

Briefing Sheet: Global HIV/AIDS initiatives in Zambia: Issues of Scale-up and Health System Capacity

Results from baseline district level research findings – May 2008

1.0 Background

Estimates put the prevalence of HIV at 15.6% among the 15-49 year old age group in Zambia (ZDHS 2002). Three global HIV/AIDS initiatives (GHIs) have contributed the largest direct external funding to scaling up HIV/AIDS prevention, treatment and care in Zambia since 2002: the US Presidents Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, TB and Malaria and the World Bank Multi Country AIDS Program, (MAP). This study is part of the Global HIV/AIDS Initiatives Network (GHIN), a network of researchers in 21 countries that was established in 2006 to track the effects of this scale-up, at national and district levels. (see www.ghinet.org). The Zambia study is being financed by the Open Society Institute (OSI) in New York.

In 2006, a national context mapping exercise was carried out to map HIV/AIDS services and structures at the national level in Zambia. Baseline district level fieldwork was carried out in early 2007, which focused on the effects of global HIV/AIDS initiatives on: sub-national scale-up, health systems capacity including human resources for health and sub-national coordination. Findings from the district level research are presented in this research update.

2.0 Methods

Three districts – Lusaka, Kabwe and Mumbwa – were purposively selected for detailed study to provide urban and rural perspectives; and qualitative and quantitative research methods were used. Health facility surveys and record reviews were used to collect data from health facilities (n=39), health staff questionnaires (n=175) were administered at district level and qualitative data were collected using in-depth interviews with district key informants (n=27).

3.0 Study Findings

3.1 Scale-up of services

- The data showed that there was considerable scale-up of ART, PMTCT and VCT services in the three districts from 2004 to 2006. Given the influx of external funding for HIV/AIDS services, this can at least be partly attributed to the GHIs.
- Only one out of 39 facilities experienced stock-outs of first line ARV drugs in 2006, while some facilities from Lusaka (6), Kabwe (9) and Mumbwa (10) reported experiencing stock-outs of first line malaria drugs in the same year.
- Respondents reported that the GHIs had supported an increase in community HIV/AIDS services provision, such as home based care (HBC), treatment support groups and nutritional support.

3.2 Human Resources

- Findings showed that the scale-up of HIV/AIDS services has placed more pressure on health staff in Lusaka, Kabwe and Mumbwa. ART, PMTCT and VCT services are provided in integrated settings at the district level in Zambia, and a high proportion of staff interviewed provided both HIV and non-HIV services – 76.5% in Lusaka, 60.6% in Kabwe and 69.4% in Mumbwa.
- Between January 2006 and January 2007, 22% of interviewed health staff had received training in HIV testing, 23% in HIV counselling, 19% in ART and 9% of staff had undergone training in PMTCT. The importance of the

focal GHIs in terms of providing funding for the training and incentives of staff was reported by respondents. By comparison, for non-HIV services, 14% had received training in child health, 3% in maternal health and 4% in family planning.

- In the same period, the proportion of respondents who stated that they received incentives for providing ART, VCT and PMTCT services were 55% in Lusaka, 21% in Mumbwa and 24% in Kabwe, which had reportedly increased from the previous year. An average of 7% of respondents across the three districts received incentives for delivery of non-HIV/AIDS services.
- 43% of staff interviewed in Lusaka reported earning extra income from another job. This was 30% in Kabwe and 25% for Mumbwa.

3.3 District Coordination of Services

Most respondents in the three districts felt coordination between services was weak, and that District AIDS Task Forces (DATFs) had not succeeded in effectively coordinating HIV/AIDS programmes.

- The importance of the DATF as a driving force in coordination at the district level was reported by many informants, but it was believed to lack weight to carry out this function effectively.
- In 2007, the National AIDS Council (NAC) revised the M&E system and developed data collection tools for the DATF to implement the M&E function at district level. However, the DATF role is limited in this, due to the different reporting obligations of NGOs and CBOs at district level.
- It was reported that some donors have side-stepped the government and deal directly with service providers including nongovernmental organisations (NGOs) and community based organisations (CBOs).
- Some informants spoke about donor funds coming with conditions which did not coincide with the priorities of the region and might lead to duplication of services already being provided in the district.
- According to some respondents, a lack of coordination at the district level is leading to difficulties in accounting for numbers of clients and the risk of duplication of services.
- Respondents reported on the problems of reporting within the three districts. The primary reason for this is described as being due to the multiplicity of reporting formats and reporting timeframes which are not aligned. The absence of an obligation on the part of organisations to report to the DATF is likely to have an impact on this lack of reporting.

Early findings of the study have shown that significant scale-up of HIV/AIDS services has occurred between 2004 and 2006, which have stretched Zambia's health system's capacity including human resources and district coordination of services. While attribution to specific GHIs is difficult, it is clear that the significant resources provided by the GHIs have had effects, both positive and negative, at the sub-national level in Zambia. The second phase of the study will be conducted at national and district levels in 2008. Further outputs will be produced by late 2008.