

# American Foreign Policy and Public Health In Zambia

Does He Who Pays the Piper Call the Tune?

A Project Sponsored by the *Lampert Endowment* of the Colgate  
University *Institute for Philosophy, Politics, and Economics*

**Jillian Anderson**  
May-August 2011

### Abstract:

HIV/AIDS is the most serious public health crisis in the modern world. The United States, under both the Bush and Obama administrations, has demonstrated commitment to public health issues in the developing world, specifically in halting the spread of HIV/AIDS through the supply of antiretroviral treatment and other policies and programs. The US President's Emergency Plan for Aids Relief or PEPFAR program, under both administrations, and the Global Health Initiative, which is an expansion of the PEPFAR Program under the Obama administration, are examples of this commitment. Zambia was selected as one of the original fifteen focus countries for the PEPFAR program because of its high HIV/AIDS rate. While these programs have noble goals, their implementation and effect on the ground have been debatable. The US, under Bush, included a stipulation, called the Mexico City Policy or the Global Gag Rule, in its funding, stating that countries receiving money from PEPFAR would be required to preach abstinence instead of condom use. This was seen as detrimental to prevention efforts by many people and organizations, as many Africans are not aware of their contraception options, so banning education about it. Nevertheless, countries such as Zambia continued to accept the money, receiving more than 1 billion dollars from the US in aid since 2004. Using a case study approach, I examined five NGOs in Zambia to study the effects of PEPFAR on public health policy in Zambia. The corollary goal of this research was to understand how PEPFAR was perceived on the ground as an aspect of United States foreign policy.

## Table of Contents

Acknowledgements	4
Maps	5
1. Acronyms.....	7
2. Introduction.....	9
3. Background.....	14
4. Literature Review.....	26
5. Research Question.....	30
6. Methodology for Data Collection and Analysis.....	31
7. Data.....	34
8. Analysis.....	56
9. Conclusion.....	73
Appendices.....	85
Bibliography.....	93

## Acknowledgments:

I would like to extend my thanks to all those who made this project possible. In particular, I would like to thank Mr. and Mrs., Mrs., who so kindly provided the funding for this fellowship. Additionally, I would like to extend my thanks to the Colgate Institute of Philosophy, Politics, and Economics. I would like to thank Cynthia Terrier and Pr. Stanley Brubaker for both their support and assistance.

To my family thank you for supporting me in this crazy African adventure. I know allowing me to go was not the easiest decision you have ever made, but it was totally worth it and I thank you for that.

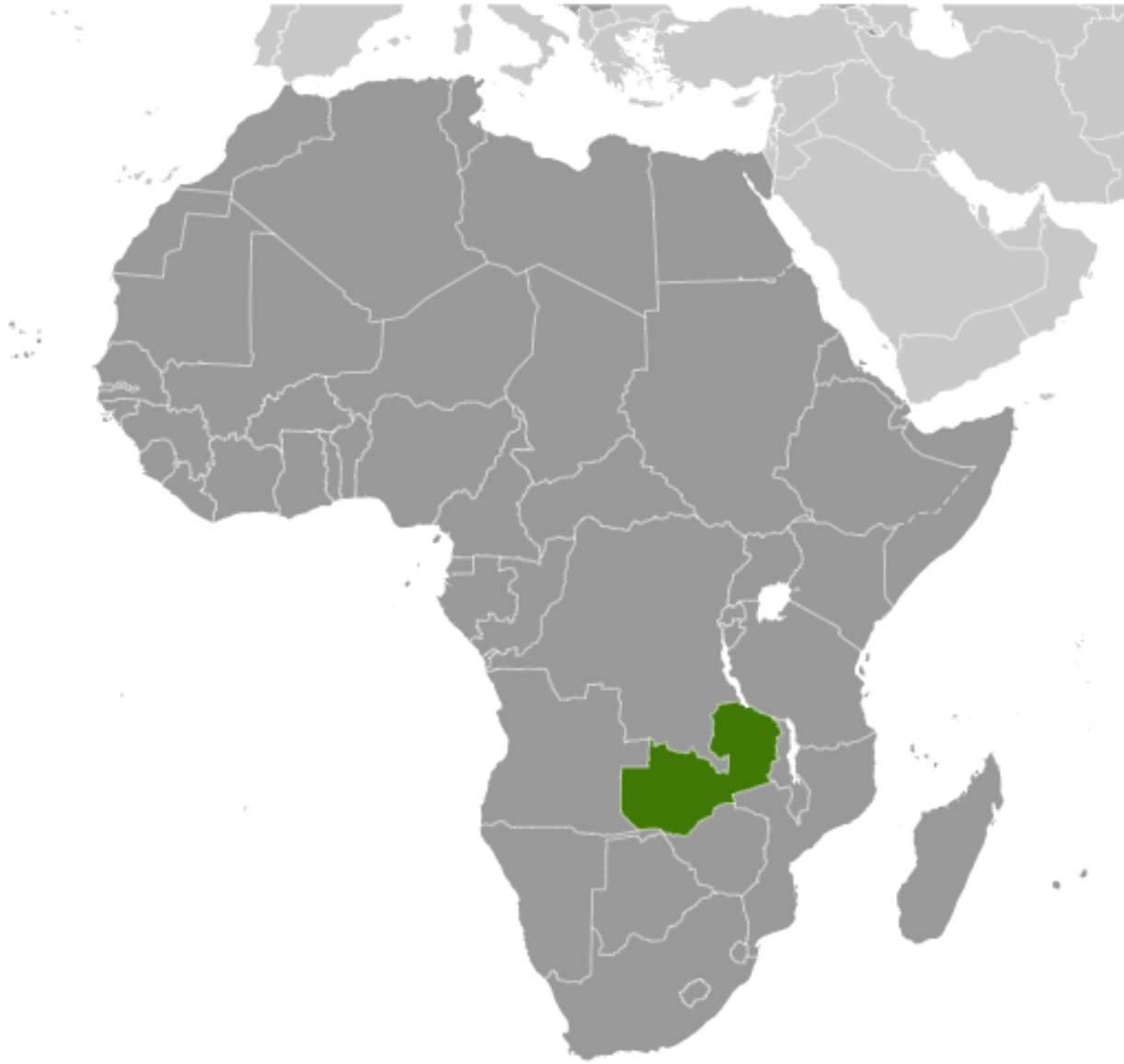
To PPAZ, I would like to express my heartfelt gratitude for opening your doors to me including me to allow me to truly understand the experience of an NGO worker on the ground. To Dr. Nawa Mukumtumba I would like to thank you for making this possible in the first place and for your assistance while I was in Zambia. To Mrs. Janet Mwenya, thank you for helping me with everything from transport to visa issues. To Edford Mutuma, thank you as well for your support and assistance. To Sophie Baumgartner, thanks for everything and helping to show me the ropes. To everyone else thank you for making me feel welcome day in and day out.

