  
HIV SERVICE DELIVERY**

**February 2025**



Ministry of Health

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HIV SERVICE DELIVERY

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## Abbreviations

AIDS	Acquired Immunodeficiency Syndrome	KYCS+	Know Your Child Status plus
ALT	Alanine Aminotransferase	L&D	Labour and Delivery
AFB	Acid Fast Bacilli	LEEP	Loop Electrosurgical Excision Procedure
AGYW	Adolescent Girls and Young Women	LF- LAM	Lateral Flow Lipoarabinomannan
AHD	Advanced HIV Disease	LPV	Lopinavir
ANC	Antenatal Care	MAT	Medicine Assisted Therapy
ART	Antiretroviral Therapy	MDR TB	Multidrug – Resistant Tuberculosis
ARV	Antiretroviral	MMD	Multi-Months Dispensation
AST	Aspartate Aminotransferase	MHP	Mental Health Package
ATC	Advanced Treatment Centre	MNCH	Maternal, Newborn and Child Health
ATT	Anti-Tuberculosis Treatment	MoH	Ministry of Health
ART	Antiretroviral Therapy	MTCT	Mother-to-child transmission (of HIV)
AYP	Adolescent and Young People	NAC	National AIDS Council
AYPLHIV	Adolescent and Young People living with HIV	NAT	Nucleic Acid Test
CD4	Cluster Differentiation 4	NCD	Non-Communicable Diseases
CDC	Center for Disease Control	NUPN	National Unique Patient Number
CHA	Community Health Assistants	OI	Opportunistic Infection
CHW	Community Health Workers	PBFW	Pregnant and Breastfeeding Women
CLHIV	Children Living with HIV	PCP	Pneumocystis Pneumonia
CRAg	Cryptococcal Antigen	PCR	Polymerase Chain Reaction
CrCl	Creatinine Clearance	PEP	Post-Exposure Prophylaxis
CRP	C-Reactive Protein	PEPFAR	President’s Emergency Plan for AIDS Relief
CSO	Civil Society Organisation	PLHIV	People Living With HIV
CQI	Continuous Quality Improvement	PMTCT	Prevention of Mother to Child Transmission
DBS	Dried Blood Spot	PNC	Post-Natal Care
DCT	Diagnostic Counselling and Testing	PrEP	Pre-Exposure Prophylaxis
DOTS	Directly Observed Therapy, Short Course	QI	Quality Improvement
DR	Drug Resistance	RBS	Random Blood Sugar
DREAMS	Determined, Resilient Empowered AIDS-free Mentored and Safe	RoC	Recipient of Care
DR TB	Drug-Resistant Tuberculosis	RDT	Rapid Diagnostic Test
DRV	Darunavir	RNA	Ribonucleic Acid
DSD	Differentiated Services Delivery	RPR	Rapid Plasma Reagen
DST	Drug Susceptibility Testing	SOP	Standard Operating Procedures
EID	Early Infant Diagnostic	STG	Standard Treatment Guidelines
EAC	Enhanced Adherence Counseling	STI	Sexually Transmitted Infections

EHR	Electronic Health Record	TasP	Treatment as Prevention
eLMIS	Electronic Logistic Management Information System	TAT	Toxoplasmosis Antigen Test
EMTCT	Elimination of Mother-to-Child Transmission	TB	Tuberculosis
EPI	Expanded Program for Immunization	TPT	Tuberculosis Preventive Treatment
FBC	Full Blood Count	U=U	Undetectable=Untransmittable
FP	Family Planning		
GRZ	Government of Republic of Zambia	UN	United Nations
Hb	Haemoglobin	UNAIDS	Joint United Nations Programme on HIV/ AIDS
HBsAg	Hepatitis B Virus Surface Antigen	UNICEF	United Nation's Children's Fund
HBV	Hepatitis B Virus	USAID	United States Agency for International Development
HCW	Health care Worker	VIA	Visual Inspection with Acetic Acid
HIV	Human Immunodeficiency Virus	XDR - TB	Extensively Drug – Resistant Tuberculosis
HIVDR	Human Immunodeficiency Virus Drug Resistan Testing	USAID	United States Agency for International Development
HPCZ	Health Profesional Council of Zambia	WHO	World Health Organization
HPV	Human Papilloma Virus	VIA	Visual Inspection with Acetic Acid
HTS	HIV Testing Services	VMMC	Voluntary Male Medicle Circumcision
IEC	Information Eductions and Communication	ZAMMSA	Zambia Medicines and Medical Supplies Agency
IPT	Isoniazid Preventive Therapy	ZCGs	Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection

## Foreword

The HIV response in Zambia has made tremendous progress towards epidemic control of HIV. However, many of the gains that have been made over the past decade are now at risk because of declining international development assistance and financing. Recent changes in the structure of foreign aid for HIV has led to disruption of service delivery. The country needs to explore diversified domestic funding approaches, ensure sustainable and cost-efficient investment to preserve core services for HIV including prevention, testing and treatment, retention in care and timely re-engagement.

This document provides guidance on a sustainable minimum package of HIV service delivery deemed cost-effective and guides on integrating some services to ensure sustainability. Furthermore, this document should be used as a guide on coordinating all HIV services in the country. It is envisioned to have the HIV services coordinated within the Government system. Partners working in providing HIV services should align their services with the government structures working out this package.

I am very glad to launch this document, and I urge the leaders to disseminate this document to all facilities and stockholders.

Dr. Kennedy Lishimpi  
**Permanent Secretary – TS**  
**Ministry of Health**

## **Guideline Development Process: Minimum HIV Service Package**

This section outlines a systematic and transparent development process for the Minimum HIV Service Package for all public and private hospitals. This process was adopted to ensure that the package is evidence-based, contextually relevant, and acceptable to key stakeholders. This minimum package for HIV services was developed based on the WHO recommendations for HIV service provision and the guidelines & standards according to the Health Professions Council of Zambia (HPCZ).

The process included: identification of priority services critical to improving HIV related health outcomes; engagement and involvement of all key stakeholders in the provision of HIV services (funders, implementing partners, health facilities, civil society, the national regulator for health, NAC and MoH leadership); formulation of recommendations for services; and planning for the official launch, implementation, and dissemination

### **Methodology**

The path to the development of the package involved the following processes.

#### **Phase 1: Planning**

##### **1. Established a Steering Committee**

The steering committee chaired by the ministry of health guided the entire Minimum HIV Package development process. It comprised representatives from NAC, CDC, USAID, PEPFAR, CSO, Joint UN Program on HIV/AIDS (UNAIDS, UNICEF, WHO, etc.), several implementing agencies, provincial health leadership, ZAMMSA, HPCZ, and MoH.

A multidisciplinary team from the different stakeholders included: HIV clinicians and public health experts, pharmacy and lab staff, social scientists and community representatives (including people living with HIV), representatives from relevant government agencies (regulators), educators and implementing partners.

##### **2. Developed a concept note outlining the scope and objectives of the package**

The concept note clearly articulated the purpose of the package, identified the target population and the setting (whether urban or rural, facility based or community). Taking into consideration various existing standardized tools for service delivery such as the service quality assessment tool and the HPCZ HIV services standards.

##### **3. Conducted a desk review**

Reviewed all existing national and international guidelines, policies, and strategies including reports from various technical supportive visits (see bibliography). Further consideration was made regarding the current HIV service delivery landscape, available resource basket, infrastructure, and human resources were determined to inform the final document ensuring that it is contextual.

#### **Phase 2: Formulation of the Minimum HIV Package document**

##### **1. Stakeholder consultative Meeting**

Three engagement meetings with key stakeholders (including people living with HIV, healthcare providers, policymakers) was held to review the draft document get feedback.

## 2. **Consensus Building**

All stakeholders were given a chance to submit their contributions to the package according to the thematic areas of service delivery, information management, community services, just to mention a few until a full draft document was developed.

## 3. **External Review**

In order to meet the standards, the draft document was subjected to a group of external experts and stakeholders for feedback. The views and comments of the external reviewers were analysed and finalized into a final draft document.

### **Key Principles**

- **Sustainability:** The document considered the sustainability of prioritised interventions
- **Cost-effectiveness:** Interventions which were considered efficacious, safe with a high return on investments where prioritised.
- **Equity:** Consider the needs of all populations, including marginalized and vulnerable groups and regions
- **Integration:** The goal of this document is to have HIV services which are integrated in the main-line health service delivery systems
- **Inclusivity:** Engage a wide range of stakeholders in the guideline development process
- **Person-centeredness:** Recommended services must be respectful, responsive and tailor-made to the different needs of individual recipient of care
- **Contextual Relevance:** Adapt the Minimum HIV service package to the local context and resource availability

## **Introduction to the Zambia Minimum Package for Sustainable HIV Service Delivery**

The Government of the Republic of Zambia, through the Ministry of Health, has made progress towards controlling the HIV epidemic. The 2023 UNAIDS report highlights this progress, indicating that Zambia has surpassed the 95-95-95 targets with an impressive 96-98-97 achievement. Zambia's HIV program is mature with over 2,800 health facilities offering free antiretroviral therapy (ART) to approximately 1,300,000 individuals in 2024.

Despite these remarkable achievements, challenges still persist. Zambia continues to grapple with a high incidence of HIV (particularly among adolescent girls and young men and women), high Mother-to-Child Transmission (MTCT) rate, alongside concerning high rates of HIV-associated deaths, service inequities, stigma and discrimination, and the need for ensuring long-term financial and programmatic sustainability. Furthermore, specific subpopulations including children, adolescents, high-risk populations and individuals over 50 years require more focused attention. The increasing prevalence of age-related non-communicable diseases such as hypertension and diabetes mellitus among people living with HIV also presents a growing concern.

