



PopART–Cutting Edge Study to Lower the Incidence of HIV Infections Across Zambia

The success of early treatment of HIV-positive patients with antiretroviral therapy (ART) has made worldwide headlines this year. A new study rolling out in Zambia and South Africa will be one of the first to investigate the impact of the Treatment as Prevention approach on HIV incidence and the feasibility of adopting this in-country. PopART (Population Effect of Universal Testing and Immediate Antiretroviral Therapy to Reduce HIV Transmission)

will provide universal door-to-door voluntary home-based HIV testing in 12 Zambian and 9 South African communities with an offer of early ART initiation and care for those who test positive. The research in Zambia is coordinated by the ZAMBART Project. At the randomization ceremony to assign which communities the PopART interventions would be implemented in, the Minister of Health Dr. Joseph Kasonde and the U.S. Ambassador to Zambia Mark Storella indicated that research like PopART is cutting edge and one answer towards achieving zero new infections in Zambia as it targets communities for universal test and treat.

PopART is a three-arm community randomized trial spread across four provinces in six districts: Kitwe, Ndola, Kabwe, Lusaka, Choma, and Livingstone. At the randomization ceremony, the 12 participating communities were randomly



U.S. Ambassador to Zambia Mark Storella, Principal Investigator of the PopART study Dr. Helen Ayles, and Deputy Director of MCH at MOH Dr. Max Bweupe at the PopART Randomization Ceremony

allocated into the three different study arms.

The primary outcome will be compared between the three study arms to measure the population-level effectiveness of the test and treat intervention on HIV incidence amongst those who are HIV-negative at the start of the study.

It is estimated that 14,371 patients will be put on treatment in 2013 in the 8 intervention communities (Arms A and B), with a 2% increase in subsequent years. The projected number of patients is included in the

national forecast to ensure adequate funding for drugs and



The 12 participating communities being randomly allocated into the 3 different study arms

Study Arm	Explanation
A	Individuals that test positive in these communities will be offered treatment initiation and other interventions regardless of their CD4 count.
B	These communities will receive universal HIV testing only and treatment will be offered to those who qualify under current national ART (CD4) guidelines. These communities will also receive other prevention interventions.
C	These communities will continue to receive the current standard of care in Zambia as control communities.

laboratory commodities. There has been significant planning to ensure additional patients put on treatment as a result of the study are assured of uninterrupted drugs and laboratory services. To this effect, health care providers are required to be consistent with record keeping at the facility level including timely reporting and requisitioning using the existing ARV, Laboratory Commodity and HIV Test Logistics Systems.

PopART is a four year study funded through the HIV Prevention Trials Network (HPTN) by the Office of the U.S. Global AIDS Coordinator (OGAC), the Bill & Melinda Gates Foundation, and the National Institutes of Health, and is expected to roll out after final approval estimated this year. If the PopART intervention is proven effective, the study will potentially impact HIV prevention efforts across Zambia, and potentially have an effect on the number of new HIV infections and transmission rates at the community level.

MOH Regional Distribution Hub Strategy Extends MSL's Role to Include Last Mile Distribution

To improve the reach of essential medicines and medical supplies to health centers throughout Zambia, Medical Stores Limited (MSL) assessed the efficiency of its current distribution network structure. Dedicated transport resources and scheduled monthly deliveries to hospitals and district stores were identified as strengths. To improve delivery to health centers and maximize resources, it was determined that MSL's role in the supply chain should include last mile distribution—down to the health center.

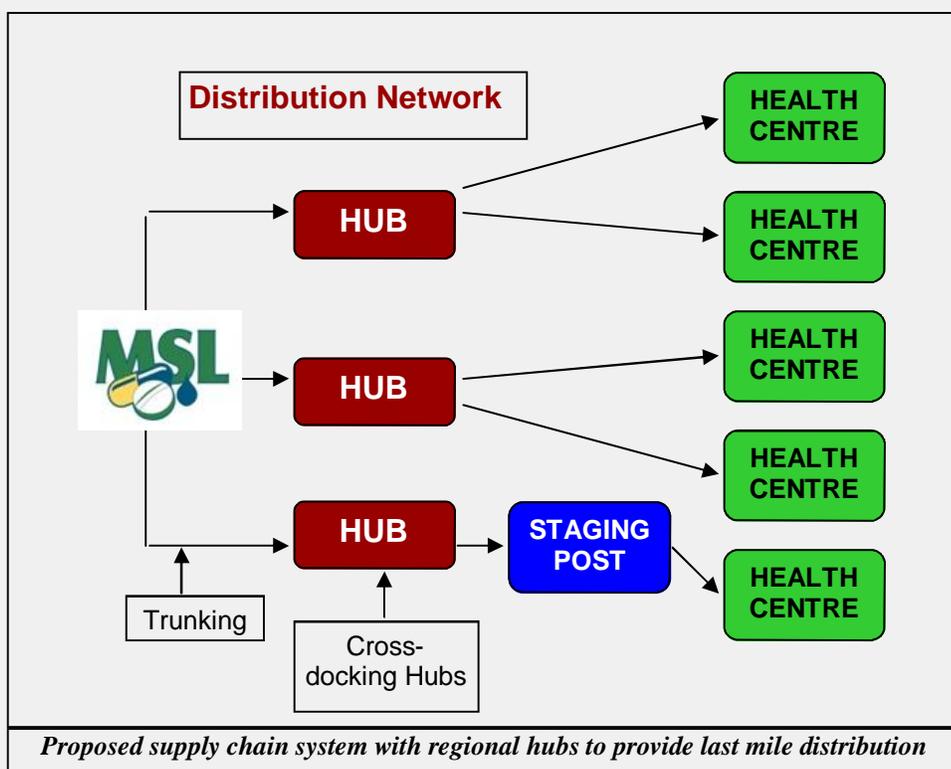
In February 2012, the Minister of Health Dr. Joseph Kasonde met with the MSL Senior Management Team to discuss the concept of establishing regional hubs as cross-docking stations for commodities. MOH requested MSL to undertake a study to determine the most viable strategy for essential medicines and medical supplies to reach the facilities. MSL's study conducted with technical assistance from Crown Agents examined the best distribution network structure for last mile distribution, including calculations on the number, size, and location of hubs and transportation needs. MSL proposed a distribution structure with cross-docking hubs including six regional hubs and seven staging posts, with several types of vehicles to accommodate the diverse geographic settings. Benefits of the new hub struc-

