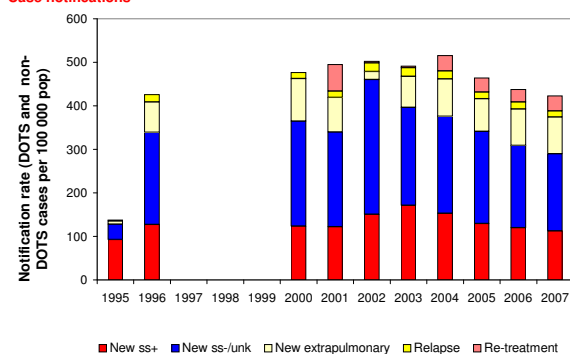


## Zambia

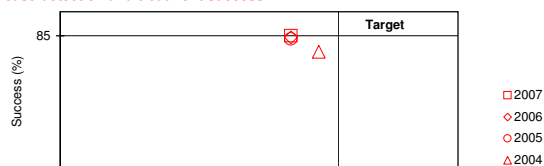
## Surveillance and epidemiology

Population (thousands) <sup>a</sup>	11 922	
<b>Estimates of epidemiological burden, 2007<sup>b</sup></b>	All	In HIV+ people
<b>Incidence</b>		
All forms of TB (thousands of new cases per year)	60	42
All forms of TB (new cases per 100 000 pop/year)	506	352
Rate of change in incidence rate (%), 2006–2007	-7.5	-7.0
New ss+ cases (thousands of new cases per year)	23	15
New ss+ cases (per 100 000 pop/year)	193	123
HIV+ incident TB cases (% of all TB cases)	70	–
<b>Prevalence</b>		
All forms of TB (thousands of cases)	46	21
All forms of TB (cases per 100 000 pop)	387	176
2015 target for prevalence (cases per 100 000 pop)	218	–
<b>Mortality</b>		
All forms of TB (thousands of deaths per year)	14	11
All forms of TB (deaths per 100 000 pop/year)	115	89
2015 target for mortality (deaths per 100 000 pop/year)	63	–
<b>Multidrug-resistant TB (MDR-TB)</b>		
MDR-TB among all new TB cases (%)	1.8	–
MDR-TB among previously treated TB cases (%)	2.3	–

## Case notifications



## New ss+ case detection and treatment success

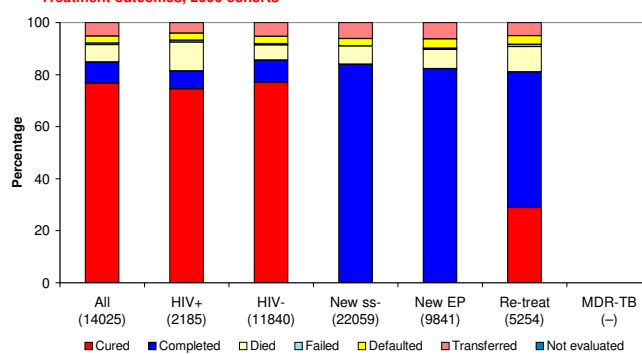


Note: case detection rate is for the year indicated. The associated treatment success rate is for one year prior.

## Total notifications, 2007

Notified new and relapse cases (thousands)	46
Notified new and relapse cases (per 100 000 pop/yr)	389
Notified new ss+ cases (thousands)	13
Notified new ss+ cases (per 100 000 pop/yr)	112
as % of new pulmonary cases	39
sex ratio (male/female)	1.3
DOTS case detection rate (% of estimated new ss+)	58
Notified new extrapulmonary cases (thousands)	10
as % of notified new cases	22
Notified new ss+ cases in children (<15yr) (thousands)	0.3
as % of notified new ss+ cases	2.6

## Treatment outcomes, 2006 cohorts



Note: Numbers under the bars are the numbers of patients included in the cohort.

	2000	2001	2002	2003	2004	2005	2006	2007
DOTS coverage (%)	0.00	0.00	55	100	100	100	100	100
Notification rate (new & relapse cases/100 000 pop)	477	434	499	487	480	432	409	389
% notified new & relapse cases reported under DOTS	–	–	77	100	100	100	100	100
Notification rate (new ss+ cases/100 000 pop)	124	122	150	171	153	129	120	112
% notified new ss+ cases reported under DOTS	–	–	72	100	100	100	100	100
Case detection rate (all new cases, %)	77	67	76	72	74	71	72	74
Case detection rate (new ss+ cases, %)	54	51	63	69	65	58	58	58
Treatment success (new ss+ patients, %)	67	74	80	75	83	84	85	–
Re-treatment success (ss+ patients, %)	67	90	76	78	78	83	81	–

Note: notification, case detection and treatment success rates are for the whole country (i.e. DOTS and non-DOTS areas combined).

