

MINISTERIAL STATEMENT

ON

HIV TESTING, COUNSELING AND TREATMENT

BY THE HON. MINISTER OF HEALTH, DR CHILUFYA

Mr Speaker, I thank you most sincerely for according me this opportunity to render a ministerial statement on the Human Immunodeficiency Virus (HIV) testing, counseling and treatment, the famous *Tipima*. Before I begin, allow me to congratulate the Clerk of the National Assembly on the ratification of her appointment and also express confidence that she will take Parliament to greater heights.

This also demonstrates the confidence that President Edgar Lungu has in women to occupy high offices.

Mr Speaker, on 15th August, 2017, His Excellency the President of the Republic of Zambia, Mr Edgar Chagwa Lungu, made a landmark pronouncement announcing that Zambia had shifted from the passive voluntary counseling and testing to HIV Testing, Counseling and Treatment (HTCT).

Mr Speaker, I wish to inform the House and nation at large that Zambia is currently implementing the universal routine HTCT in public and private health facilities. HIV testing is the gateway to HIV prevention, treatment, care and other support services. Peoples' knowledge of their HIV status through HIV testing services is, therefore, crucial to the success of the national response to bring the HIV epidemic under control.

Mr Speaker, the policy of offering immediate treatment to everyone diagnosed with HIV provides three major benefits, namely:

- (a) the quality of life is improved as opportunistic infections will not be there;

- (b) forestalling progression of individuals from their asymptomatic HIV diagnosed status deteriorating to develop Acquired Immunodeficiency Syndrome (AIDS). In other words, stopping the progression from just being asymptomatic HIV infested to AIDS; and
- (c) new infections will be averted because those infected will achieve viral load suppression and, therefore, drastically reduce, if not zero, the chances of transmitting HIV from an individual who is infected to the next person who is negative.

Mr Speaker, the new approach of offering treatment and care to persons infected with HIV after diagnosis allows Zambia to pursue the United Nations (UN) Joint Programme on AIDS (UNAIDS) led 90/90/90 Campaign, which is translated as 90 per cent of persons living with HIV knowing their status, 90 per cent of persons who test positive to HIV being started on treatment and 90 per cent of those on treatment achieving viral load suppression to undetectable levels. In other words, test and treat combines both primary and secondary prevention of HIV.

Mr Speaker, allow me to give a bit of background. In the 1990s and early 2000s, before the era of Anti-Retroviral Therapy (ART) in Zambia, HIV/AIDS was seen as death sentence that was affecting millions of individuals and their families. Communities were plagued with funerals every day. It threatened the very foundation of society that resulted in millions of orphans and hampered socio-economic development and breadwinners were taken away. At that time, it was impossible to speak of an HIV-free generation.

Mr Speaker, an AIDS-free generation must have three important elements and these include:

- (a) virtually no children are born with HIV and they remain HIV negative throughout their childhood;

- (b) as these children grow from being teenagers into adulthood, they remain HIV negative due to a widespread range of preventive interventions applicable at various phases of development; and
- (c) lastly but not the least, the whole population has free access to comprehensive preventive, care and treatment for HIV in the event of acquiring HIV infection.

Mr Speaker, today, an HIV-free generation is within reach. It is attainable, but we need to run the last mile well. Globally, new infections and mortality due to HIV/AIDS have decline by over one third over the past decade. The reason for this has been because the global community has rounded resources and integrated efforts to fight HIV. Zambia has been striving and continues to aspire to attain the vision of having an HIV-free generation.

Mr Speaker, like I said, this is possible if we all unite in implementing evidence based interventions. The proven interventions include effective treatment, voluntary medical male circumcision, comprehensive condom programming, eliminating stigma and discrimination and Prevention of Mother to Child Transmission (PMCT) of HIV.

Mr Speaker, our decisions are informed by evidence derived from research. Data shows that we have made tremendous progress in reducing HIV prevalence from 15.6 per cent in 2002 to 11.6 per cent in 2016. New HIV infections have dropped from 77,500 in 2010 to approximately 46,000 in 2016 amongst adults. Further, new infections among children also dropped from 26,000 in 2010 to 4,000 in 2016.

Mr Speaker, today 1.2 million Zambians live with HIV. Out of these, 800,000 are on lifelong Anti-Retroviral (ARV) treatment. This has improved their quality of life and has averted premature deaths. However, I must state that despite the numbers of new infections going down, the desegregated data shows that new infections amongst adolescent females, fifteen to twenty-four years old, have doubled. I should also state that new infections amongst young men, twenty-five to thirty-five years old, have increased. I should also state that 80 per cent of all deaths that we see at the University Teaching Hospital (UTH) today are due to AIDS.

Mr Speaker, as a means of ensuring early intervention for better health results for all HIV clients, Zambia embarked on the UNAIDS fast track strategy, “Test and Treat”.

This is what informed the President’s pronouncement of universal routine test and treat. This is a mechanism through which Zambia will contribute to the global commitment of ending AIDS as a public health epidemic by 2030.

Mr Speaker, the test and treat strategy breaks many barriers which previously hindered or interrupted HIV interventions. Specifically, test and treat eliminates the need for determining CD4 count as a requirement prior to commencement of treatment. Test and treat will avoid delays in commencing antiretroviral therapy (ART) in rural settings where we do not have adequate laboratory facilities. Test and treat simplifies treatment and facilitates expansion of ART services. It also facilitates task shifting and decentralisation and generally improves retention in care compared to Pre-Art. All the Pre-ART registers are closed. Further, accreditation of ART sites is no longer a prerequisite.

Mr Speaker, this country abandoned voluntary counselling and testing because the uptake was very low and was not responding to our aspirations to have an HIV free generation. This new direction needs support.

Mr Speaker, as I conclude, allow me to talk about the actual practice of HIV testing, counselling and treatment. It shall be done routinely and universally. As all visit public and private institutions, HIV testing shall be offered. Medical ethics shall be upheld. Confidentiality and privacy shall be assured. I should state that preliminary reports from the Copperbelt and Central Provinces indicate that all our high volume sites have doubled the figures in terms of the response, which means Zambians have accepted this strategy.

Mr Speaker, for those who are not visiting our facilities, we have self-test kits. Self-test kits will be available in various public places. Those who will test themselves in the comfort of their homes or offices and test positive are free to come to the facilities, confirm their test and start

ART. All our provincial hospitals are now working twenty-four hours and you can access ART services at any hour.

In the spirit of health in all policy that Cabinet has approved, we are engaging with all stakeholders to ensure that even in work places, these self-test kits will be available and we are already in discussion with the hon. Minister of Labour and Social Security to see how this will be possible.

Mr Speaker, a multi-sectoral approach to ensuring that HIV/AIDS is combated and eliminated is very important. Let us not allow fate to take charge and allow people with HIV progress to having AIDS when there is available help. Let us all encourage our people to test and commence treatment when they are ill.

Mr Speaker, I have come with a sample of a self-test kit and I encourage all hon. Members of Parliament to take one kit today and test to show leadership. I will lay it on the Table.

Mr Speaker, all one has to do is open it. It has a tube and has this component which you use to swab the gum. Once you swab the gum, all you need to do is put the sample on this part of the self-test kit. Wait for twenty minutes. After twenty minutes, there will either be one band, which means that you are negative or two bands, which means that you are positive. If it is positive, just come to the facility to make sure that we confirm the test using the laboratory and we you will start treatment immediately. This you can do, in the comfort of your office or home. We have more than 150 samples right here at Parliament.

I thank you, Sir.