HARM REDUCTION INFORMATION NOTE- ZAMBIA

AfricaNPUD
African Network of People who Use Drugs

TITHANDIZANE
COMFORT
HOME
"HELPING WOMEN THRIVE"

HARM REDUCTION
INTERNATIONAL

This information note has been compiled by Harm Reduction International (HRI) in collaboration with Africa Network of People Who Use Drugs (AfricaNPUD) and Tithandizane Comfort Homes (TCH)[1], to support Global Fund Grant Cycle 8 processes.

1. Epidemiological Data: People who use drugs, HIV, and viral hepatitis

- Estimates of the number of people who inject drugs in Zambia vary. UNAIDS reports approximately 30,0001 people who inject drugs, while a 2023 Johns Hopkins University size estimate, cited in the Global Fund GC7 funding request, found 91,137 people who inject drugs.[1] [2]
- The estimated HIV prevalence among people who inject drugs is 24%,[3] compared to an adult HIV prevalence of around 11% in the general population.[4]
- Zambia has an estimated 1.3 million people living with HIV.[5]

2. Prevention and harm reduction programmes

- There is an explicit support for harm reduction in Zambia's national policy documents.
- National HIV prevention programme coverage for people who inject drugs stands at 37.7%.[6]
- ART coverage for people who inject drugs living with HIV stands at only 4%.[7]
- A 2021–22 biobehavioral survey across three cities found that 62% to 73% of people who inject drugs living with HIV knew their status, and viral load suppression among those on treatment ranged from 40% to 74%. These figures fall well short of the 95-95-95 targets Zambia has met in the general population.[8]
- Injecting narcotic and psychotropic substances is illegal under Zambian law. This pushes people who inject drugs away from services and stands as a barrier to harm reduction.
- After the 2025 PEPFAR funding cuts, 32 drop-in centres were shut down. These sites had provided HIV services to more than 20,000 people from key populations living with HIV on ART across seven of Zambia's ten provinces. In the six districts of the Northern Province, HIV services have stopped entirely, as the affected implementing partner was the only provider in the region.[9]

3. Harm Reduction Financing

- In 2024, PEPFAR provided approximately USD 1,358,242 for interventions reaching people who use and inject drugs. This included USD 165,127 for opioid agonist treatment (OAT/MAT)[2] and USD 361,614 for pre-exposure prophylaxis (PrEP).[10]
- Across GC7, the Global Fund provided USD 402,226 for prevention of people who inject drugs and their partners, of which USD 75,258 was allocated to OAT and USD 17,059 to needle and syringe programmes (NSP).[11]

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[1] The Zambia Network of People Who Use Drugs (ZaNPUD) is hosted by Tithandizane Comfort Homes while ZanPUD is in process of completing its registration process.

[2] Harm Reduction International uses the term opioid agonist treatment (OAT); PEPFAR funding refers to medication assisted treatment (MAT).

- Donor funding covers around 92% of annual HIV-related spending in Zambia. The government raised its domestic contribution to the AIDS response from 7% in 2022 to 10% in 2024, though this still sits far below the level of need.[12] [13]
- However, Zambia has made no dedicated domestic funding available to sustain the harm reduction interventions PEPFAR previously covered.
- The total 2025 PEPFAR budget was cut by USD 367 million, and a further USD 21 million was lost under Global Fund grant reprioritisation. Together these reductions have sharply narrowed the resources available for HIV prevention and harm reduction for people who inject drugs.[14]

4. Recommendations for Integration of Harm Reduction Services into Broader Health Systems

Integration carried out in haste, without careful planning, could further dismantle HIV prevention and harm reduction services that are already inadequate for key populations. The Global Fund country dialogues and the integration process should meet the following conditions before proceeding.

- **Secure government funding before integration:**

The Government of Zambia has published its HIV Response Sustainability Roadmap 2025–2030 and raised its domestic contribution to the AIDS response. These commitments and domestic funding need to reach harm reduction programming for people who inject drugs, which so far has received no dedicated domestic funding. GC8 co-financing requirements are one route to securing government commitments for key population programming. Disbursements should be tied to earmarked domestic allocations for HIV prevention for people who use drugs, including OAT and NSP, before integration begins. The gains against the 95-95-95 targets in the general population have not reached people who inject drugs, where awareness and viral suppression stay critically low. Integrating services without funding targeted programming for this group will only widen that gap.