ture include scheduled monthly deliveries to health facilities, the opportunity to return expired or recalled stock for proper disposal, higher order fulfillment rates, increased opportunities for data collection at all levels of the supply chain, more oversight over the entire supply chain down to last mile level and greater opportunities for synergies with NGOs and private sector organizations. In this service, MSL will work closely with District Pharmacists in the management of information and supplies within each region.

The Ministry announced all supply

chain-related responsibilities will be managed by MSL to maximize resources and consolidate accountability. The implementation of the regional hubs strategy is one among several innovations to the supply chain that shall be articulated in the National Supply Chain Strategy (NSCS), which is currently under development. The implementation of the NSCS will be centralized through MSL, with policy and strategic support from MOH.

MSL plans to roll out the hubs strategy in phases nationwide starting in 2013.



ZAMNACS Addresses the Nutritional Needs of People Living with HIV

The five-year USAID-funded Zambia Nutrition, Assessment, Counseling and Support (ZAMNACS) project joins the health development community to improve the nutritional status of People Living with HIV (PLHIV) including orphans and vulnerable children, by promoting good nutrition and preventing malnutrition. ZAMNACS has been created to function within existing HIV/AIDS services and prevention activities and collaborates with the MOH, MCDMCH and other key stakeholders to achieve project goals. A unique aspect of the project is the utilization of

the 'food by prescription' concept—providing food products and nutrition interventions for PLHIV as a part of clinical HIV care and treatment.

ZAMNACS focuses on building capacity among nutrition service providers, providing NACS for target populations and producing local high energy protein supplemental foods. The nutrition interventions are designed to contribute to the improved anti-retroviral therapy and palliative care client outcomes. ZAMNACS is being implemented at 10 sites in Eastern and

Copperbelt Provinces in the first project year and will add an additional 20 sites including some in Central Province in the second year. In year three, ZAMNACS will scale up to 50 sites and roll out in Southern Province.

By 2017 ZAMNACS will reach 50,000 PLHIV and OVCs including 20,000 patients who will receive take-home rations of specialized food products. PATH is the prime contractor for ZAMNACS. Consortium partners include FHI360, Techno Serve and Overseas Strategic Consulting.

One Logistics System Does Not Fit All: Changes in Lusaka District

Since 2009, the Lusaka District Health Office (DHO) has been trying to identify the best strategy to resupply and manage ARV commodity logistics data. Due to the high concentration of HIV-positive people within the province (a prevalence rate of 21% according to the 2007 Zambia Demographic and Health Survey) and limited storage capacity and space for expansion at district health centers, ARV commodi-

ties are ordered on a weekly or bi-monthly basis, which does not follow the current ARV LS procedures. The stopgap solution modified the existing National ARV Logistics System. It removes the DHO as a pass through level, calculating orders based on issues data and submitting R&Rs from SDPs to the DHO for the purpose of updating Supply Chain Manager at the Logistics Management Unit based at

Medical Stores Limited. To create a long-term solution, a Lusaka District ARV Logistics System (LS) Redesign Workshop was held in February to address logistics challenges and stock outs at the facility level. MOH and partners are currently drafting a pilot plan, which includes an electronic health record system and other procedures to respond to the challenges. The projected pilot start date is July 2013.