Zambia has come a long way in providing HIV treatment and prevention services. These services in the public sector began in 2002 with two (2) sites providing services using a cost-sharing model. Free services have now been decentralized to all the 116 districts covering all 1624 wards in approximately 2,800 public health facilities. While a smaller proportion of services are offered in private facilities, the national HIV response has significantly been implemented in government run public health facilities supported by cooperating partners including faith-based organisations. The support provided by partners comes as both direct service delivery and technical assistance, notwithstanding Government provides the overall leadership and direction through normative guidance and policy.

However, the decentralised and vertical nature of HIV services provision supported by various implementing partners has led to variations in the type and quality of HIV services available across different facilities. This has, in some instances resulted in inequalities in health care access from one facility and region to another. Further, this partner-led provision of HIV services has isolated HIV service from the main-line over all health systems including the coordination and oversight on the main MoH structures. There is therefore, need to integrate HIV services in the main-line MoH coordination and health systems hierarchy.

As Zambia's HIV program transitions from a rapid scale-up to sustained maintenance phase , the Ministry of Health is strategically shifting its focus towards improving the quality and equity of HIV services, promoting person-centred care and ensuring the long term sustainability of the national HIV response. This strategic reorientation necessitates the standardization and harmonization of HIV services across all health facilities.

To this effect, the Ministry of Health has developed this Zambia Minimum Package for Sustainable HIV Services. This document serves as a reference, providing clear guidance on the expected range of services to be offered at each facility, ultimately ensuring equitable, standardized and sustainable HIV care throughout the nation.

## How to use this Service Package

The document serves as a reference for all levels of HIV healthcare encompassing both public and private institutions. It provides a clear guide to the minimum package of HIV services expected at each level of service delivery. *It outlines the first tier of recommended and prioritised HIV services along the continuum of care which **MUST** be available at all health facilities offering HIV services, and to which commitment must be made to sustain them. This document also outlines a second tier of services which **COULD** be provided and are allowable but not prioritised due to cost-effectiveness concerns. A third tier of services which are **NOT** recommended is also provided.*

In addition, the recommended and prioritised HIV services should inform the assessment process of facilities using standard MoH services assessment tools. Therefore, this document is critical in standardizing HIV service provision in Zambia and should be used hand in hand with the Continuous Quality Improvement (CQI) tools.

Funders and sponsors of HIV services in Zambia will find this document equally valuable for planning, costing, monitoring, and evaluating their support. It will also be instrumental in HIV project management, particularly during the planning, monitoring, and evaluation phases. National and subnational leadership will find this document particularly useful for monitoring visits to facilities by both national and subnational leadership. It is envisioned that this document will be widely disseminated and readily accessible to all intended users.

**Important Notice:** This document has been developed solely to improve HIV associated services. It should **not** be used for accreditation, inspections or for closure of facilities offering HIV related services.

# Chapter 1: Organisation of Health Services in Zambia

## 1.1 Zambia's Health System

The organisation and structure of Zambia's health system (*Figure 1*) is central to the capacity to deliver the HIV service delivery package outlined in these guidelines. Zambia's health system operates on a tiered structure, designed to deliver a continuum of care from the community level to specialized tertiary facilities. At the community level, community community-based and health workers are essential to health promotion interventions, primary healthcare outreach, and linking individuals to formal health facilities.

The supervision and coordination of the health system is hierarchical starting from the central ministry of health to the provincial health offices and then the district health offices. District health offices (local government health units) provides direct supervision to community health services and primary care facilities.

Oversight and provision of HIV health services should be imbedded into this overall health system organization achitecture.

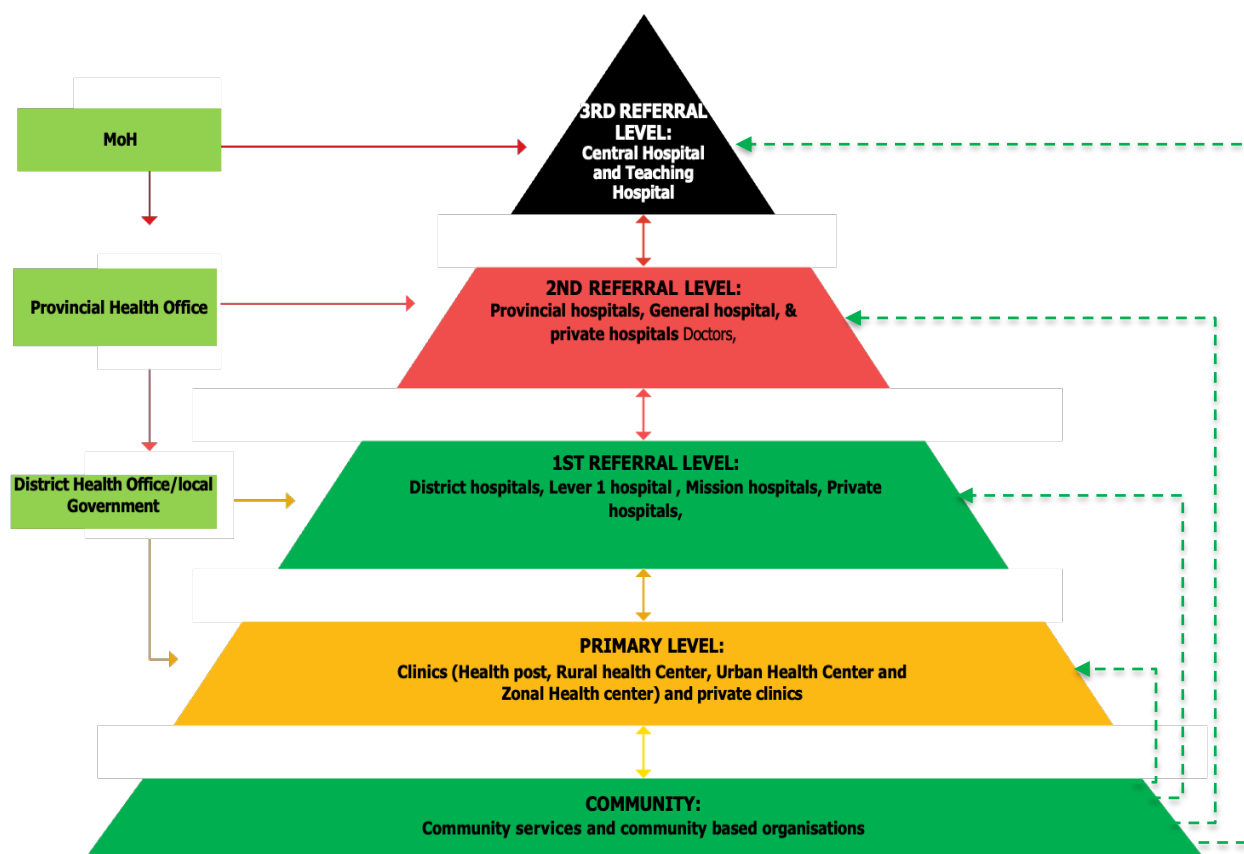


Figure 1: Health System Organization Structure

## Chapter 2: Minimum HIV Service Package for all Facilities Providing HIV Services in Zambia

This chapter guides on the minimum package of HIV services that should be delivered all health facilities offering HIV related care. Here is outlined the recommended and prioritized HIV services which **must** be provided wherever HIV services are being provided to ensure efficacy and safety for recipient of care and sustainability of the HIV response. Facilities providing the HIV services listed below will need to be supported to improve and deliver all the elements within this minimum HIV package. Also outlined are services which **could** be provided but are not prioritized and those services which are not recommended. *Tables 1-27* provides a summary of all the services that constitutes the minimum services package across all facilities.

### 2.1 HIV/STI Testing Services

HIV and STI testing service include a range of activities that should be provided together with counselling (pre-test information and post-test counselling); linkage to appropriate HIV prevention services, treatment and care; and STI prevention and treatment. These services must be coordinated with laboratory services to ensure quality assurance and the delivery of correct results.

HIV Testing Services (HTS) are to be conducted by trained and certified (Rapid Testing Continuous Quality Improvement – RT CQI certified), lay providers and healthcare workers and supervised by laboratory personnel. To conduct safe and effective HIV testing, use recommended HIV test kits as outlined in the MoH HTS guidelines and/or the Zambia Consolidated Guidelines. HTS begin with assessing the risk of HIV infection using an age appropriate validated HIV screening tool.

HTS should be conducted in all health care facilities in Zambia (universal HTS). However, routine HTS (offering HTS to all individuals coming to health facilities and at all entry points) is not a priority in this package but could be offered where appropriate.

Community HTS is recognized as an efficient and effective way to identify People Living with HIV (PLHIV), including priority and key populations. Community HIV services should be conducted cost-effectively and integrated with other community health services.

### 2.2 HIV Prevention Services

HIV prevention is the cornerstone of HIV epidemic control. Social Behavioural Change and Communication (SBCC) through abstinence from risky sexual behaviour, including multiple sexual partners, transactional sex, and sexual intercourse without a condom with a partner of unknown HIV status or with an HIV infected partner whose viral load is not suppressed, is the bedrock of this effort. HIV prevention programs will prioritise high-risk groups, particularly priority and key populations. The combination HIV prevention package that is offered includes structural, behavioral and biomedical interventions. Biomedical interventions within in this package include use of ARV-based PEP/PrEP, condoms and lubricants, Medicine Assisted Therapy (MAT) and ART also known as Treatment as Prevention (TasP) or U=U. Notably, the Minimum HIV Package recommends the use Voluntary Medical Male Circumcision (VMMC)

only in an integrated manner with other surgical services as opposed to standard alone VMMC programs and spaces.

