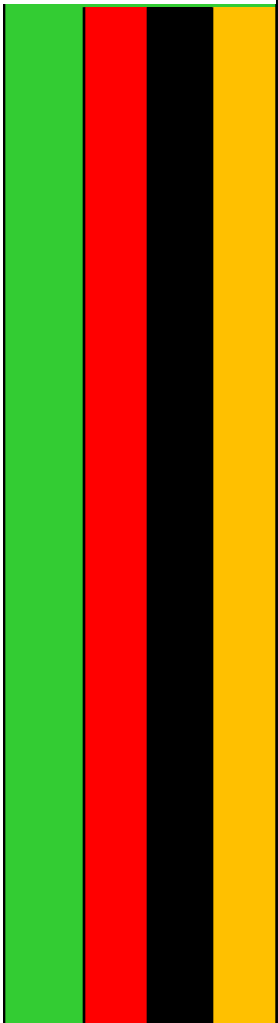


# National TB/HIV Action Plan

MoH  
Zambia



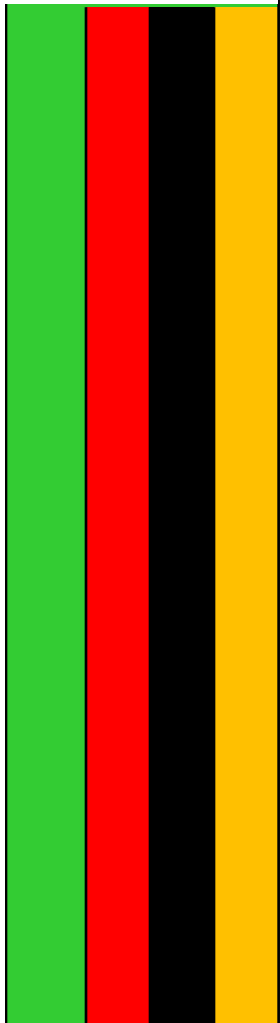
# The process of developing the NASF

- The development of the NASF was participatory and involved a wide range of stakeholders ranging from:
  - government institutions
  - PLHIV
  - Civil society organisations (CSOs)
  - Private sector, and
  - Development partners. Consultations were also extended to the provincial and district level.



# Vision, Mission and Strategic Framework

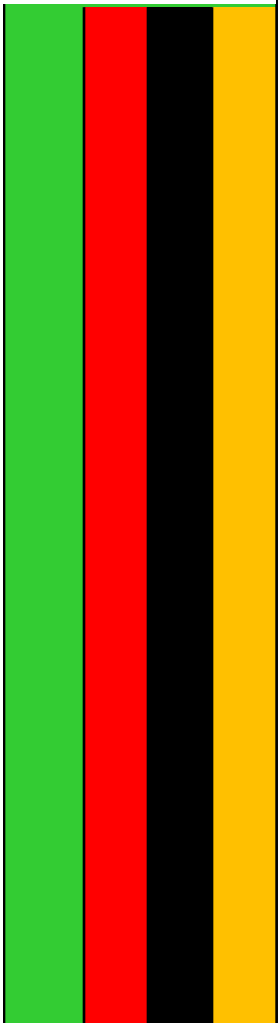
<b>Vision:</b>	<i>A Nation of healthy and productive Zambians</i>
<b>Mission Statement:</b>	<i>To provide equitable access to cost effective, quality health services as close to the family as possible</i>
<b>Overall Goal:</b>	<i>To improve health services in order to attain significant reductions in morbidity and mortality.</i>
<b>Key Principles:</b>	<i>Equity of access; Universal coverage; Affordability; Cost-effectiveness; Accountability; Partnerships; Decentralisation and Leadership.</i>





# National Priorities

- Through a consultative process, Zambia has articulated four national priorities for the multi-sectoral HIV and AIDS response--
- To accelerate and intensify prevention in order to reduce the annual rate of new HIV infections
- **To accelerate the provision of Universal Access (UA) to comprehensive and quality treatment, care and support for people living with HIV and AIDS (PLHIV), their caregivers and their families, including services for tuberculosis (TB), sexually transmitted infections (STIs) and other opportunistic infections (OIs)**
- To mitigate the socio-economic impacts of HIV and AIDS especially among the most vulnerable groups, orphans and vulnerable children (OVC), PLHIV and their caregivers /families
- To strengthen the capacity for a well coordinated and sustainably managed HIV and AIDS multi-sectoral response
- These are also the priorities set out in the 6<sup>th</sup> National Development Plan Chapter on HIV and AIDS, 11<sup>th</sup> June 2010.



# ICF

Out put	Activity	Level	Time Frame				Responsible Officer		Budget
Number of HIV + clients screened for TB increased	Finalize ICF/IPT operational guidelines	central	X	X			TB/HIV Officer	Medical	
	Print ICF/IPT guidelines	Central		X			TB/HIV Officer	Medical	
	Disseminate ICF/IPT guidelines	Provincial		X	X		TB/HIV Officer	Medical	
	Train Health care providers in ICF	ALL		X	X	X	TB/HIV Officer	Medical	
	Mentorship and support supervision	ALL		X	X	X	TB/HIV Officer	Medical	

# Infection Control

Out put	Activity	Level	Time Frame			Responsible Officer	Budget
number of facilities practicing TBIC Increased	Disseminate guidelines	provinc e	X			TB/HIV officer	
	Procure PPEs	Central	X				
	Develop TBIC training Package (TA)	Central	X			TB/HIV officer	
	Develop facility level monitoring tools	Central		X		TB/HIV M & E Officer	
	Revise PA tools to include 3 Is	Central		X		TB/HIV M & E Officer	
	Mentoring and Support supervision	ALL	X	X	X	TB/HIV officer	
	Revise IC tools	central		X		TB/HIV M & E Officer	



# IPT

Out put	Activity	Level	Time Frame				Responsible Officer	Budget
Access to IPT increased	Quantification meeting for INH	Central	X				ART Coordinator	
	Procurement of INH	Central		X	X	X	ART Coordinator	
	Training of Health Workers	Central			X		ART Coordinator	
	Support supervision and Mentorship	ALL		X	X	X	ART Coordinator	
	Develop Patient Flow Protocols	Central		X			ART Coordinator	
	Revise and Adapt tools for Data Mgt	Central		X			TB/HIV M&E Officer	



# Monitoring and Evaluation

Out put	Activity	Level	Time Frame				Responsible Officer	Budget
M&E capacity for the 3 "I"s increased	Incorporate 3 Is indicators in routine monitoring system	central		x			TB/HIV M&E Officer	
	Training Data officers in the 3 Is indicators	Central			x	x	TB/HIV M&E Officer	
	Update Smart care with 3 Is indicators	Central		X	x		TB/HIV M&E Officer	
	Finalize TB module in smart care	central	X				TB/HIV M&E Officer, ICT Unit	



Thank you