To Jhpiego, CRS, Youth Vision Zambia, and TALC thank you for allowing me to pick your brains and taking the time to let me interview you. Your information was invaluable.

To Tim, Meredith, Will, and Faith thank you for opening your doors to me and allowing me to share your home for five weeks. It made all the difference in my trip and I couldn't have asked for a better situation while in Zambia.

Finally, Gabriella I want to thank you for absolutely everything. You went above and beyond. I cannot tell you how much I appreciate your help, your assistance, and your friendship. Not only did you help me at work but you also took it upon yourself to show me Lusaka, which meant the world to me. I literally could not have done this project without you.

## Map of Africa<sup>1</sup>



---

<sup>1</sup> Map courtesy of CIA World Factbook. <https://www.cia.gov/library/publications/the-world-factbook/geos/za.html>



## Map of Zambia<sup>2</sup>



<sup>2</sup> Map courtesy of <http://www.zambia-mining.com/country.html>

## Acronyms

AIDS- Acquired Immune Deficiency Syndrome  
ART- Antiretroviral Therapy  
ARV- Antiretroviral Drug  
CDC- US Center for Disease Control and Prevention  
C-FAARM - the Consortium for Southern Africa Food Security, Agriculture and Nutrition,  
AIDS, Resiliency and Markets (CRS Program)  
CRS- Catholic Relief Services  
CSE- Comprehensive Sexuality Education  
CSO- Central Statistics Office  
DOD- US Department of Defense  
GHI- Global Health Initiative  
GRZ- Government of the Republic of Zambia  
HIV- Human Immunodeficiency Virus  
HRSA-Health Resources and Services Administration  
ICPD- International Conference on Population and Development  
IEC- Information, Education, and Communication  
IO- International Organization  
IPPF- International Planned Parenthood Federation  
LISAR- the Livelihood Initiative in Support of Agricultural Recovery (CRS Program)  
MC- Male Circumcision  
MCHIP- Mother and Child Health Program (Jhiego Program)  
MCP- Multiple and Concurrent Partners  
MDG- Millennium Development Goals  
MTCT- Mother to Child Transmission (of HIV)  
NGO- Nongovernmental Organization  
OVC- Orphan and Vulnerable Children  
PEPFAR- The US President's Emergency Plan for AIDS Relief  
PLHA\_ People Living with HIV/AIDS  
PMTCT- Prevention of Mother to Child Transmission  
PPAZ- Planned Parenthood Association of Zambia  
PSI- Population Services International  
RAPIDS- Reaching HIV Affected Peoples with Integrated Development and Support (CRS Program)  
SRH- Sexual and Reproductive Health  
SFH- Society for Family Health (the local name for PSI)  
STI- Sexually Transmitted Infection  
SUCCESS-RTL-Scaling Up Community Care to Enhance Social Safety Nets-Return to Life (CRS Program)  
TALC- Treatment Advocacy and Literacy Campaign  
TB- Tuberculosis  
UN- United Nations  
UNAIDS- Joint United Nations Program on AIDS  
UNDP- United Nations Development Program

J. Anderson  
Lampert Fellowship 2011

UNICEF- United Nations Children's Fund (formerly United Nations International Children's  
Emergency Fund)

USAID- United States Agency for International Development

VCT- Voluntary Counseling and Testing

WHO- World Health Organization

YAM- Youth Action Movement (PPAZ Program)

YFHS- Youth Friendly Health Services

YMEP- Young Men as Equal Partners (PPAZ Program)

YVZ- Youth Vision Zambia

ZDF- Zambian Defense Forces

ZDHS- Zambian Demographic Health Survey

ZSBS- Zambian Sexual Behavior Survey



## 1. Introduction

Since the first case of HIV was reported in Zambia in 1984<sup>3</sup> the disease has continued to spread among its population and decimate civil society in the developing country in Southern Africa. The ramifications of the disease include a loss of human resources, instability, a decline in economic potential, and a decline in human security. At first the problem was seen as a problem just for Africa but as time passed, people in the developed world realized that it is a problem for the entire international community because the disease continued to decimate populations putting the security and stability of the world at risk.

