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LEGAL AID BOARD

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Information on treatment of HIV

In March 2011 *IRIN News* states:

“After months of lobbying and campaigning by Zambian activists, the government has announced that it will provide free third-line antiretroviral (ARV) drugs to people living with HIV. This week the government invited bids for supplying the drugs, which they at first had said were too expensive, and the number of people needing them still too small. It is expected that the drugs will be available by mid-2011. More than 300,000 people receive ARV treatment at over 1,400 counselling and testing sites across Zambia.” (IRIN News (7 March 2011) *Zambia: Third-line ARVs available soon*)

An *IRIN News* story in December 2010 states:

“Zambia is a poor country with a severe shortage of health workers, but it is closer to achieving universal access to antiretroviral treatment by the end of 2010 than many of its equally resource-limited neighbours. Crispin Moyo of the ministry of health said about 78 percent of Zambians eligible for antiretroviral (ARV) drugs were receiving them by mid-2010 - just 2 percent shy of the universal access target of 80 percent ARV coverage.” (IRIN News (2 December 2010) *Zambia: How to make broad ARV access work*)

In December 2010 a publication by *United Nations Country Team in Zambia/United Nations Resident Coordinator/Joint United Nations Programme on HIV/AIDS* states:

“Zambia has drastically reduced deaths related to AIDS as well. The roll out of free Anti-Retroviral Therapy (ART) through public clinics is the single most important factor in achieving this. Government, non government and cooperating partners have made this possible, in an unprecedented concerted approach. Due to the rapid scale-up of HIV care and treatment in Zambia, close to one million HIV-positive Zambians can expect to resume active, and long, productive lives.” (United Nations Country Team in Zambia/United Nations Resident Coordinator/Joint United Nations Programme on HIV/AIDS (8 December 2010) *Closing The Tap On Hiv And Aids...*)

A report issued in May 2010 by the *United Nations Human Rights Council* states:

“Even if some progress has been made, HIV is still very prevalent. In 2007, 14.3 per cent of Zambian adults, aged 15–49 years, were infected with HIV. Women are more likely to be HIV-positive than men (16.1 per cent female; 12.3 per cent male),²⁴ and infection rates are twice as high in urban areas as in rural areas (urban, 20 per cent; rural, 10 per cent). While this may suggest a negative linkage between poverty and HIV/AIDS prevalence, one plausible explanation is the higher survival rate among the rich. Poverty reduces access to information and access to antiretroviral drugs, creating significant

economic burdens for those affected.” (United Nations Human Rights Council (11 May 2010) *Report of independent expert on the question of human rights and extreme poverty, Magdalena Sepúlveda Carmona; Addendum; Mission to Zambia* [A/HRC/14/31/Add.1], p.9”)

This document also states:

“The provision of free treatment in Zambia started with external support in 2004 only and the coverage is not yet fully satisfactory.” (ibid)

The *United States Department of State* in March 2010 reviewing events of the preceding year notes that:

“Individuals increasingly sought free access to HIV/AIDS counseling and testing, and more than 200,000 HIV patients were receiving antiretroviral treatment by year's end.” (United States Department of State (11 March 2010) *2009 Human Rights Report: Zambia*, Section 6 Discrimination, Societal Abuses, and Trafficking in Persons/Societal Abuses, Discrimination, and Acts of Violence Based on Sexual Orientation and Gender Identity/Other Societal Abuses and Discrimination)

A publication by the *Government of Zambia* in March 2010 states:

“The increase in service demand has not matched the infrastructural development in facilities offering ART.” (Government of Zambia (31 March 2010) *Zambia Country Report Monitoring the Declaration of Commitment on HIV and AIDS and the Universal Access*, p.xv11)

ART is an acronym for Antiretroviral therapy.

This report also notes that:

“Whereas ART has expanded to most areas with more health facilities administering it, the rural areas still lag behind as facilities in the rural areas are either lacking in qualified personnel and equipment, or not easily accessible due to the long distances.” (ibid, p.60)

It is also noted in this document that:

“During the implementation of the previous national AIDS plan, HIV treatment, care and support benefitted from substantial resources. ART coverage expanded from 23 per cent in 2003 to 70 per cent in 2009.” (ibid, p.79)

This report also states:

“At the end of 2009, Zambia had 447 health facilities that were offering ART (i.e. prescribe and/or provide clinical follow-up) representing an increment from of 115 new facilities since 2008. Based on the Health Institutions of Zambia, 2008 report by the Ministry of Health, the country had 1,563 health facilities, This implies that Zambia now has 29 per cent of the total health facilities offering ART as at the end of 2009.” (ibid, p.80)

This report also points out that:

“The percentage of adults and children with advanced HIV infection receiving antiretroviral therapy was 68 per cent out of an estimated total population of 416,533 who were in need of ART as at December 2009.” (ibid)

An undated publication by *Avert* states:

“At the end of 2009, 64% of the 440,000 people in Zambia needing ARV treatment were receiving it and a third of all health facilities in the country were able to offer treatment.⁴⁸ This estimation of treatment coverage is based on the latest WHO guidelines (2010) which recommend starting treatment earlier, and have therefore increased the number of people estimated to be in need of treatment. Under the WHO 2006 guidelines, treatment coverage would be 85%.” (Avert (Undated) *HIV and AIDS in Zambia*)

References

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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