- **Protect and resource community-led organisations:**

The closure of 32 drop-in centres and the collapse of HIV services in the Northern Province show what happens when harm reduction depends on a single external funder. Community-led organisations are often the main point of contact between services and people who inject drugs, and the disruption after the PEPFAR cuts fed straight through to HIV outcomes. The Global Fund funding request should set aside dedicated funding for these organisations, including support for budget advocacy, and should bring organisations led by people who use drugs into the design and delivery of programmes. Integration cannot mean closing community-led services.

- **Prioritise social contracting as a core integration safeguard:**

The Global Fund funding request should prioritise setting up and expanding social contracting mechanisms for community and key population organisations, treating community systems as part of the wider health system. These organisations need enough resources to take part in the integration process and to push for domestic resource mobilisation. The Global Fund should fund budget advocacy so that social contracting mechanisms can be unlocked at national and sub-national levels. Legal barriers to harm reduction, including the criminalisation of drug

injection, should be raised during integration and reflected in the human-rights module of the GC8 funding request.

Additional notes:

Integration and the Global Fund Modular Framework

The Global Fund Modular Framework is the guide to organise proposed programme activities into standard modules and interventions for the three diseases (HIV, TB and Malaria) and RSSH (Resilient and Sustainable Systems for Health).[15] The framework includes a list of modules (broad programmatic area), interventions (specific programmes within modules), activities (operational activities for interventions) and standardised indicators to measure the result linked to modules.

It is useful for activists and those involved in the Global Fund country dialogues to understand the modular framework to be able to propose realistic and specific interventions, activities under each module; and also to locate and track the activities, budget and indicators in the funding request document up to and during the grant-making phase.

The most relevant activities related to integration are found within the RSSH component of the GC8 Modular Framework. There are 11 modules within RSSH and each module contains different interventions related to integration such as policy, governance, financing, community-systems, human resource, procurement, data quality etc. The list of relevant interventions with useful tips for activists to engage during country dialogue and funding request is found in an annex 1.

Useful resources on integration and harm reduction

Below are some resources specific to integration and harm reduction. Some are already listed under the reference section.

- Harm Reduction International: Key Messages on Harm Reduction and Integration for Grant Cycle 8. https://hri.global/publications/key-harm-reduction-messages-on-integration-for-grant-cycle-8/
- Harm Reduction International: Harm Reduction Information Note- Zambia. https://hri.global/wp-content/uploads/2025/05/Zambia.pdf
- The Global Fund: Grant Cycle 8- Enabling Impact: Strengthening Sustainability. https://resources.theglobalfund.org/media/fptatfhe/cr_gc8-enabling-guidance-sustainability_presentation_en.pdf
- International Network of People Who Use Drugs: Integration Without Erasure: Brief to the Global Fund https://inpud.net/integration-without-erasure/

References

[1] UNAIDS 2023 Country Factsheet. https://www.unaids.org/en/regionscountries/countries/zambia
[2] The Johns Hopkins University 2023 size estimate of 91,137 people who inject drugs is cited in the Zambia Global Fund GC7 Funding Request. https://data.theglobalfund.org/location/ZMB/access-to-funding
[3] HRI (2024). The Global State of Harm Reduction. https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/
[4] UNAIDS HIV Estimates with Uncertainty Bounds. https://www.unaids.org/en/resources/documents/2025/HIV_estimates_with_uncertainty_bounds_1990-present
[5] UNAIDS 2023 Country Factsheet. https://www.unaids.org/en/regionscountries/countries/zambia
[6] UNAIDS 2023 Country Factsheet. https://www.unaids.org/en/regionscountries/countries/zambia
[7] Zambia Country Operational Plan (COP22) Strategic Direction Summary. https://www.state.gov/wp-content/uploads/2022/09/COP22-Zambia-SDS.pdf
[8] Woytowich D, et al. (2025). Local data for local programming: results from an HIV biobehavioral survey among people who inject drugs in Livingstone, Lusaka, and Ndola, Zambia, 2021. *PLOS ONE*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC12111603/. See also ICAP at Columbia University (2023). Biobehavioral Survey Among People Who Inject Drugs in Zambia: Summary Sheet. https://icap.columbia.edu/tools_resources/biobehavioral-survey-among-people-who-inject-drugs-in-zambia/
[9] UNAIDS (2025). Zambia — an HIV response at a crossroads. https://www.unaids.org/en/resources/presscentre/featurestories/2025/february/20250224_zambia-fs
[10] Data, etc. PEPFAR & Global Fund Support for HIV Programs. https://www.dataetc.org/projects/pepfar/
[11] Data, etc. PEPFAR & Global Fund Support for HIV Programs; Global Fund Financial Insights. https://data.theglobalfund.org/financial-insights
[12] Zambia HIV Response Sustainability Roadmap 2025–2030 (launched December 2024). https://sustainability.unaids.org/wp-content/uploads/2024/06/Zambia_SRM_A.pdf
[13] United Nations in Zambia (2025). Global and national HIV estimates launched, 18 September 2025. https://zambia.un.org/en/301773-global-and-national-hiv-estimates-launched
[14] Data, etc. PEPFAR & Global Fund Support for HIV Programs; Global Fund Financial Insights. https://data.theglobalfund.org/financial-insights
[15] Global Fund Modular Framework- Handbook Grant Cycle 8. https://resources.theglobalfund.org/media/mbmbjftc/cr_gc8-modular-framework_handbook_en.pdf