The HIV/AIDS pandemic had been continuing at an unabated rate until the mid 2000s when antiretroviral drugs (ARVs) were discovered. A combination of these drugs, collectively referred to as Antiretroviral Therapy (ART), can allow an HIV/AIDS affected person to live a prolonged and healthier lifestyle. As such, the discovery of these drugs was revolutionary for many people affected by HIV/AIDS and allowed them to live a more normalized lifestyle. However, these drugs are extremely expensive and the people need to remain on the drugs continuously for their entire lives, which makes them even more expensive. Additionally, the drugs are mainly produced in the United States for American and European patients by US pharmaceutical companies. Therefore, the drugs are essentially unavailable to the majority of the population of the developing world, which is the population that needs ARVs the most. It was with this situation in mind that former

---

<sup>3</sup> "HIV and AIDS in Zambia." *AVERT: Averting HIV and AIDS*. Online. Available. <http://www.avert.org/pepfar.htm> 05/22/11

President Bush initially developed the President's Emergency Plan for AIDS Relief (PEPFAR), which his administration hoped would help alleviate the effects of HIV/AIDS as well as halt the spread of the infection in developing countries. In 2004, after reviewing the numbers of infected persons worldwide, the Bush administration decided on fifteen focus countries to receive the majority of aid from the US, one of which was Zambia was one .

The US, through its PEPFAR program, has done good things for Zambia in regards to treatment of the HIV/AIDS epidemic, but the program has some major flaws. Some of these flaws include the exacerbation of the brain drain of health professionals, the exclusion of local indigenous organizations, a lack of focus on prevention of the disease. Additionally, many developing countries in the region are dependent on aid, such as that provided by PEPFAR, to survive and as such are unable to take control of their own countries. Rather than the Zambian government making decisions for its people, the government of the Republic of Zambia (GRZ) is subservient to the US, the United Nations (UN) and international financial institutions (IFIs), such as the World Bank and the International Monetary Fund (IMF). Therefore, Zambians are consistently robbed of their sovereignty and not allowed to decide for themselves what the best course for Zambia is. Examining the public health sector also helps shed light on the issues of the current situation in Zambia.

However, this aid came with strings attached, particularly under the Bush administration. By reinstating the Mexico City Policy or the Global Gag Rule, which had originally been in place from 1985 until 1993, NGOs were not allowed to receive US

funding if they distributed condoms or if they supported or performed abortions.<sup>4</sup> This inhibited the ability of NGOs to function fully on the ground. It not only limited the activities of organizations that directly supported abortion services but it also inhibited the ability of other organizations to link their activities with a variety of organizations. Therefore, the effects were more varied than only limiting the activities of a few NGOs. The Mexico City Policy was reinstated to spread the morals of the United States to developing countries receiving aid. However, the situations in individual countries were not taken into consideration. Instead, the Bush administration was imposing its own morals and demands on Zambia and other countries in the developing world, as PEPFAR was implemented in Africa, Asia, and the Caribbean.

With an issue such as health, aid can be very beneficial because developed countries have more developed health care systems. Therefore, assistance in creating a functioning health care system in a developing country can be extraordinarily helpful. However, the policies should be helpful not dictatorial. They should be used to guide rather than demand specific policies. Countries, particularly democracies, need to be allowed to make their own decisions, and mistakes. The effects of the Mexico City Policy were vast and much more varied than President Bush intended. Even though PEPFAR has done great things in Zambia, particularly in the area of the provision of ART, this policy and the issues caused by its implementation have marred the reputation of the US and its aid programs in Zambia.

Zambia is an interesting country to examine because it was one of the original fifteen focus countries and thus it has accepted PEPFAR money since 2004. The country is

---

<sup>4</sup> "Global Gag Rule." *CHANGE: Center for Health and Gender Equality*.  
[http://www.genderhealth.org/the\\_issues/us\\_foreign\\_policy/global\\_gag\\_rule/](http://www.genderhealth.org/the_issues/us_foreign_policy/global_gag_rule/)

also a multiparty democracy and thus it is interesting to examine an African country, whose problems are not immediately attributed to instability and violence. Rather the issues are focused on corruption and poverty. Additionally, even though abortion is legal in Zambia, because of the Mexico City Policy US money could not be given to organizations in Zambia supporting abortion service. However, these organizations promoting something that is legal in the recipient and donor countries, so the inclusion of the Mexico City Policy seems counterintuitive. Moreover, while Zambia has been studied by academics, there has been much less research on Zambia with regards to the HIV/AIDS epidemic than there has been on other countries in the region, such as South Africa, which is the country that most people think of when HIV/AIDS is mentioned.