## 2.3 Prevention of Mother-to-Child Transmission/Vertical Transmission (PMTCT/VT) of HIV

Vertical transmission of HIV remains a significant contributor of paediatric HIV infections globally. Recognizing this, the Government of the Republic of Zambia (GRZ) through the Ministry of Health (MoH), has joined the global community to prioritise the triple elimination of vertical of HIV, Syphilis, and Hepatitis B virus (HBV). In this regard, the goal of MoH through the Prevention of Mother-to-Child Transmission/Vertical Transmission (PMTCT/VT) of HIV programme is to achieve the elimination of vertical transmission of HIV, Syphilis and HBV (Triple EMTCT). All health care facilities offering HIV services should provide a comprehensive range of PMTCT services as outlined in this document to achieve the triple elimination agenda.

## 2.4 HIV Treatment and Care Services

HIV treatment, care, and support is a vital component of the HIV epidemic control helping people living with HIV lead healthy and productive lives, and also preventing HIV transmission. The components of HIV treatment, care and support should not only focus on medical aspects but also address psychological, social and community needs which are essential for a comprehensive approach to HIV care. A holistic HIV treatment, care and support approach ensures that people with HIV have access to medical, psychological, and social services that empower them to live healthier lives. Person-centered care delivered with respect and consideration for individual needs should be the standard. Family centred approaches should be used to enhance treatment success for Children Living with HIV (CLHIV). Other differentiated service delivery approaches, should also be used for Adolescents and Young persons Living with HIV (AYPLHIV), such as flexible clinic hours. HIV care and treatment services must be integrated into routine primary health care services. Equally, other non HIV services including Non-Communicable Diseases (NCDs) and mental health services must be integrated in HIV service points. A combination of facility and community-based services should be provided at all levels of care.

## 2.5 HIV Clinical Monitoring and Retention Services

HIV clinical monitoring and retention services are essential in ensuring that PLHIV receive consistent, effective care to maintain viral suppression, prevent disease progression, and reduce transmission. These services should help healthcare providers in monitoring the health of Recipients of Care (RoC), adjust treatments as needed, and support patients in long-term care. Laboratory monitoring must be conducted according to the national guidelines and integrated sample courier and results return, including electronic results return, systems utilised to ensure timely clinical decision making for RoC.

Tracking and tracing services for PLHIV on ART are recommended to ensure retention on care. This should include re-engagement facilitative services including welcome back packages and interventions to improve client experience.

## 2.6 Community HIV Services

The Ministry of Health aims to take health services closer to the people. Community health service and primary health care are therefore essential for improving outcomes for all health conditions, including HIV. The observed progress of the HIV response in Zambia is mainly attributed to HIV community based and led services. To ensure cost-effectiveness and optimizing resource utilization, efforts should be intensified to deliver HIV services within community health systems and approaches that are closely integrated with those for other diseases (e.g. maternal and child health community services). This integrated approach requires leveraging and strengthening existing community structures, including neighborhood health committees and local civil society organizations to avoid duplication and to promote comprehensive health care.

## 2.7 HIV Information Health Systems

Efficient and effective monitoring of HIV prevention, care, and treatment services requires accurate documentation of recipient of care information based on services provided. The Ministry of Health has developed various HIV data collection tools, both paper based and electronic (electronic Health Record System [EHR]) for use across the country. It is the responsibility of the entire health facility teams to ensure complete, timely, accurate, consistent and valid data entry into the available health information systems for informed decision-making.

## 2.8 Pharmaceuticals, Laboratory and Logistic System for HIV Services

The success of HIV services hinges on commodity security of required medicines and medical products. This requires proper management and continuous monitoring of the whole supply chain for both laboratory and pharmaceutical products from selection, forecasting and quantification, procurement, delivery, storage, and distribution to health facilities, along with proper inventory management at the point of service delivery. Critically, individuals working at service delivery points must ensure complete and timely reporting of required data in the relevant tools, including the electronic Logistics Management Information System (eLMIS) and Laboratory information systems (DISA).

## Minimum HIV Services Package for all Health Facilities in Zambia

**Table 1: Minimum Package for HIV Testing Services**

### Recommended and prioritized HIV Testing Modalities

- Facility based Index testing and partner notification
- Facility based diagnostic testing for individuals presenting with symptoms suggestive of HIV infection or at high risk of HIV infection
- Use of HTS screening tool for adults at all clinical interaction
- Dual HIV/Syphilis testing in Antenatal Care (ANC) at booking
- PMTCT maternal HIV re-testing:
  - 2 re-test in ANC with one done three months after booking and the other one during labour and delivery.
  - 1 re-test in Postnatal Care (PNC) at 6 weeks during post-natal reviews or immunization clinic
- Early Infant Diagnosis (EID): 6weeks\_Nucleic Acid Test (NAT), 6 months\_NAT, 9 months, 18 months Rapid Diagnostic Test (RDT), 24 months\_RDT) and NAT confirmatory tests for all positives
- Hepatitis B testing for PLHIV and all pregnant women once in each pregnancy
- Know Your Child Status Plus (KYCS plus)
- Client-initiated counselling and testing (Voluntary Counseling & Testing)
- HIV Testing during PrEP every three monthly

### DSD Models for HIV Testing

- Higher learning institution HTS
- Community Health Post HTS

### HIV Testing Modalities which may be considered but not a priority

- Provider-initiated testing for all populations at all facility entry points
- Community follow up of contacts of index cases
- Self-testing services in specific circumstances e.g specific populations, hotspots, self-test as A1 testing for screening etc.
- Peer based HTS approaches

### HIV Testing Modalities which are not recommended

- Birth dose EID testing
- Recency testing
- Generalized non-targeted community testing

### Required Tools

- ⇒ National testing algorithm
- ⇒ HIV Self Test Distribution Register
- ⇒ HIV and Syphilis Test Kits
- ⇒ Index and Partner Notification Register
- ⇒ SOPs (Finger prick testing, Sample collection and handling, Zambia National HIV Testing Algorithm, Pre-Test, Post Test, Disclosure and EID)
- ⇒ Community HIV testing checklist
- ⇒ Partner Notification Guidelines
- ⇒ Know Your Child Status Plus Register
- ⇒ KYCS+ Guidelines
- ⇒ HTS Registers
- ⇒ Timer
- ⇒ HIV testing Tool kit
- ⇒ Cooler box
- ⇒ Sharp box
- ⇒ Transport
- ⇒ Identification cards
- ⇒ Tester certificate
- ⇒ HIV screening tool (15+)
- ⇒ Known HIV-positive screening tools
- ⇒ DSD Guidelines
- ⇒ KYCS+ Package
- ⇒ Training of tasters
- ⇒ EQA support

**Table 2: Minimum Package for HIV Prevention Services**

**Recommended and prioritised HIV Prevention Services**

**Biomedical**

- Injectable PrEP
- Oral PrEP
- PEP for both occupational and non-occupational exposures
- Condom Provision
- STI screening
- HIV testing and treatment (TasP, U=U) promotion

**Behavioural**

- Demand creation for HIV prevention services must be integrate into mainstay health promotion activities and combined with other health promotion services
- Social Behavioral Change Communication (SBCC) Health education must be integrate into mainstay health promotion programming and activities and should not be a stand-alone program

**GBV/IPV**

- GBV/IPV screening, and treatment or referral services

**Vaccination**

- HPV vaccination for Adolescents

**HIV harm reduction services**

- Medication assisted treatment (MAT)

**Required Tools**

- ⇒ Condom distribution register
- ⇒ HTS register (facility and community)
- ⇒ Prep/PEP registers
- ⇒ GBV/IPV register
- ⇒ IEC materials
- ⇒ SBC tool kit
- ⇒ Public address system
- ⇒ SOPs
- ⇒ Guidelines

**HIV prevention services which may be considered but not a priority**

- Referral to socio-economic empowerment activities including social cash transfer, keeping girls in school and others for vulnerable populations must be done with other responsible line ministries
- Community HIV response addressing stigma and discrimination (community led service delivery, community lead monitoring and community advocacy) could be considered, preferably integrated into other established community systems and like Ministries
- Stand alone or parallel VMMC services. VMMC services will be incorporated into routine surgical services
- Dapivirine Vaginal Ring (DVR)

**HIV Preventions Services which are not recommended**

- Costly stand-alone community activities like DREAMS/DREAMs-like services, rented wellness centers and others

**Table 3: Minimum Package for Prevention of Mother-to-child/vertical Transmission (PMTCT/VT)**

**Recommended and prioritised PMTCT Services**

- PMTCT outreach services for combination HIV prevention (PrEP, condoms, PEP, patient education, risk reduction messages) targeting AGYW, pregnant and breastfeeding women
- Dual HIV/Syphilis plus viral Hepatitis Testing, in PBFW and girls of childbearing age and their sexual partners
- PMTCT maternal HIV re-testing:
  - 2 re-test in ANC with one done three months after booking and the other one during labour and delivery.
  - 1 re-test in Postnatal Care (PNC) at 6 weeks during post-natal reviews or immunization clinic
- Mother Infant Pair tracking through Mentor Mothers or SMAGs
- Early Infant Diagnosis (EID): 6weeks\_Nucleic Acid Test (NAT), 6months\_NAT, 9months\_NAT, 18months rapid diagnostic test (RDT), 24months\_RDT and NAT confirmatory test for all positives.
- SRH linkage and integration of STI screening, assessment for family planning (FP) services among PBFW
- ARV prophylaxis for HEI with AZT+3TC+NVP
- Co-trimoxazole Infant prophylaxis from 6weeks
- Co-trimoxazole for PBFW living with HIV
- Proactive appointment and tracking systems for PBFW
- Viral load monitoring for PBFW (2 antenatally with one 4weeks within EDD and at 12 weeks postnatally then as per general population)
- HBV vaccination
- Facility based Index testing and partner notification
- KYCHS +
- Care and Treatment - HIV/Syphilis/viral Hepatitis
- Routine antenatal care as per national guidelines
- Rapid ART initiation and continuity of treatment
- Mother-baby tracking