Annex 1

Component	Module	Intervention	Additional comments
RSSH: Resilient and Sustainable Systems for Health	Health Sector Governance and Integrated people-centered services	– National health and cross-sector policy strategy and coordination – Planning, management and delivery of integrated people centred-services	This module (and interventions) will include the integration related discussions and initiative at national (policy) level, involving different line ministries, health sectors etc. The country dialogues should identify measures and platform for communities to be engaged meaningfully in these policy-level discussions.
	Community System Strengthening	– Community-led monitoring and advocacy – Community coordination and engagement in decision making – Organisational and leadership development	This module is key to strengthen and safe-guard community engagement during the integration process. The funding request should have adequate allocations for CSS module to be able to engage at different policy, financing, human resource planning and implementation discussions of integration.

	Health Financing systems	– Health financing schemes – Health financing analytics, advocacy, strategies and planning – Social contracting	This module includes strategies and analytics for integration of HIV and TB services into national health financing schemes, pooling of funds, budget impact analysis and economic evaluation. The funding request should have funding on budget advocacy for civil society and communities to be able to engage in the financing discussions and understand how to access the social contracting.
	Health Products Management System	– Policy, strategy and governance	The module includes integration of disease-specific vertical systems into a broader cross-program national system. The country dialogue should discuss the opportunity of having civil society and community-led watch-dog (accountability) mechanism to ensure smooth procurement without disruption and stock-outs of drugs and commodities. The costing of such accountability mechanism can be in-built in CSS module.
	Human Resources for Health and Quality of Care	– HRH planning, management and governance including for community health workers (CHWs) – Pre-service training, remuneration and deployment, continuous professional development of new health workers (excluding community health workers). – Integrated supportive supervision for health workers (excluding CHWs)	Activities related to strengthening integration and sustainability of human resources for health (HRH) policy, planning and governance, including community health workers (CHWs) (all types including peer and community workers). The funding request should ensure that community workers from respective key populations are included in the HRH planning.
	Laboratory Systems	– Laboratory-based surveillance – Specimen referral and transport system	Activities include support the establishment of integrated specimen referral and transport systems.
	Monitoring and Evaluation Systems	– Data governance – Routine reporting and administrative data sources – Data quality	Activities include integration of data repositories and analytics platforms, disease-specific and/or integrated data quality audits/reviews, tools to monitor data quality generated through community-led monitoring mechanisms. The country dialogue should adequately discuss and have mitigation measures to safeguard data confidentiality of key populations, ability to generate disaggregated data of respective key populations and strengthen community-led monitoring.

	Reducing human-rights related barriers to HIV, TB and Malaria services	– Expanding Access to Quality and Discrimination-free Health Care – Improving health-related laws, regulations and policies to enable access to HIV, TB and malaria services – Preventing and responding to violence against women and girls –	This module is key to ensure that key populations access quality integrated services without any stigma and discrimination. The funding request should have adequate allocations for this module to mitigate potential equity risks, particularly for key populations. The CCM should consider allocating advocacy funding for decriminalisation of drug use in the context of HIV as guided by the new UNAIDS guidance note.[15]