An example of how the HIV/AIDS epidemic has affected society and quality of life in Zambia is shown by the crisis of teachers and nurses. In the first ten months of 1998, there were 1300 teacher deaths in Zambia, which was two-thirds of the number of new teachers being trained.<sup>5</sup> While this statistic is older, it signifies the scope of the problem. When this many teachers pass away, then the pupil-teacher ratio is disrupted and the quality of education goes down, which in turn affects development itself. When the educators of a country die, it becomes more difficult for the next generation to access a good education, which would allow Zambia to develop further in the future. In the health sector, the loss of healthcare workers has also been significant. In 2008, between 20 and 50 percent of nurses in Lusaka were expected to die of HIV/AIDS.<sup>6</sup> These numbers obviously show how dire the

---

<sup>5</sup> Hope, Kempe Ronald Jr. "Chapter 3: Aid and Development" *Poverty, Livelihoods, and Governance in Africa: Fulfilling the Development Promise*. Palgrave MacMillan Publishing: New York City. 2008. Pg 57.

<sup>6</sup> Ibid.

situation has become in Zambia and sub-Saharan Africa as a whole. When nurses pass away, there is no one left to care for the people who are still sick in the country. The loss of politicians, educators, and health professionals can create a dire situation in developing countries where every educated person is desperately needed. Without massive change and reform, it will be impossible to turn the country around. Given these numbers it is clear that the situation in Zambia is deteriorating and something needs to be done to reverse the epidemic.

Even though the infection rate has only been reduced by 2.3% (16.6% to 14.3%) since the advent of PEPFAR in 2004, when one examines the statistics about programs and numbers of people receiving treatment, it is obvious that the situation in Zambia has improved. Zambia has been noted to be waging one of the world's most aggressive campaigns against HIV/AIDS, particularly when it comes to the expansion of ART. They have been noted for planning for the long term rather than just focusing on the present. The victories of the Zambian government can be attributed to the increased cooperation between the private sector and NGOs both local and international, including the World Health Organization (WHO)/the Joint United Nations Program on HIV/AIDS (UNAIDS), the World Bank, and Catholic Relief Services (CRS). Moreover, their efforts are supplemented by the support of foreign governments, mainly the US.<sup>7</sup> While one cannot infer causation to the current number of people accessing ART the correlation is clear: because of external funding, there was an increase in HIV expenditure per capita from \$10 to \$14 in Zambia. In 2008-2009 there was a perception at the national level in Zambia that PEPFAR would

---

<sup>7</sup> Bwalya, Edgar. "The Political Economy of Antiretroviral Drugs in Zambia." *Perspectives on Global Development and Technology*. Vol. 5, No 4. November 2006, pg 385-410

account for half of all funding for the ART rollout, and another third was provided by the Global Fund, the UN public health organization.<sup>8</sup> The fact that the US and UN organizations were mainly responsible for the expansion of ART was clearly noted by most people interviewed. Universally, the people of Zambia spoke of the positive relationship between the expansion of ART and the involvement of the United States in the public health sector in Zambia. Given the specific situation in Zambia, it emerged as the country that would be best to examine the effect of PEPFAR over the past seven years.

Since the inception of the accepted framework of international development, the donor has been able to demand what was to be done in the countries that they were providing aid for. However, using the PEPFAR program and the Mexico City Policy as an example, this structure has been totally ineffective. It does not allow people to make their own choices about their own fate or the fate of their country. By banning the distribution of condoms and information about abortion and abortion rights, the US not only hindered the activities of Zambians and expatriates in Zambia alike, but it also inhibited the sovereignty of Zambia because the US was imposing its own morals and culture on Zambia. While the proverb "he who pays the pipe calls the tune" has been used for generations, in the case of the PEPFAR program, it is not and should not be applicable. Aid should be given to aid in the development of a country not to dictate policies.

## 2. Background

### a. PEPFAR and GHI

---

<sup>8</sup> Brugha, Ruairi, et al. "Health workforce Responses to Global Health Initiatives Funding: a comparison of Malawi and Zambia." *Human Resources for Health* 8 (2010): 19. *Academic OneFile*. Web. 05/30/11

In 2003, despite the development of antiretroviral drugs to fight HIV and AIDS, most people in the world suffering from the diseases were unable to access the drugs for a variety of reasons. These issues ranged from lack of economic resources to an inability to access the treatment because of location. Therefore, the US, under the Bush administration, proposed a new initiative, called the US President's Emergency Plan for AIDS Relief or PEPFAR, to tackle HIV/AIDS, pledging 15 billion dollars over five years to fighting the disease in sub-Saharan Africa and the Caribbean.<sup>9</sup> While the initiative was initially lauded as the most aggressive action to fight HIV/AIDS, a key component of the new program was the inclusion of a stipulation, called the Mexico City Policy or the Global Gag Rule, which stated that countries receiving money from PEPFAR would be required to preach abstinence instead of condom use(reference?). Many activists, NGO's, and other critics of US foreign policy raised a huge outcry against this proposal. They pointed out that the stipulation was contradictory to NGO efforts in Southern Africa, including Zambia. Most Zambians have never practiced condom use and thus banning education about it caused fear about greater public health implications, including the spread of HIV/AIDs. Organizations such as Planned Parenthood Association of Zambia and Marie Stopes International, whose missions are based on promoting sexual reproductive health, and more specifically safe abortions, were affected by this policy. They were not only unable to access funds but also to engage with the larger NGO community.