**Required Tools**

- ⇒ Registers
- ⇒ Smart care
- ⇒ National guidelines
- ⇒ SOPs
- ⇒ Antenatal cards
- ⇒ Under five card
- ⇒ PrEP Register
- ⇒ PEP Register
- ⇒ Baby Mother Pair Register
- ⇒ EID requisition form
- ⇒ HIV Self test Distribution Register
- ⇒ Index Testing and Partner Notification Register
- ⇒ KYCHS+ Register
- ⇒ Family Planning Register
- ⇒ Vaccination Register

**PMTCT services which may be considered but not a priority**

- Self-testing for partners of PBFW
- Community index testing for partners of PBFW

**PMTCT Services which are not recommended**

- At birth testing for EID
- Three monthly viral load testing for PBFW

**Table 4: Minimum Package for HIV Treatment and Care Services**

**Recommended and prioritised HIV Treatment Services**

**Paediatric, Adolescents and Adults**

- Rapid and same day ART initiation for first and second line care
- Intense case-management support in the first 6 months
- Opportunistic Infections (OI) screening, prophylaxis and management
- Retention (including disclosure support; transition support; peer support groups, peer pairing, proactive appointment system and same-day tracking for those with missed appointments)
- Viral load monitoring
- Treatment Literacy including adherence support

**Differentiated Service Delivery (DSD)**

- Multi-month dispensation (MMD)
- Fast track
- Scholar models
- Weekend services (men, adolescents)
- Community ART delivery models
- DSDs for unstable recipient of care
- Family Centred Approach for CLHIV and their families
- Teen Clubs and Adolescent Friendly Spaces

**Integration of NCD and Mental Health**

- Screening and/or referral for hypertension, Diabetes Mellitus, Obesity, Renal disease
- Screen and/or refer for cervical cancer screening
- Screening and referral for common mental health disorders

**TB Prevention Therapy (TPT) and Intensified Case Finding (ICF)**

- Screen, diagnose and treat TB
- Provision of one off TPT to all eligible (old and new) recipient of care (RoC)
- Administrative controls for infection prevention

**Advanced HIV Disease (AHD)**

- Screen and identify RoC with AHD using WHO Clinical Stage (WCS) and when available CD4
- OI screening with LF-LAM and CrAg
- Treat with Anti Tuberculous Therapy (ATT)
- TB Preventive Treatment (TPT)
- Referral where service is not available
- Linkage to ART for treatment naïve or Clients returning to treatment

**Sexually Transmitted Infections and Sexual Reproductive Health**

- Screen, diagnose and treat STIs
- Risk reduction counseling including condom distribution
- Family Planning (mixed method) counselling and service provision
- Pregnancy screening and linkage to Antenatal Care (ANC)/Postnatal Care (PNC)

**Required Tools**

- ⇒ SOPs – including ZCGs, Caregiver Support Manual, Comprehensive Manual for Prevention and Treatment of HIV among Adolescents
- ⇒ IEC materials, appropriate registers and data capturing tools
- ⇒ DSD guidelines
- ⇒ Community HIV treatment literacy manual
- ⇒ ART Forms
- ⇒ Zambia Standard Treatment Guidelines (STG)
- ⇒ Patient Health Questionnaire-9 and Generalized Anxiety Disorder Assessment-7
- ⇒ Primary Mental Healthcare Package
- ⇒ TPT Guidelines
- ⇒ TB guidelines
- ⇒ AHD Guidelines
- ⇒ NCD guidelines
- ⇒ FP guidelines
- ⇒ ANC guidelines
- ⇒ STI guidelines
- ⇒ STI Register

**HIV treatment services which are NOT recommended**

- Co-trimoxazole prophylaxis outside children and pregnant and breastfeeding women
- Repeat TPT for individuals who have received TPT before
- Baseline viral load testing
- HIVDR after first line treatment failure only

**Table 5: Minimum Package for HIV Clinical Monitoring and Retention Services**

**Adherence Support and Monitoring**

- Community adherence support and monitoring
- Facility adherence support and monitoring

**Clinical Follow-Up**

- All recipient of care must have at least 2 clinical follow up per year
- Unstable client should have frequent clinical monitoring
- Pharmacovigilance for adverse drug reaction to ARVs and TPT medicines

**Laboratory Monitoring**

- FBC, Urinalysis, RBS, Urine LAM, CrAg, HbsAg, RPR, etc
- CD4 testing (sample collection and courier)
- Virological monitoring (Plasma/DBS) (Routine/Targeted)
- HIVDR testing \_ Only after second-line failure

**Management of Unsuppressed Client**

- Enhanced adherence Counselling (includes adolescents and peds with low-level viremia)

**Rational appointment and tracking system (including appointment by day and time where appropriate, tracking system)**

**Management of RoC Transfers**

- Process of systematically addressing transfers by making it ‘easy for RoC’ to transfer to a health facility of their choice. Positive Messaging, Health Education, and transfer talk at all service points
- Transfer form/letter is desirable but not mandatory

**Other Modalities to Improve Retention:**

- Support groups (adolescent, caregiver, peers, community and mentor mothers, DSD models)
- Facility telephone number should be well laminated and clearly displayed at health facilities (for ease of use by RoC)
- National Facility Phone directory
- Linkage of < 19 years to community case management models (triple case management)

**Welcome back package**

- Non-judgement counseling of individuals returning to care
- Person centered care
- Improved client experience through better communication skill
- Improved customer care approaches

**Required Tools**

- ⇒ Clinical care forms
- ⇒ Appointment register
- ⇒ Laboratories requestion form
- ⇒ CFU form
- ⇒ Facility viral load Sample register
- ⇒ Unsuppressed/High viral load register
- ⇒ EAC plan forms
- ⇒ ARVs and Healthy me
- ⇒ Index testing Register
- ⇒ Integrated AHD/NCD register
- ⇒ Facility viral load Sample register
- ⇒ Appointment Register or Appointment list from SmartCare, CAT register, Events Register, Late list from SmartCare
- ⇒ Transfer form
- ⇒ Enablers (soccer balls/games, support for meeting logistics), Youth friendly spaces/adolescent safe spaces
- ⇒ Functional facility phone(s)
- ⇒ IEC Materials including posters, aprons and flip charts for supporting one-on-one messaging
- ⇒ Client satisfaction feedback mechanism (Paper or electronic)
- ⇒ Sample collection and transporting equipment

**Table 6: Minimum Package for HIV Community Services**

**All HIV related community services must be integrated into routine national community health systems and should NOT be siloed or be implemented as parallel programs. The following community-based HIV services should be provided in a cost effective and sustainable manner**

- Community DSD models for HIV testing
- Community PMTCT models
- Community DSD models for HIV prevention
- Community DSD models for HIV treatment and care including community ART delivery models
- Community HIV services models for prevention and treatment targeted at high-risk groups
- Community based health education and health promotion
- Community led advocacy, literacy, stigma reductions and service feedback activities

**Required Tools**

- ⇒ National community health strategy
- ⇒ Enablers including gumboots, bicycles, aprons, tents, etc
- ⇒ Stipends for community health workers
- ⇒ Community registers
- ⇒ Phones
- ⇒ Talk time
- ⇒ Mass-communications devices

**Table 7: Minimum Package for HIV Information Health Systems**

**Data is critical for successful HIV services and all health workers including the in-charge of the facility should be involvement in the management of health information at facility level**

**It is recommended that electronic health information systems are used as opposed to paper-based systems. These include health information systems for clinical services, logistics services and laboratory services**

**Health information services**

- Data collection for HIV prevention, testing, clinical, laboratory and pharmacy services provided to all recipients of care
- Data reporting for all HIV related indicators in the standard national health information systems
- Data audit/cleaning
- Program review meeting should be monthly

**Required Tools**

- ⇒ HIV related registers (for paper Based facilities)
- ⇒ Functional smartcare (EHR facilities)
- ⇒ Internet connectivity
- ⇒ ART forms
- ⇒ Data Audit Guidelines
- ⇒ Data Audit forms
- ⇒ HIV documented registers
- ⇒ Data quality Implementation Plan
- ⇒ Indicator reference manual
- ⇒ HMIS Procedure manual
- ⇒ WHO Data Quality application
- ⇒ Performance Review template

**Table 8: Minimum Package for HIV Services Pharmaceutical Logistics Supply System for all Facilities**

**The following are recommended pharmacy services which should be available at all health facilities providing ART:**

- Dispensing of first and second line ARVs and OI medicines
- Storage of ARVs and OI medicines
- Inventory management of ARVs and OI medicines
- Requisition of ARVs and OI medicines
- Data entry in the eLMIS, SmartCare and paper-based record system
- Counseling of recipients of care
- Pharmacovigilance of ARVs and OI
- Appointment management
- Tracking of recipients of care pharmacy appointments

**Required Tools**

- ⇒ Functional electronic logistics tools (eLMIS, SmartCare etc.)
- ⇒ Daily Activity Register (DAR)
- ⇒ Requisition books
- ⇒ Bin cards
- ⇒ Standard Operation Procedures for ordering, disposal, etc
- ⇒ Internet connectivity
- ⇒ Pharmacovigilance forms
- ⇒ Zambia HIV Clinical and formulary guidelines