Did You Know? Treatment Changes for HIV-positive Mothers

The Ministry of Health and the Ministry of Community Development and Mother and Child Health are working with partners to draft implementation plans to transition from the current regimen, PMTCT Option A—prophylaxis for pregnant women with a CD4 count above 350—to Option B+. Option B+ will provide all HIV-positive pregnant women with highly active antiretroviral therapy (HAART) starting at 14 weeks gestation regardless of their CD4 count and treatment will continue for life. The change to Option B+ will benefit patients in the following ways:



- Decentralize ART care will help Zambia bring health services closer to patients.
- Continuous HAART treatment
- Improve harmonization with existing ART programs
- Protect against mother-to-child transmission during current and future pregnancies
- Provide continuous prevention of sexual transmission between serodiscordant partners

Did You Know? Ordering & Receiving

If you are trying to order a product not listed on the appropriate ordering form (R&R, Usage Report, REMMS), you can write in the name and quantity in the “Comments” section of the form and LMU will supply when possible.

League Standings as of June 2013

Don't get relegated, get promoted!

	PREMIER LEAGUE		DIVISION 1		DIVISION 1A	
Logistics System	Reporting Rates	District or Province	Reporting Rates	District or Province	Reporting Rates	District or Province
ARV	100	Northwestern	95-99	Central, Copperbelt, Luapula, Southern	90-94	Northern, Western
HIV Test		N/A		N/A		N/A
Lab		Eastern, Northern		Copperbelt, Northwestern		Luapula, Southern
PMTCT		Eastern, Northwestern, Southern, Western		N/A		Copperbelt

	DIVISION 2		DIVISION 2A	
Logistics System	Reporting Rates	District or Province	Reporting Rates	District or Province
ARV	85-89	Eastern	80-84	Lusaka
HIV Test		Central, Luapula, Southern		Copperbelt, Northwestern, Western
Lab		Lusaka		Central, Western
PMTCT		Central, Luapula		N/A

Spotlight Stories: Facility and District Initiatives that Go Above and Beyond to Ensure Commodity Security in the Community



Dedicated Staff Ensuring the Far Reach of HIV Testing

Mr. Enwell Kapungo, a retired principal clinical officer, works as in-charge at Kopeka Rural Health Center (RHC) in Northern Province. This facility is one of the furthest and hardest to reach in the district during the rainy season—at a 189 km distance from Mpu-lungu District including a 54 km stretch of gravel road. Despite these difficulties, Kopeka RHC has consistently reported in the HIV Test Logistics System (LS). Though he is the only trained staff, Mr. Kapungo has oriented two support staff in the completion of LMIS forms. To ensure consistent reporting, the facility takes the initiative of traveling to the Mpulungu DMO themselves by motorbike. In other instances they have even used the radio for reporting.

Mr. Kapungo dedicating extra time to ensure the reach of HIV Test Kits to his community

Mr. Kapungo's motivation for consistent reporting is his passion for the community—so that those who test positive for HIV can be recommended for ART as soon as required under national ART (CD4) guidelines. He has also conducted substantial community sensitization about the need for counseling and testing. Through dedication to the HIV Test LS, Kopeka RHC ensures those in the community are tested and can be referred for ART or PMTCT services as soon as possible.

DHO Awarding Trophies to Well-Reporting Facilities

In an effort to improve reporting rates and ensure commodity availability at service delivery points in all MOH logistics systems, Samfya district in Luapula province has come up with an initiative of awarding trophies to best performing health facilities. The idea emerged in response to continuous non-reporting by some facilities leading to stock outs of public health commodities. According to the Samfya District Medical Officer Dr. Kaonga Albert, the initiative is aimed at motivating staff who are performing well and also to encourage non-reporting staff to improve in the management of the logistics systems. The Provincial Medical Officer Dr. Bwalya presented the first awards to deserving facilities during the Inter-Rural Health Center quarterly meeting in December 2012. Three facilities were awarded for their consistency and timely submission of reports to the DHO: Bwalya Mponda RHC, Chimembe RHC, and Chipako RHC.



Samfya DHO Dr. Kaonga, PMO Luapula Province Dr. Bwalya, and Acting District Commissioner for Samfya District presenting trophies



Visit the new MOH website to stay up to date on guidelines, programmes, projects, policy, reports, planning and events concerning health in Zambia.
www.moh.gov.zm

For More Information, Contact:

**Republic of Zambia
Ministry of Health**
Director
Technical Support Services
Ministry of Health
Ndeke House
P.O. Box 30205
Lusaka, Zambia
Tel: 0211 253040
Fax: 0211 253344
Email: info@moh.gov.zm
Website: www.moh.gov.zm

USAID | DELIVER PROJECT
2374 PiZiya Office Park
Thabo Mbeki Road
Arcades
P.O. Box 320087
Lusaka, Zambia
Tel. 0211 257782/3
Fax 02111 256468
www.deliver.jsi.com

Upcoming Events

DATE	ACTIVITY	LOCATION
June 24	ARV LS Training	Kasama
June 24	HIV Test LS Training	Ndola
July 22	HIV Test LS Training	Kabwe
July 29	P&D Supervisors Meeting	Chipata/Petauke
Aug 19	PMTCT LS Training	Kabwe
Aug 19	ARV LS Training	Samfya



Produced and printed from the USAID | DELIVER PROJECT

The USAID | DELIVER PROJECT, Task Order, 4 is implemented by John Snow, Inc. (JSI), and funded by the U.S. Agency for International Development. HIV-related activities are supported by the President's Emergency Plan for AIDS Relief (PEPFAR).