When President Barack Obama took office in January 2009, it did not take long for him to address PEPFAR and its role in the US government's (what efforts) efforts in the

---

<sup>9</sup> "President's Emergency Plan for AIDS Relief" *AVERT: Averting HIV and AIDS*. Online. Available. <http://www.avert.org/pepfar.htm> 05/22/11



developing world. One of his first actions as president was to extend PEPFAR for another four years (or at least until the end of his term in 2012). He also revoked the Mexico City Policy, which meant that organizations, which supported safe abortion and contraception, could again apply for US funding and be included in coordinated group efforts.<sup>10</sup>

Obama not only extended PEPFAR but he also expanded the scope of PEPFAR by founding the Global Health Initiative. The specified goal of the GHI is

With a special focus on improving the health of women, newborns and children, the Global Health Initiative's goal is to save the greatest number of lives by increasing and building upon what works and, then, supporting countries as they work to improve the health of their own people.<sup>11</sup>

This shows the multifaceted focus of the GHIs. Instead of focusing only on halting the spread of HIV/AIDS, the goals of the GHIs are more holistic. It addresses a multitude of issues including coordination with multilateral organizations, country ownership, integration of health systems, and gender equality.<sup>12</sup> By combining these goals, HIV/AIDS and other health issues in the developing world cannot only be slowed but eradicated by building infrastructure in the country to fight the diseases. Nevertheless, PEPFAR has not been sidelined rather it is viewed as the 'cornerstone of GHI.' As an example, in 2010 77% of GHI funding went to PEPFAR.<sup>13</sup> Thus, while the GHIs expand the goals of PEPFAR, PEPFAR is still the focal point of US funding in the developing world. The Obama

---

<sup>10</sup> "About PEPFAR." *The US President's Emergency Plan for AIDS Relief*. Online. Available <http://www.pepfar.gov/about/index.htm> 05/22/11

<sup>11</sup> "About PEPFAR." *The US President's Emergency Plan for AIDS Relief*. Online. Available <http://www.pepfar.gov/about/index.htm> 05/22/11

<sup>12</sup> "President's Emergency Plan for AIDS Relief" *AVERT: Averting HIV and AIDS*. Online. Available. <http://www.avert.org/pepfar.htm> 05/22/11

<sup>13</sup> *ibid*.

administration still believes that the threat of HIV/AIDS is the most significant of the public health issues in the world, even though others also require attention.

In 2008, when PEPFAR was renewed for another five years, the second phase of PEPFAR was designed on a partnership framework. The goal of the partnership program is/was to coordinate efforts with the local government to create sustainable solutions on the ground. Additionally, it requires that PEPFAR efforts must be in line with the domestic HIV/AIDS policies of recipient governments..<sup>14</sup> This transition was an important step for PEPFAR. If it worked correctly then the US would be able to treat PEPFAR as the emergency measure it was supposed to be because eventually the US government would be able to hand over control to local governments. These frameworks are five- year plans to strengthen the capacity of national governments to deal with their HIV/AIDS epidemics. As of April 2011, twenty-one frameworks had been signed into practice.<sup>15</sup> However, the implementation of these frameworks is still incomplete and needs to be focused on in the coming years.

## b. Zambia

### i. Political and Economic Background

Zambia is a landlocked country in Southern Africa about the size of Texas, with a population of about 12.5 million. It is composed of nine provinces, which are divided into 72 districts. Of these provinces two are considered urban: Lusaka and the Copperbelt. The other seven: Central, Eastern, Northern, Luapula, North-Western, Western, and Southern

---

<sup>14</sup> "Partnership Frameworks." *The US Presidents Emergency Plan for AIDS Relief*. Online. Available. <http://www.pepfar.gov/frameworks>. 05/25/11

<sup>15</sup> Ibid.

J. Anderson  
Lampert Fellowship 2011

are classified as rural provinces.<sup>16</sup> Zambia's infection rate is much higher in urban areas (19.7%) than it is in rural areas (10.8%).<sup>17</sup>

The British South Africa Company (BSAC) took over administration of Zambia, then known as Northern Rhodesia, in 1894.<sup>18</sup> This was mainly a result of the work of Cecil Rhodes, the mining magnate. Throughout the colonial period, Zambia continued to increase in importance because of its wealth of mineable natural resources such as copper. Zambia gained independence from the United Kingdom in 1964. From 1973, upon amendments to the original constitution, Zambia became a one party democracy led by Kenneth Kaunda. This system remained in place until 1991, when the first multiparty elections were held since 1972. The current president is Rupiah Banda, who took power in a snap election in 2008 after the death of President Mwanawasa.<sup>19</sup> Elections are to be held in the autumn of 2011.

