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Phase 2 Funding for HIV Grants to Zambia Will Focus Primarily on Procuring ARVs and Other Health Products

The bulk of the \$155.4 million in incremental renewal funding for two HIV grants in Zambia (see [GFO article](#)) will be used to procure antiretroviral treatment (ART) and other health products.

According to the Grant Approvals Committee (GAC), citing other sources, the HIV epidemic in Zambia is generalised with adult HIV prevalence of 14.3% and 970,000 people living with HIV (as of 2007). HIV prevalence is estimated at 12.5%. HIV is the leading cause of death for all ages in Zambia.

The GAC said that Zambia is achieving universal ART for adults, and that there is strong political support and a growing financial support from government. Many development partners are supporting the national response to HIV. The (US) President's Emergency Plan for AIDS Relief (PEPFAR) finances almost 60% of the programme, while the Global Fund grants support 15–20%.

The two HIV grants are in the process of being consolidated. In addition, the current principal recipient (PR) for the grants, the United Nations Development Programme, is preparing to transfer management of the grants to the Ministry of Health (MOH).

The objectives of Phase 2 of the consolidated grant are to increase HIV testing and treatment in line with the World Health Organization's 2012 guidelines; continue to work towards elimination of mother-to-child transmission of HIV; and increase coverage of male circumcision. Three-quarters of the Phase 2 budget will go to procuring antiretrovirals and other health products.

Phase 2 will also strengthen the national supply chain and the systems for assessing impact, as well as grant management by the Ministry of Health, the new PR.

The GAC expressed concern about the lack of clear strategies to address gender equality and the relatively low levels of investment in prevention in the funding request (at 5% of the budget). The GAC said that although population size estimation studies are currently underway, available historical data show extraordinarily high levels of infection amongst some key populations, including female sex workers.

The GAC asked the Secretariat's country team for Zambia to work closely with development partners to strengthen investments in gender and HIV.

According to the version of the programme scorecard provided to Board members, although the National AIDS Strategic Framework includes strategies for improving the enabling policy and legal environment, including social and legal protection for vulnerable people and most-at-risk populations – and although Zambia acknowledges the existence of sex workers and men who have sex with men – there is little data regarding these groups to adequately inform policy and programming.

Under Zambian law, same sex relationships are illegal. The programme scorecard said that pastors and politicians have said that decriminalising homosexuality would “encourage the practice” and harm Zambian society.

All of this presents real challenges to providing services to marginalised populations.

The scorecard said that two studies by PANOS and the Population Council will shortly provide the data required to inform programming for these populations. The studies aim to characterise high risk populations, determine HIV prevalence rates, identify key risk factors, assess access to services and make recommendations. The scorecard said that this will be coordinated by a new Key Populations Working Group under the National AIDS Committee.

The country team indicated that some money from the \$155.4 million approved for Zambia will be used for prevention programming based on the outcomes of on-going key population size estimation studies as well as studies conducted by PEPFAR to determine the rate of undiagnosed HIV infection.

The country team also said that they are discussing with the Churches Health Association of Zambia, PR for four consolidated Round 8 and 10 HIV grants, ways in which prevention activities could be strengthened in these grants.

Finally, the GAC discussed the overall strategy for sustainability of the AIDS response in Zambia. UNAIDS informed the GAC that Zambia will be developing an HIV investment case by September 2013 – with the involvement of government, private sector and partners – and that the investment case will explore innovative financing approaches.

To further mobilise political commitment, the Chair of the GAC, Mark Dybul, in collaboration with the Executive Director of UNAIDS, Michel Sidibé, are planning to use the platform of the December 2013 International Conference on AIDS and STIs in Africa (ICASA) in Cape Town to further mobilise African Leaders to increase ownership, commitment and domestic contributions to the AIDS response.

Information for this article was taken from Board Decision GF-B29-EDP8 and from GF-B29-ER5, the Report of Secretariat Funding Recommendations. These documents are not available on the Global Fund website. Additional information was taken from the Board version of the programme scorecard for these grants. A version of the scorecard is available on the [Zambia pages](#) of the Global Fund's website.

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