**Table 9: Minimum Package for HIV Laboratory Services**

**The following are recommended laboratory services which should be available at all health facilities providing ART:**

- Sample collection for viral load, CD4 cell count, Urine-LAM, CrAg, RST, HBsAg, HIVDR and safety labs tests
- Sample storage and processing
- Quality assurance of HIV testing services (QMS)
- Biosafety and biosecurity
- Inventory management of laboratory commodities
- Data entry in LIMS
- Return of results
- Waste management
- Courier services for samples

**Required Tools**

- ⇒ Standard operating procedures
- ⇒ PPE
- ⇒ Sample processing equipment
- ⇒ Appropriate storage equipment
- ⇒ Power backup
- ⇒ Internet connectivity
- ⇒ Functional Laboratory Information system
- ⇒ Lab forms and results forms
- ⇒ Registers
- ⇒ Cooler boxes and icepacks
- ⇒ Safety cabinet
- ⇒ Thermometers
- ⇒ Waste management equipment

## Chapter 3: Additional HIV Service for all District, Level One and Level Two Hospitals

This section outlines additional HIV services that must be provided specifically in district health facilities, level one health facilities and level two health facilities. These services will be provided as an addition to the minimum package for all facilities outlines in chapter 2. These additional services are due to the increased complexity and capacity of these higher-level facilities. Particular emphasis should be placed on HIV services related to hospitalized PLHIV within these facilities.

The additional services provided at these levels do not constitute a comprehensive package. To clarify the distinction:

- The **minimum package** serves as the essential baseline of HIV services that must be available at *all* health facilities
- A **comprehensive package**, not explicitly detailed in this document but a logical extension, would encompass an even broader range of specialized services offered at well-resourced or specialized facilities
- The **additional (or supplementary)** services described in this section enhance the minimum package at specific higher-level facilities, tailoring the response to their capabilities and the needs of the populations they serve

Since HIV testing, prevention and PMTCT services are primarily primary health care service, this chapter only gives recommendations of HIV treatment, care and support services which should be additional to the Minimum HIV Package available at all health facilities. The chapter also outlines pharmaceutical and laboratory supportive services which should be additionally available at district health facilities, level one health facilities and level two health facilities. In this regard, these higher-level facilities are expected to be able to provide therapeutic services for HIV comorbidities related including treatment modalities to cervical cancer, non-communicable diseases, mental health, and advanced HIV disease associated opportunistic infections.

Further, higher level specialized person-centered care in form of DSD is expected to be present in these facilities.

**Table 10: Additional HIV Service for Laboratory Services at District, Level One and Level Two Hospitals**

- Microbiological tests including microscopy, culture and sensitivity, simple serology for Toxoplasmosis, PCP and Cryptococcus
- Ability to handle HIVDR samples
- Sample courier services

### Required Tools

- ⇒ SOPs for these additional tests
- ⇒ Transportation equipment for HIVDR tests

**Table 11: Additional HIV Service for Treatment and Care Services at District, Level One and Level Two Hospitals**

**Differentiated Service Delivery (DSD)**

- Multi-Month Dispensation (MMD)
- Fast track
- Triple Case Management models
- Scholar models
- After hours services
- Specialized clinics (adolescents, children, viremia etc.)
- Weekend services (men, adolescents)
- Intensive DSD models for unstable clients including viremic clinic and others

**Non-Communicable Diseases (NCDs) and Mental Health services in HIV populations**

- Screening, management and referral for complicated cases of hypertension, Diabetes Mellitus, Nutritional (obesity, under-nutrition), Renal disease
- Use of digital health technologies (telemedicine) for consultation and referral
- Provide loop electrosurgical excision procedure (LEEP), in addition to screening for cervical cancer and refer accordingly
- Treatment for complicated NCDs including Diabetes, hypertension, dyslipidemia, cardiovascular events like stroke and myocardial infarctions in HIV
- Screening, management and referral for complicated cases of depression and anxiety disorders
- Alcohol and substance use disorders

**TB Infection Prevention, Intensified Case Finding (ICF) and Treatment**

- Screen for TB and provide TPT to all eligible (old and new RoC)
- Diagnose and treat drug-sensitive TB
- Diagnose and initiate treatment for RR, courier sample for suspected MDR TB
- TB treatment continuity and monitoring
- TPT treatment completion monitoring
- Management of adverse events for TPT

**Advanced HIV Disease (AHD)**

- Screen and identify RoC with AHD using WHO Clinical staging (WCS) and CD4 – anyone with CD4 <200/AHD to be managed for AHD
- OI screening (TB using 4 symptom screen or Gene Xpert and/or Urine LAM and CXR/or Serum CrAg, CSF CrAg and microscopy culture and sensitivity (MCS)
- Treat: Anti Tuberculous Therapy (ATT), including complicated TB cases, microbiological monitoring of treatment response
- Prevent: TB Preventive Treatment (TPT); Co-trimoxazole prophylaxis
- Referral complicated cases accordingly
- Rapid initiation to ART for treatment naïve or Clients returning to treatment (RTT)
- Treatment of Cryptococcal Meningitis
- Treatment for other opportunistic infections including PCP, Toxoplasmosis, GIT-OIs, etc

**Sexually Transmitted Diseases**

- Screen using RPR/RST for Syphilis
- Clinical/signs and symptoms based screen for STIs
- Provide basic microscopic diagnosis for STIs
- Treat using STGs (which may include syndromic management approach)
- Treatment of Hepatitis B

**Required Tools**

- ⇒ Standard operating procedures
- ⇒ PPE
- ⇒ Sample processing equipment
- ⇒ Appropriate storage equipment
- ⇒ Power backup
- ⇒ Internet connectivity
- ⇒ Functional Laboratory Information system
- ⇒ Lab forms and results forms
- ⇒ Registers
- ⇒ Cooler boxes and icepacks
- ⇒ Safety cabinet
- ⇒ Thermometers
- ⇒ Waste management equipment

**Table 12: Additional HIV Service for Clinical Monitoring and Tracking Services at District, Level One and Level Two Hospitals**

- HIVDR testing for those failing second line therapy
- Kidney function tests
- Liver Function/enzymes tests
- Lipid profile
- FBC
- Urinalysis
- RBS
- HBA1c
- Urine LAM
- CAT/CrAg
- TAT
- RPR
- HbsAg
- CRP/ESR
- CD4 testing
- HIV DR testing (Genotyping & Phenotyping)

**Required Tools**

- ⇒ Equipment to transport HIVDR samples
- ⇒ SOPs
- ⇒ Laboratory requisition forms
- ⇒ EMR

**Table 13: Additional HIV Service for Pharmaceuticals and Logistic Supply System at District, Level One and Level Two Hospitals**

- Storage of treatment commodities for opportunistic infections including liposomal Amphotericin B, Flucytosine, Fluconazole, Co-trimoxazole, third generations cephalosporins and others

**Required Tools**

- ⇒ Additional SOPs for these specific commodities

## Chapter 4: Minimum HIV Service Package for all Tertiary Level Hospitals

Tertiary hospitals in Zambia serve as regional referral centers, providing advanced curative and specialized healthcare services beyond the capabilities of lower-level facilities. These hospitals offer comprehensive inpatient care and advanced diagnostic services, including specialized laboratory testing such as microbiological and molecular diagnostics. Characterized by the presence of specialized healthcare providers and equipment, this section outlines the additional HIV services that should be integrated into the service delivery package at all tertiary level hospitals across Zambia. These additional services build upon the Minimum HIV Services Package prescribed for all health facilities, ensuring a continuum of care for individuals with HIV requiring specialized management.

**Table 14: Additional HIV Service for Pharmaceuticals and Logistic Supply System at Tertiary Hospitals**

- Storage and dispensation of third line ARVs
- Medicines for treatment of opportunistic infections including injectable Acyclovir, Valganciclovir, Itraconazole etc
- Antibiotics for drug resistance bacterial infections including carbapenems and Vancomycin

**Required Tools**  
 ⇒ SOPs for the additional commodities

**Table 15: Additional HIV Service for Laboratory Services at Tertiary Hospitals**

- Culture for GC, gram stain, NAT for chlamydia and gonorrhoea
- Access to HIVDR testing
- PCR tests for viral opportunistic infections including CMV
- Microbiological tests including microscopy, culture and sensitivity, simple serology for Toxoplasmosis, PCP and Cryptococcus
- Sample courier services

**Required Tools**  
 ⇒ SOPs  
 ⇒ QMS (ISO-15185)  
 ⇒ Additional waste management capacity

**Table 16: Additional HIV Service for Treatment and Care Services at Tertiary Hospitals**

**HIV Treatment and Care Services**

- Third line treatment services
- Treatment of complicated HIV treatment adverse events

**Differentiated Service Delivery (DSD)**

- Intensive DSD models for unstable clients including viremic clinic and multi-disciplinary teams
- Dedicated AHD in-patient service points

**Non- Communicable Diseases and Mental Health**

- Screening, investigation and management of all NCDs including but not limited to hypertension, Diabetes Mellitus, Nutritional (obesity, under-nutrition), Renal disease
- Use of digital health technologies (e.g. telemedicine and ECHO models) for consultation and referral
- Screening and comprehensive management of cervical cancer
- Multidisciplinary management of complicated cases of mental health disorders
- Management of alcohol and substance use disorders
- Admission for the mental health services requiring mental health therapeutic management

**Advanced HIV Disease and Tuberculosis**

- Treatment of TB meningitis and other forms of extra-pulmonary TB
- Treatment of Anti-TB drug toxicity
- Treatment of complicated cryptococcal meningitis including those with reduce GCS, hydrocephalus or CNS localizing signs and recurrent cryptococcal meningitis etc.
- Treatment of viral opportunistic infection including CMV infection
- Treatment of other complicated or recurrent opportunistic infections

**HIV Clinical Monitoring and Tracking Services**

- PCR tests for opportunistic infection including viral opportunistic infection like CMV and others

**Required Tools**

- ⇒ Standard operating procedures
- ⇒ PPE
- ⇒ Sample processing equipment
- ⇒ Appropriate storage equipment
- ⇒ Power backup
- ⇒ Internet connectivity
- ⇒ Functional Laboratory Information system
- ⇒ Lab forms and results forms
- ⇒ Registers
- ⇒ Cooler boxes and icepacks
- ⇒ Safety cabinet
- ⇒ Thermometers
- ⇒ Waste management equipment

**Table 17: Additional HIV Human Resource Tertiary Hospitals**

**Physicians and Paediatricians**

- Orientation in ZCGs, Adult ART, Paeds ART, Primary MHP, AHD guidelines, NCD guidelines, etc.