In the 1970s as a major exporter of copper, Zambia was a middle-income country. However, with the decline of copper prices in the 1970s Zambia declined into a low-income country. Approximately, two-thirds of Zambians live in poverty.<sup>20</sup> The per capita annual income is only \$1500, which is a significantly lower figure than at independence.<sup>21</sup> These numbers also rank Zambia as one of the poorest countries in the world. Public health

---

<sup>16</sup> "Zambia Demographic Health Survey 2007" *Central Statistical Office*. Online. Available. <http://www.zamstats.gov.zm/media.php?id=9> 06/14/11

<sup>17</sup> "Zambia Demographic Health Survey 2007" *Central Statistical Office*. Online. Available. <http://www.zamstats.gov.zm/media.php?id=9> 06/14/11 pg 234

<sup>18</sup> Posner, Daniel N. *Institutions and Ethnic Politics in Africa* New York City: Cambridge University Press, 2005. Pg 26.

<sup>19</sup> "Background Note: Zambia" *US Department of State*. Online. Available. <http://www.state.gov/r/pa/ei/bgn/2359.htm> 05/25/11

<sup>20</sup> *ibid.*

<sup>21</sup> "Zambia." *The CIA World Factbook*. Online. Available. <https://www.cia.gov/library/publications/the-world-factbook/geos/za.html> 05/25/11

concerns, such as a decline in human resources due to HIV/AIDS, exacerbate the issues of economic growth. The current life expectancy is only 42 years and it continues to decline (HIV/AIDS has contributed to this declining number). The total fertility rate for 2011 is estimated to be 5.98 children per woman<sup>22</sup>, which is one of the highest fertility rates in the world. Even if Zambia were to experience strong economic growth, the social situation combined with the public health issues means that living standards could continue to decline.

## ii. Public Health in Zambia

Zambia is faced with a variety of public health issues, including malaria, tuberculosis, and, of course, HIV/AIDS. Interestingly, the leading cause of hospitalization and death in Zambia is malaria with 4.3 million cases diagnosed per year and 50,000 deaths. Malaria accounts for 50% of hospitalizations and 25% of childhood deaths in Zambia.<sup>23</sup> Another major health issue in Zambia is the incidence of tuberculosis or TB, which has risen in recent years due to the 70% co-infection rate with HIV/AIDS. Besides communicable diseases, Zambia faces high infant and maternal mortality rates.

From a structural standpoint, Zambia has less than 2 doctors for every 10,000 people. By comparison, the US has about 23 doctors per 10,000 people.<sup>24</sup> This has created a human resources crisis in the health sector in the country. The resultant situation is that many times even if people want to access services they are unable to because of the lack of

---

<sup>22</sup> *ibid.*

<sup>23</sup> "Population, Health and Nutrition Issues in Zambia." *USAID Zambia*. Online. Available. <http://www.usaid.gov/zm/population/phn.htm> 06/09/11

<sup>24</sup> CITE THIS!!!!!!

providers. Given the variety of public health issues facing Zambia, it is clear that a holistic approach to addressing Zambia's public health crisis is imperative. . If the country were only to halt the HIV/AIDS epidemic, it would still face other problems in its health sector such as the high rate of malaria infection.

The first case of AIDS in Zambia was reported in 1984.<sup>25</sup> Throughout the 1990s the HIV/AIDS rate rose rapidly, which quickly created an epidemic situation. As of 2011, Zambia has an HIV/AIDS rate of about 14.3% among people aged 15 to 49. Given this percentage, it is estimated that there are about 1 million Zambian adults living with HIV/AIDS today.<sup>26</sup> And it is still estimated that about 75,000 people die of HIV every year.<sup>27</sup> The rate of infection is higher for woman (16%) than for men (12%). This statistic is even more pronounced among young people aged 20 to 24 where the infection rate is 11.8% for women and 5.1% for men.<sup>28</sup>

The Partnership Framework for 2011 to 2015 between the US Government and the Government of the Republic of Zambia synthesizes the key drivers of the HIV/AIDS epidemic in Zambia using the 2006 Antenatal Care Surveillance Survey and the 2007 Zambian Demographic Health Survey (ZDHS.) They are as follows: high rates of multiple and concurrent partnerships (MCP), low and inconsistent condom use, low rates of male

---

<sup>25</sup> "Zambia Demographic Health Survey 2007" *Central Statistical Office*. Online. Available. <http://www.zamstats.gov.zm/media.php?id=9> 06/14/11

<sup>26</sup> USAID Zambia Fact Sheet. USAID Zambia <http://www.usaid.gov/zm/>

<sup>27</sup> "Partnership Framework between the Government of the Republic of Zambia Ministry of Finance and National Planning and the Ministry of Health and the Government of the United States of America to Support the Implementation of the Zambian National Response to HIV and AIDS from 2011-2015." *PEPFAR*, Pg 18 Online. Available. <http://www.pepfar.gov/frameworks/zambia/158525.htm> 06/01/11

<sup>28</sup> "Zambia Demographic Health Survey 2007" *Central Statistical Office*. Online. Available. <http://www.zamstats.gov.zm/media.php?id=9> 06/14/11

circumcision (MC), population mobility, vulnerable groups with high risk behaviors, and mother to child transmission (MTCT). These drivers interact with other factors such as gender inequality, income disparity, socio-cultural practices, and stigma to maintain high levels of risk and vulnerability.<sup>29</sup> These specific drivers and factors create a variety of ways in which HIV/AIDS is spread among the population. Despite prevention efforts, the rate of new infection in 2009 was 82,681.<sup>30</sup> Therefore, more projects focused on prevention of HIV/AIDS are necessary to combat the prevention of the disease.