## DOTS expansion and enhancement

## Overview of services for diagnosis of TB and treatment of patients

Description of basic management unit	–
Number of units (DOTS/total), 2007	72/ 72
Location of NTP services	
Rural	–
Urban	–
NTP services part of general primary health-care network?	Yes
Location where TB diagnosed	
Rural	–
Urban	–
Diagnosis free of charge?	Yes (all suspects)
Treatment supervised?	All patients in all units
Intensive phase	Health-care worker, Community member, Family member
Continuation phase	Health-care worker, Community member, Family member
Category I regimen	2(HRZE) / 6(HE)
Treatment free of charge	All patients in all units
External review missions	last: – next: –

## Political commitment

National strategic plan?	Yes (2006 – 2010)
Mechanism for national interagency coordination?	Yes (established 2005)
National Stop TB Partnership?	No (planned 2010)

## Financial indicators, 2009 (see final page for detailed presentation)

	%
Government contribution to NTP budget (incl loans)	–
Government contribution to total cost TB control (incl loans)	–
Government health spending used for TB control	–
NTP budget funded	–

## Per capita health financial indicators, 2009

	US\$
NTP budget per capita	–
Total costs for TB control per capita	–
Funding gap per capita	–
Government health expenditure per capita (2005)	–
Total health expenditure per capita (2005)	–

**DOTS expansion and enhancement (continued)****Quality-assured bacteriology**

National reference laboratory? Yes

All TB laboratories performing EOA of smear microscopy or DST under the supervision of the National Reference Laboratory

	Smear					Culture			DST					
	Number	per 100 000 <sup>a</sup>	EOA	% adeq perf	%	Number	per 5 000 000 <sup>a</sup>	%	Number	per 10 000 000 <sup>a</sup>	EOA	% adeq perf	%	
2007	156	1.3	0	20	90	3	1.3	0	3	2.5	0	2.0	100	%
2008	158	1.3	0	30	-	3	1.2	0	3	2.5	0	3.0	-	

Note: for routine diagnosis, there should be at least one laboratory providing smear microscopy per 100 000 population. To provide culture for diagnosis of paediatric, extrapulmonary and ss-/HIV+ TB, as well as DST for re-treatment and failure cases, most countries will need one culture facility per 5 million population and one DST facility per 10 million population. EOA column shows number of labs for which EOA was done. Adeq perf; adequate performance for microscopy based on results of EOA.

**System for managing drug supplies and laboratory equipment**

	Central level			Peripheral level		
	2005	2006	2007	2005	2006	2007
Stock-outs of laboratory supplies?	-	No	No	-	No	Some units
Stock-outs of first-line anti-TB drugs?	No	No	No	No	No	No

**Monitoring and evaluation system, and impact measurement**

Monitoring and evaluation system, and impact measurement				Burden and impact assessment			
NTP publishes annual report?	Yes (since 2006)					last	next
% of BMUs reporting to next level in 2007				In-depth analysis of routine surveillance data	Yes	1999	2009
Case-finding	100 %	Treatment outcomes	100 %	Prevalence of disease survey	Yes, national survey	2000	2009
				Prevalence of infection survey	No	-	-
				Drug resistance survey	-	-	-
				Mortality survey	No	-	-
				Analysis of vital registration data	No	-	-

**Development of human resources, 2007**

Number of TB posts 0 Percentage of TB posts filled 0 %

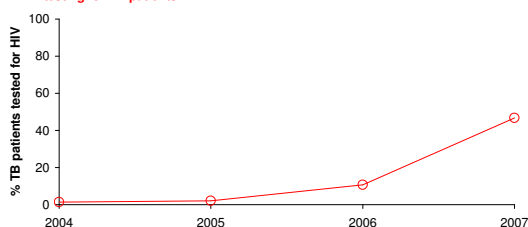
Note: percentage calculation restricted to categories of posts for which both the total number of posts and the number of posts filled reported.

**MDR-TB, TB/HIV and other challenges**

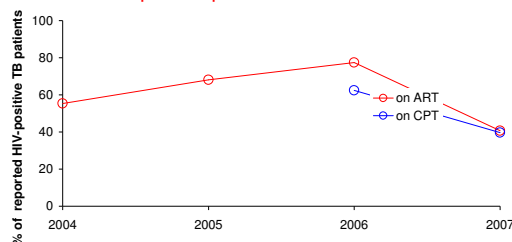
	2005	2006	2007
	number (% of estimated ss+ MDR-TB)		
Estimated incidence of ss+ MDR cases	646	612	577
Diagnosed and notified	- (-)%	50 (8.2)%	27 (4.7)%
Registered for treatment	- (-)%	- (-)%	- (-)%
GLC	-	-	-
non-GLC	-	-	-

**Detection and treatment of HIV in TB patients, 2007**

TB patients for whom the HIV test result was known	23 574
as % of all notified TB patients	47
TB patients with positive HIV test	16 240
as % of all estimated HIV+ TB cases	39
HIV+ TB patients started or continued on CPT	6 434
as % of HIV+ TB patients notified	40
HIV+ TB patients started or continued on ART	6 595
as % of HIV+ TB patients notified	41