**Biomedical Scientist**

- DISA system and ZCGs orientation

**Health Information Officer**

- SmartCare orientation

**Radiographer**

- ZCGs and AHD guideline orientation

**Psychosocial Counsellors**

- Orientation in the Primary Mental Health Package and Psychological first aid

## **Chapter 5: Minimum HIV Service Package for all Advanced Treatment Center**

Advanced HIV Treatment Centres (ATCs) serve as centres of excellence for complicated HIV care, treatment and support for patients with complex HIV needs. Their key functions include managing complicated HIV disease treatment regimens, conducting HIV drug resistance surveillance and research, and provision of training and mentorship to healthcare workers in the management of HIV. ATCs also have supervisory and research roles.

ATCs operate on a layered framework of HIV service delivery, building upon the basic Minimum HIV Service Package available at all health facilities. The Minimum Package ensures that every individual accessing HIV care receives essential services such as HIV testing (including various modalities like index testing, diagnostic testing, and PMTCT re-testing), basic prevention interventions (like condom provision), and initial treatment and care, supported by essential laboratory services and data management systems.

As centres of excellence for complicated HIV care, ATCs then layer additional specialized services on top of the minimum foundation. These additional services cater to patients with complex needs, including the management of complicated disease treatment regimens and provision of advanced treatment options.

Furthermore, ATCs are equipped and mandated to conduct HIV drug resistance surveillance and research, contributing to the national knowledge base and treatment guidelines – services that extend beyond the scope of the basic minimum package.

Finally, ATCs also have a supervisory and mentorship role for other healthcare workers, ensuring quality improvement and capacity building across the broader health system. This is an additional layer of service provision aimed at enhancing the overall national HIV response beyond direct patient care. This approach ensures a baseline of essential care is universally accessible, while specialized centres like ATCs provide increasingly complex and expert services, along with research and capacity building functions, to optimize outcomes for individuals with the most challenging HIV-related conditions.

**Table 18: Additional HIV Service for Treatment and Care Services at Advanced Treatment Centers**

**HIV Testing Services**

- Confirmatory HIV testing with PCR

**HIV Treatment and Care Services**

- Third line HIV treatment services
- Treatment of complicated ARV toxicity
- Salvage therapies

**Differentiated Service Delivery (DSD)**

- Specialized clinics (adolescents, children, viremia etc.)
- Weekend services (men, adolescents)

**Non-Communicable Diseases and Mental Health**

- Screening, investigation and management of all NCDs including but not limited to hypertension, Diabetes Mellitus, Nutritional (obesity, under-nutrition), Renal disease
- Use of digital health technologies (e.g. telemedicine and ECHO models) for consultation and referral
- Screening and comprehensive management of cervical cancer
- Multidisciplinary management of complicated cases of mental health disorders
- Management of alcohol and substance use disorders

**Tuberculosis Services**

- Diagnose and treat drug-sensitive and XDR-TB
- Diagnose and manage non-tuberculous mycobacterial (NTM) diseases
- Management of post-TB lung disease (PTLD)
- Research on TB/HIV treatment and outcomes

**Advanced HIV Disease (AHD)**

- Diagnosis and treatment of invasive fungal opportunistic infections including aspergillosis, blastomycosis, histoplasmosis and others
- Treatment of complicated cryptococcal infections
- Treatment of complicated PCP
- Treatment of Extensive resistance bacterial infection on HIV
- Treatment of complicated viral infections in HIV

**Sexually Transmitted Diseases**

- Diagnosis and treatment of resistant sexually transmitted diseases

**HIV Clinical Monitoring and Tracking Services**

- HIR testing

**Required Tools**

- ⇒ Standard operating procedures
- ⇒ PPE
- ⇒ Sample processing equipment
- ⇒ Appropriate storage equipment
- ⇒ Power backup
- ⇒ Internet connectivity
- ⇒ Functional Laboratory Information system
- ⇒ Lab forms and results forms
- ⇒ Registers
- ⇒ Cooler boxes and icepacks
- ⇒ Safety cabinet
- ⇒ Thermometers
- ⇒ Waste management equipment

## Minimum HIV Service Package for all Advanced Treatment Center

**Table 19: Additional HIV Pharmaceutical Service at Advanced Treatment Centers**

- Storage and dispensation of third line ARVs
- Second- and third-line antifungals including Itraconazole, Voriconazole or micafungin
- Antibiotics for highly resistant organism including polymyxin

### Required Tools

- ⇒ SOPs
- ⇒ Antibiotic stewardship guidelines
- ⇒ Third line ART guidelines

**Table 20: Additional HIV Service for Laboratory Services at Advanced Treatment Centers**

- Culture for GC, NAT for chlamydia and gonorrhoea
- Access to HIVDR testing
- PCR tests for viral opportunistic infections including CMV
- Microbiological tests including microscopy, culture and sensitivity, serology for Toxoplasmosis, PCP and Cryptococcus

### Required Tools

- ⇒ SOPs
- ⇒ Thirdline guidelines
- ⇒ QMS (ISO-15185)

**Table 21: Additional HIV Human Resource Tertiary Hospitals**

#### **ID Physicians and Paediatricians**

- Orientation in ZCGs, Adult ART, Paeds ART, Primary MHP, AHD guidelines, NCD guidelines, etc.

#### **Biomedical Scientist**

- DISA system and ZCGs orientation

#### **Health information Officer**

- SmartCare orientation

#### **Radiographer**

- ZCGs orientation

#### **Psychosocial Counsellors**

- Primary MHP, Psychological first aid

## Chapter 6: HIV Services for Key and Priority Populations

The Ministry of Health has a mandate to provide safe and effective HIV services to all populations, including vulnerable and key populations, without discrimination. Key populations - often at higher risk for HIV - face unique challenges such as stigma, discrimination, and safety concerns which can limit access to HIV services. Therefore, an effective HIV response requires both supportive services and programmes aimed at key populations and also a systemic and environmental changes to allow equitable access of HIV services by vulnerable and key populations. Therefore, HIV services should be offered in stigma-free and safe environments, such as designated safe spaces (wellness centers), and may require specialized supportive services unique for these populations.

### 6.1: Recommendations for Key Population HIV Services

Following pillars are recommended for services for vulnerable and Key populations:

1. Deliberately targeted HIV prevention, testing, treatment, and supportive services for Key populations
2. Peer-led and community-based HIV prevention and treatment services for key populations
3. A trained and sensitized health care workforce through key population sensitivity training
4. Provision of services that address specific and unique needs of key populations
5. Improved specialized skills (e.g. training of health care workers in sign language) and infrastructural provisions to allow services for individuals with disabilities

**Table 22: Additional HIV Prevention Services for Key Populations**

#### HIV Prevention Services

- Targeted Condom programming
- Lubricants
- Pre-Lead SBC (Risk reduction education)
- PrEP (Oral and Long Acting Injectable)
- STI screening
- Contraceptives (FSW)
- VMMC (MSM)
- Provision of Syringes and needles (PWID)
- Medication Assisted Therapy (MAT)
- Legal literacy, para-legal counselling and referrals for social

#### Required Tools and Resources

- ⇒ Registers
- ⇒ SmartCare
- ⇒ NACMIS
- ⇒ National guidelines
- ⇒ SOPs
- ⇒ U=U IEC materials
- ⇒ Presence of trained HCW and CHW in KP sensitivity
- ⇒ community based wellness centers where possible
- ⇒ KP sensitivity training materials

**Table 23: Additional HIV Testing Services for Key Populations**

**HIV Testing Services**

- Index testing and partner notification
- Sexual network testing
- Social network testing
- Routine and periodic STI testing
- KYCHS + for FSW
- HTS for justice involved individuals at entry and exit (where applicable)

**Required Tools and Resources**

- ⇒ Registers
- ⇒ SmartCare
- ⇒ NACMIS
- ⇒ National guidelines
- ⇒ SOPs
- ⇒ U=U IEC materials
- ⇒ Presence of trained HCW and CHW in KP sensitivity
- ⇒ community based wellness centers where possible

**Table 24: Additional HIV Treatment and Supportive Services for Key Population**

**HIV Treatment, Care and Support for Key Populations**

- Tailored made and supported test and start
- Linkage to support groups including KP support groups
- STI management
- Adherence counselling and support
- KP wellness centers (DSD were applicable)
- Routine viral load monitoring and management (according to the national guidelines)
- Rational appointment and tracking system
- Provision and linkage to mental health services
- U = U (messaging to encourage adherence)