Most of the cases of transmission are a result of heterosexual intercourse. Given this fact and the disparities between male and female infection, it is obvious that prevention of transmission by teaching safe sex practices could significantly alter the picture of HIV/AIDS in Zambia. Zambia has a history of a rate of early sexual debut as well as unsafe sexual practices. According to the 2009 Sexual Behavior Survey, which was administered by the Ministry of Health and the Central Statistics Office (CSO), the median age of first sexual encounter for men is 19.4 years of age and for women it is 17.8 years of age. In a survey done of 44 countries (not including Zambia), the average age of first intercourse was 18.4 years,<sup>31</sup> There is also a young age for first marriage. The median age of first marriage is 23 for men and 19 for women.<sup>32</sup> This rate of young marriage is indicative of the gender

---

<sup>29</sup> "Partnership Framework between the Government of the Republic of Zambia Ministry of Finance and National Planning and the Ministry of Health and the Government of the United States of America to Support the Implementation of the Zambian National Response to HIV and AIDS from 2011-2015." *PEPFAR*, Pg 17. Online. Available.

<http://www.pepfar.gov/frameworks/zambia/158525.htm> 06/01/11

<sup>30</sup> *ibid.*

<sup>31</sup> "Average Age of First Sex by Country." *Charts Bin*. Online. Available.

<http://chartsbin.com/view/xxj>

<sup>32</sup> "Zambia Sexual Behavior Survey." *Central Statistical Office*. . Online. Available.

<http://www.zamstats.gov.zm/media.php?id=9> pg 33-34. 06/14/11

inequalities that plague Zambia. This gender inequality makes it difficult for many women to make choices regarding their own sexual and reproductive health (SRH) as well as reporting domestic violence.

Additionally, a study conducted by interviewing Zambian schoolchildren found that their SRH was heavily influenced by two different factors: they grow up in silence and feel as if they are caught between norms, values and reality. Additionally, the dearth of comprehensive and reliable sources about SRH leads to misconceptions among youth, particularly about condoms.<sup>33</sup> Additionally, the Zambian Sexual Behavior Survey found that more than 98 percent of young people aged fifteen to twenty-four have heard of AIDS, but only about 35 percent of young people have a comprehensive knowledge about HIV.<sup>34</sup> The consistent lack of comprehensive knowledge relates to the high numbers of young people engaging in high-risk sex, which can contribute to the spread of HIV/AIDS. This is displayed in the response of people interviewed for the Zambian Sexual Behavior Survey. Among adolescents and young people (15-24) who reported having ever had sex, only 29% reported that they had used a condom during their first sexual intercourse and only 30-40% reported having used a condom the last time they had had sex. From an access point of view, only 38% of young people aged 15-19 reported that they could acquire condoms on their own. This suggests an issue of access specific to young people, which could be connected to the perception that distributing condoms also increases promiscuity. Of all respondents more than 50% reported that the condoms promote promiscuity and only

---

<sup>33</sup> Warenus, L. (2008): Sexual and reproductive health services for young people in Kenya and Zambia: Providers' attitudes and young people's needs and experiences. Karolinska Institutet Stockholm.

<sup>34</sup> "Zambia Sexual Behavior Survey." *Central Statistical Office*. Online. Available. <http://www.zamstats.gov.zm/media.php?id=9> 06/14/11 pg 13-15.



57% reported that most young people support condom use by friends. Additionally, only one third of respondents reported that parents support condom use.<sup>35</sup>

As to media messages and outreach programs, the Zambian Demographic Health Survey (ZDHS) reports that less than half of all adolescents have been exposed to media (radio, television, or newspaper) messages regarding family planning. However, when women have either visited a family planning center or been visited by a family planning provider they become much more likely to use contraception, which is shown by the statistic that just 5% of females (15-19) who had talked with a family planning provider continued with non-use.<sup>36</sup>

A side effect of the HIV/AIDS epidemic throughout Africa is the increase in the number of Orphans and Vulnerable Children (OVC). In Zambia alone, there are more than 800,000 OVC aged 0-17. Of the households included in the ZDHS, four out of ten of children under 18 who were polled were not living with both parents and 15% of children were orphaned, meaning one or both parents had died.<sup>37</sup> There are even more children living with chronically ill parents. Being an OVC significantly increases a child's chances of being malnourished, dropping out of school, and being required to take charge of the household at a young age. Given the high numbers of OVC, this has an effect on the public health crisis currently facing Zambia.