**HIV testing for TB patients****Screening for TB in HIV-positive patients, 2007**

HIV+ patients in HIV care or ART register	264 000
Screened for TB	2 000
as % of HIV+ patients in HIV care or ART register	0.8
Started on TB treatment	6 595
as % of HIV+ patients in HIV care or ART register	2.5
Started on IPT	0
as % of HIV+ patients without TB in HIV care or ART register	0

**CPT and ART for HIV-positive TB patients****High-risk groups, 2007**

Number of close contacts of ss+ TB patients screened	-
Number of TB cases identified among contacts	-
% of contacts with TB	-
Contacts started on IPT	-
% of contacts without TB on IPT	-

**Contributing to health system strengthening****Practical Approach to Lung Health (PAL), 2007**

Number and proportion of health facilities with PAL services

Number of health-care facilities providing PAL services - As % of total number of health-care facilities -

**Engaging all care providers****Public-Public and Public-Private approaches (PPM), 2007**

	Number collaborating (total number of providers)		% total notified TB Diagnose:Treated	
	Number	(total number of providers)	%	Treated
Public sector	148	(148)	-	-
Private sector	173	(-)	-	-

**International Standards for Tuberculosis Care (ISTC)**

ISTC endorsed by professional organizations? No

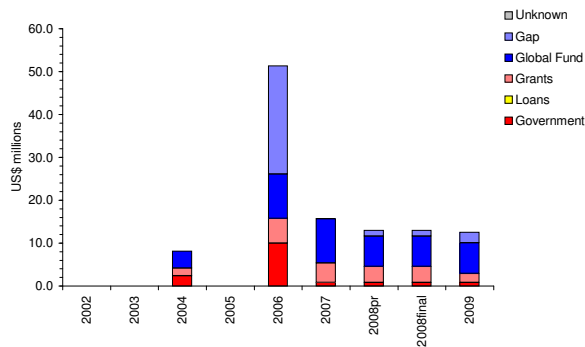
ISTC included in medical curriculum? No

**Enabling and promoting research****Programme-based operational research, 2007**

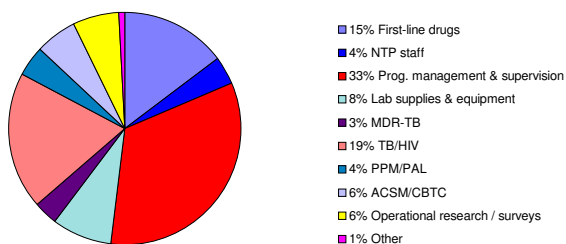
Operational research budget (% of NTP budget) 1.3 %

Financing

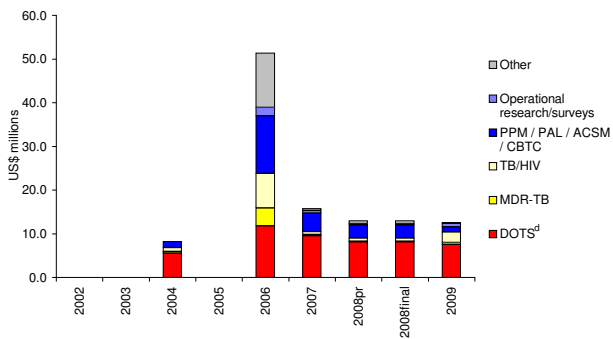
NTP budget by source of funding



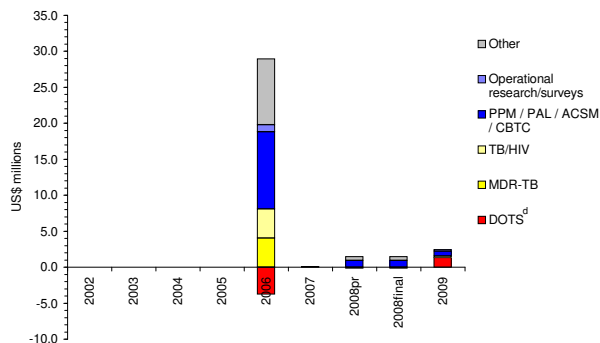
NTP budget line items in 2009



NTP budget by line item



NTP funding gap by line item



Footnotes

- a World population prospects – the 2006 revision. New York, United Nations Population Division, 2007.
- b For data sources and analytical methods, see annexes 2 and 3 of *Global tuberculosis control: epidemiology, strategy, financing: WHO report 2009*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.411). The report is also available on-line at [www.who.int/tb/publications/global\\_report](http://www.who.int/tb/publications/global_report).
- c For a definition of public and private sector and the categories of provider considered in each case, see Chapter 2 of the above-mentioned report and the 2008 WHO TB data collection form.
- d DOTS includes the following components: first-line drugs, NTP staff, programme management and supervision, and laboratory supplies and equipment.