**Required Tools and Resources**

- ⇒ Registers
- ⇒ SmartCare
- ⇒ NACMIS
- ⇒ National guidelines
- ⇒ SOPs
- ⇒ U=U IEC materials
- ⇒ Presence of trained HCW and CHW in KP sensitivity
- ⇒ community based wellness centers where possible

## 6.2: Priority Populations: Adolescent Friendly Health Services

Adolescents are disproportionately affected with HIV with regards to incidence, case finding, linkage to care and viral suppression. Adolescent friendly health services represent an approach which brings together the qualities that young people demand and the high standards that must be achieved in the public services. These are services that are accessible, acceptable and appropriate for adolescents. These services are provided in the right place at no cost at all. They meet the individual needs of adolescents in an environment that attracts their interest and sustain their morale to utilize them. **Adolescent friendly health services must be provided all health facilities providing HIV services in Zambia.** The Ministry of Health through the adolescent health program has prioritised the following key issues for consideration when it comes to provision of comprehensive adolescent friendly health services. The main issues include;

- Sexual and reproductive health services
- HIV and AIDS, and other sexually transmitted infections (prevention, screening, treatment and care)
- Sexual and gender-based violence (prevention, treatment and linkage to other supportive services)
- Non-communicable diseases, such as nutrition and mental health related conditions (prevention, screening and treatment)
- Substance abuse: Alcohol, tobacco and drug use
- Adolescents with special needs including those with disabilities

These services need to be offered with the following considerations:

1. A safe and supportive environment that offers protection and opportunities for development
2. Adequate Information and skills to understand and interact with their environment
3. Available and accessible Health services and counselling — to address their health problems and deal with personal difficulties
4. Appropriate package of integrated basic health services must be tailored to local needs, including growth and development monitoring and immunisation

**Table 25: Minimum Package of Adolescent Health Services**

**The recommended minimum package in adolescent spaces includes:**

- IEC materials promoting adolescent health (posters, flipcharts, flyers, audio – visuals, games etc)
- General health services
- Referral services
- Family planning and reproductive health services
- STI prevent and management services
- Maternal Health Services (Safe Motherhood)
- HIV testing and services
- HIV Prevention and treatment services
- Management of sexual & gender-based violence
- Sports
- Life skills
- Recreation
- Social welfare services
- Legal services
- Social-economic empowerment

**Example of location for adolescent health services**

- ⇒ Health facilities
- ⇒ Pharmacies/Chemical Shops
- ⇒ Workplaces
- ⇒ Schools
- ⇒ Youth centres
- ⇒ Shopping centres
- ⇒ Other Community Outreach Points (e.g. Churches, mosques)

**What is required?**

- ⇒ AFS register
- ⇒ HIV and SRH commodities and supplies

## Chapter 7: The Role of the Community in HIV Service Provision

The vision of the Ministry of Health is to provide health services as close to the family as possible. In this regard, HIV service provision at all levels and throughout the whole continuum of care; - from prevention to testing, treatment, and supportive services - must have a community component. Community based services are essential for convenience, person centeredness, promotion of equity, and reduction of stigma and discrimination.

Effective community engagement requires the active involvement of community members in the service delivery processes, with careful attention to age, sex, serostatus, disability status and HIV risk categories. This will promote buy in and reach of HIV services.

To maximize impact and sustainability, community HIV services must be integrated across different HIV service areas, with other disease service lines (e.g. maternal and childhood health services), and even with non-health community services. They must be embedded into the existing community structures across different service areas, such those under the Ministry of Local Government, the Ministry of Community Development and Social Welfare, religious organizations, and neighborhood health committees. Siloed community services must be avoided due to their inefficiency and lack of long-term sustainability.

### 7.1: Community Involvement

Community involvement is crucial in the HIV response, empowering individuals and organizations to take ownership of their health and well-being. This is in line with the adage that “nothing about us without us”, communities representing PLHIV are an integral constituency in HIV policy development, service provision, lobbying, feedback mechanism and monitoring of HIV services.

By engaging communities in prevention, care, and advocacy efforts, we can:

- Increase awareness and education about HIV
- Promote testing, treatment, and adherence
- Reduce stigma and discrimination
- Foster a supportive environment for people living with HIV
- Inform policy and programming to better meet community needs
- Provision of feedback of HIV services

**Table 26: Recommended Community HIV Services**

**HIV Testing Services**

**Examples of community services**

- ⇒ Index testing
- ⇒ Triple testing for ANC (syphilis, Hepatitis B)
- ⇒ Social network testing (KP, AYP and Priority Population)
- ⇒ Hot spot testing
- ⇒ Partner Notification
- ⇒ KYCS plus
- ⇒ Venue and event-based testing

**HIV Treatment and Care Services**

**Examples of community services**

- ⇒ Community ART distribution
- ⇒ Community viral load testing
- ⇒ Community Adherence groups

**HIV Services key and priority Populations Services**

**Examples of community services**

- ⇒ Wellness centers
- ⇒ Community youth centers

## Chapter 8: Human Resource and Continuous Professional Development

Appropriate cadre of health care workers are needed for the provision of safe and effective HIV health services and for running the health systems required for HIV service provision. The following healthcare providers should be available at each site as per level of the facility:

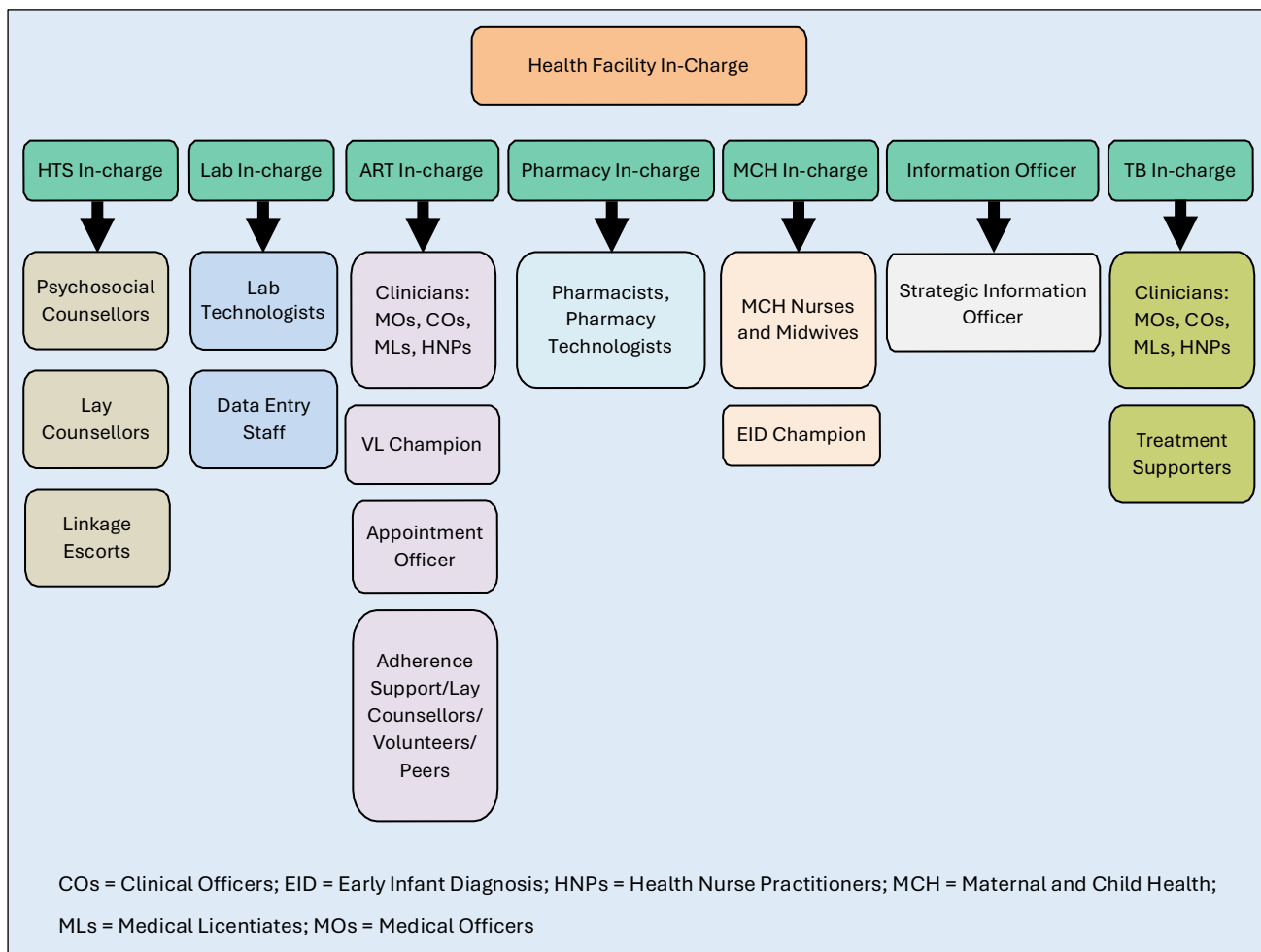



Figure 2: Human Resource Management in the ART Clinic

Level of Facility	Minimum Staffing Requirement for HIV-related Services	 <b>Required Capacities and Trainings</b>
Health Posts	<ul style="list-style-type: none"> <li>● Nurse(s) (Registered/Public)</li> <li>● Community Health Assistant (CHA)</li> <li>● Community Health Workers (CHWs)</li> <li>● Psychosocial/Lay Counsellors</li> <li>● EHTs</li> </ul>	<ul style="list-style-type: none"> <li>⇒ <b>Nurses:</b> ZCGs orientation, Adult ART, Paeds ART, Primary MHP, HIV testing, HMIS/SmartCare</li> <li>⇒ <b>CHW/CHA, Lay Counsellors:</b> Psychological first aid, Community AHD</li> <li>⇒ <b>Psychosocial Counsellors:</b> Primary MHP, Psychological first aid, Advanced Psychosocial Counselling</li> <li>⇒ <b>EHT:</b> Adolescent HIV/Health Services</li> </ul>
Rural Health Centres	<ul style="list-style-type: none"> <li>● Clinical Officer</li> <li>● Nurse(s), HNP</li> <li>● Psychosocial/lay counselor</li> <li>● Community Health Assistant (CHA)</li> <li>● Community Health Workers (CHWs)</li> <li>● Medical Records Clerk</li> <li>● EHTs</li> </ul>	<ul style="list-style-type: none"> <li>⇒ <b>Clinical officers, Nurses &amp; HNP's:</b> ZCGs orientation, Adult ART, Paeds ART, Primary MHP, AHD guidelines, NCD guidelines, eLMIS orientation (Supply Chain Management), HMIS/SmartCare</li> <li>⇒ <b>Medical records clerks:</b> SmartCare training, HMIS training/SmartCare</li> </ul>
Clinics (Urban & Rural)	<ul style="list-style-type: none"> <li>● Clinical Officer</li> <li>● Nurse(s), HNP</li> <li>● Environmental Health Technologist</li> <li>● Laboratory Technologist</li> <li>● Pharmacy Technologist</li> <li>● Psychosocial Counsellor</li> <li>● Medical Records Clerk</li> <li>● Community Health Workers (CHWs)</li> </ul>	<ul style="list-style-type: none"> <li>⇒ <b>Clinical officers, Pharmacy technologist, Nurses &amp; HNP's:</b> ZCGs orientation, Adult ART, Paeds ART, Primary MHP, AHD guidelines, NCD guidelines, eLMIS (logistics Management System, HMIS, SmartCare)</li> <li>⇒ <b>Laboratory Technologist:</b> DISA, ZCGs, Logistics Management System, SmartCare, Lab Management System</li> </ul>
District Hospital	<ul style="list-style-type: none"> <li>● Medical Doctor</li> <li>● Clinical officers</li> <li>● Nurses &amp; HNP</li> <li>● Environmental Health Technologist</li> <li>● Biomedical Scientist</li> <li>● Pharmacist</li> <li>● Health Information Officer</li> <li>● Psychosocial Counsellor</li> <li>● Community Health Workers (CHWs)</li> </ul>	<ul style="list-style-type: none"> <li>⇒ <b>Medical Doctor, Clinical officers, Pharmacist, Nurses &amp; HNP's:</b> ZCGs orientation, Adult ART, Paeds ART, Primary MHP, AHD guidelines, NCD guidelines, eLMIS</li> <li>⇒ <b>Biomedical scientist:</b> Disa system, ZCGs guidelines, Logistics/Lab Management System</li> <li>⇒ <b>Health information officer:</b> SmartCare orientation/HMIS</li> <li>⇒ <b>Psychosocial counsellors:</b> Primary MHP, Psychological first aid, Advanced Psychosocial Counselling</li> </ul>


Level of Facility	Minimum Staffing Requirement for HIV-related Services	 <b>Required Capacities and Trainings</b>
First Level Hospitals	<ul style="list-style-type: none"> <li>● Medical Doctor</li> <li>● Nurse(s)</li> <li>● Environmental Health Technologist</li> <li>● Biomedical Scientist</li> <li>● Pharmacist</li> <li>● Psychosocial Counsellor</li> <li>● Assistant Health Information Officer</li> <li>● Community Health Workers (CHWs)</li> </ul>	<ul style="list-style-type: none"> <li>⇒ <b>Medical Doctor, Clinical officers, Pharmacist, Nurses &amp; HNP's:</b> ZCGs orientation, Adult ART, Paeds ART, Primary MHP, AHD guidelines, NCD guidelines, eLMIS (Logistics Management System)</li> <li>⇒ <b>Biomedical scientist:</b> Disa system, ZCGs, Logistics/Lab Management Systems</li> <li>⇒ <b>Health Information Officer:</b> SmartCare orientation</li> <li>⇒ <b>Psychosocial Counsellors:</b> Primary MHP, Psychological first aid, Advanced Psychosocial Counselling</li> </ul>
Second Level Hospitals	<ul style="list-style-type: none"> <li>● Physician, paediatrician</li> <li>● Nurses &amp; HIV Nurse Practitioner</li> <li>● Environmental Health Officer</li> <li>● Biomedical Scientist</li> <li>● Pharmacist</li> <li>● Psychosocial Counsellor</li> <li>● Health Information Officer</li> <li>● Radiographer</li> <li>● Nutritionist</li> <li>● Community Health Workers (CHWs)</li> </ul>	<ul style="list-style-type: none"> <li>⇒ <b>Physicians:</b> ZCGs orientation, Adult ART, Paeds ART, Primary MHP, AHD guidelines, NCD guidelines, eLMIS (Logistics Management Systems)</li> <li>⇒ <b>Biomedical Scientist:</b> Disa system, ZCGs orientation, Logistics/Lab Management Systems</li> <li>⇒ <b>Health Information Officer:</b> SmartCare orientation</li> <li>⇒ <b>Radiographer:</b> ZCGs orientation</li> <li>⇒ <b>Psychosocial Counsellors:</b> Primary MHP, Psychological first aid</li> <li>⇒ <b>Nutritionist:</b> ZCGs orientations, AHD guidelines</li> </ul>
Tertiary Level Hospitals	<ul style="list-style-type: none"> <li>● Physician Consultant, ID physician, Paediatrician</li> <li>● HIV Nurse Practitioner</li> <li>● Environmental Health Officer</li> <li>● Biomedical Scientist</li> <li>● Pharmacist</li> <li>● Psychosocial Counsellor</li> <li>● Health Information Officer</li> <li>● Radiographer</li> <li>● Nutritionist</li> <li>● Community Health Workers (CHWs)</li> </ul>	<ul style="list-style-type: none"> <li>⇒ <b>Physicians:</b> ZCGs orientation, Adult ART, Paeds ART, Primary MHP, AHD guidelines, NCD guidelines, eLMIS (Logistics Management Systems)</li> <li>⇒ <b>Biomedical Scientist:</b> Disa system, ZCGs orientation, Logistics/Lab Management System</li> <li>⇒ <b>Health Information Officer:</b> SmartCare orientation, HMIS</li> <li>⇒ <b>Radiographer:</b> ZCGs orientation, TB Training</li> <li>⇒ <b>Psychosocial Counsellors:</b> Primary MHP, Psychological first aid, Advanced Psychosocial Counselling</li> </ul>
Advanced Treatment Centres	<ul style="list-style-type: none"> <li>● Infectious Disease Specialist</li> <li>● HIV Nurse Practitioner</li> <li>● Environmental Health Officer</li> <li>● Biomedical Scientist</li> <li>● Pharmacist</li> <li>● Psychosocial Counsellor</li> <li>● Health Information Officer</li> <li>● Radiographer</li> <li>● Nutritionist</li> <li>● Community Health Workers (CHWs)</li> </ul>	<ul style="list-style-type: none"> <li>⇒ <b>Infectious Diseases Specialist:</b> ZCGs orientation, Adult ART, Paeds ART, Primary MHP, AHD guidelines, NCD guidelines, eLMIS (Logistics/Lab Management), HMIS, SmartCare</li> </ul>

Figure 3: Minimum Staffing Requirement for HIV-related Services by Level of Facility

## Chapter 9: Coordination and Monitoring of the Minimum HIV Services Package

The execution of this Zambia Minimum HIV Services Package will be driven by the Ministry of Health's leadership structures and hierarchy within the HIV programming system. Quality Assurance and Performance Improvement (QAPI) unit, working with the National HIV program, will be the custodian of the document, overseeing the national dissemination and monitoring.

Provincial Health Directors, with support from HIV Program Coordinators, will oversee the roll-out of the Minimum HIV Services Package, monitor progress, and provide technical support to district health teams. They will coordinate provincial-level stakeholder engagement. The provincial HIV focal person will be particularly responsible ensuring the monitoring of HIV services in all facilities in that province against this package.

District Health Offices will lead the operational execution of the Minimum HIV Services Package. Healthcare workers, community health workers, and support staff will deliver comprehensive HIV services, ensuring that care is accessible, patient-centered, and culturally sensitive.

### Monitoring of HIV Services using this Package

This package will be used as a reference for assessing the services being provided by facilities offering HIV services in the Country. It will therefore be incorporated in the service quality assessment process and tools. All facilities will be expected to provide the Minimum HIV Services Package. It is recommended that all facilities must be assessed annually, and the results be recorded in an established dashboard for all facilities. Quality improvement activities must be done for areas in the package that would be missing. The following are examples of indicators that must be followed with regards to the execution of the Minimum HIV Service Package.

**Table 27: Minimum HIV Service Package Indicators**

- Number of facilities oriented in the minimum HIV service package
- Number of facilities assessed in the minimum service package in the reporting period
- Number of facilities fully implementing the minimum HIV service package in the reporting period
- Number of facilities partially implementing the minimum HIV service package in the reporting period
- Number of facilities not implementing the minimum service package in the reporting period

#### Required Tools and Resources

- ⇒ Zambia SQA tools
- ⇒ Minimum HIV service package dashboard
- ⇒ Minimum HIV service package assessment tool

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**Zambia Minimum Package for HIV Service Delivery**

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