---

<sup>35</sup> "Zambia Sexual Behavior Survey." *Central Statistical Office*. Online. Available. <http://www.zamstats.gov.zm/media.php?id=9> 06/14/11 pg xxix

<sup>36</sup> "Zambia Demographic Health Survey 2007" *Central Statistical Office*. Online. Available. <http://www.zamstats.gov.zm/media.php?id=9> 06/14/11

<sup>37</sup> *ibid*.

Given the issues presented here, it is obvious that Zambia has more public health problems than just the number of people with HIV/AIDS. This means that any plan to combat the disease must be multifaceted in its approach to not only combat the lack of doctors but also to prevent new infections.

### iii. Zambia and PEPFAR

When George W Bush announced the creation of PEPFAR, the rate of HIV/AIDS in Zambia was 16.3%, which was one of the highest HIV/AIDS infections rates in the world. Therefore, Zambia was chosen as one of the original fifteen focus countries to receive aid from PEPFAR. Since the start of PEPFAR in 2004, Zambia has received over 1 billion dollars in aid under the program.

When work under PEPFAR began in Zambia in 2004, the main goal was the provision of ART to Zambians. In 2003, just 3,000 Zambians had access to ART.<sup>38</sup> In 2010, 286,000 individuals received ART treatment.<sup>39</sup> This number represents 79% of eligible clients, which is an increase from just 33% in 2006.<sup>40</sup> To put this number in perspective, in 2001, of the about 20 million infected with HIV/AIDS in the entirety of sub-Saharan Africa, only about 8,000 of them were receiving treatment.<sup>41</sup> Additionally, in 2010, 976,000 HIV-

---

<sup>38</sup> "President's Emergency Plan for AIDS Relief- Zambia 2006." PEPFAR brochure. Online Available. <http://www.pepfar.gov/>

<sup>39</sup> "Partnership to Fight HIV/AIDS in Zambia." *PEPFAR*. Online. Available. <http://www.pepfar.gov/countries/zambia>

<sup>40</sup> "Partnership Framework between the Government of the Republic of Zambia Ministry of Finance and National Planning and the Ministry of Health and the Government of the United States of America to Support the Implementation of the Zambian National Response to HIV and AIDS from 2011-2015." *PEPFAR*, Pg 17. Online. Available. <http://www.pepfar.gov/frameworks/zambia/158525.htm> 06/01/11

<sup>41</sup> "A History of AIDS in Africa." *AVERT*. Online. Available. <http://www.avert.org/history-aids-africa.htm> 07/05/11

positive individuals received care and support (including TB/HIV) from PEPFAR funded programs. 376,200 OVC received support, and 1,877,800 individuals received counseling and testing. As to maternal and infant health, 477,300 pregnant women with known HIV status received support, 66,400 HIV-positive pregnant women received antiretroviral prophylaxis for PMTCT, and 12,616 (estimated) infant infections were averted.<sup>42</sup> These numbers do not necessarily tell someone about the situation on the ground but given that at the start of PEPFAR there were only 3,000 people accessing ART, the numbers show the expansion of treatment in Zambia.

In 2010, the Government of the Republic of Zambia and the US Government signed a partnership framework to fight HIV/AIDS until 2015. The goal of the framework is to have both governments collaborate and coordinate efforts to halt and reverse the spread of HIV/AIDS. Therefore, the US would not only be a donor but is/will also assist the government of Zambia in strengthening its healthcare delivery system. The framework is aligned with government goals. The vision of the GRZ is “a nation free from the threat of HIV/AIDS.”<sup>43</sup> By 2015, the GRZ hopes to reduce new HIV infections by 50% (a reduction from 82,000/year to 40,000/year) while scaling up treatment, care, and support. Additional goals include increasing Zambia’s Human Development Index from 0.434 in 2005 to 0.450 in 2015, the number of children born to HIV positive mothers who are infected reduced to less than 5% by 2015, more people living with HIV/AIDS live longer

---

<sup>42</sup> “Partnership to Fight HIV/AIDS in Zambia.” *PEPFAR*. Online. Available. <http://www.pepfar.gov/countries/zambia>

<sup>43</sup> “Partnership Framework between the Government of the Republic of Zambia Ministry of Finance and National Planning and the Ministry of Health and the Government of the United States of America to Support the Implementation of the Zambian National Response to HIV and AIDS from 2011-2015.” *PEPFAR*, Pg 17. Online. Available. <http://www.pepfar.gov/frameworks/zambia/158525.htm> 06/01/11 pg 8

(those alive 36 months after initiation of ART is increased to 85% by 2015), fewer vulnerable households (reduced by 50% by 2015), the total NASF service coverage targets met in all four pillars is increased by 50% in 2013 and 90% in 2015.<sup>44</sup> This kind of framework is a new idea that hopes to be a sustainable solution to the HIV/AIDS epidemic. In theory, rather than the US just pumping money into US funded programs, the USG will work with the GRZ to ensure that the government can continue to provide these services once the PEPFAR program ends.

### 3. Literature Review

In recent years many scholars have begun to question the current state of aid to Africa. Some of these scholars, such as Dambisa Moyo, go as far as to suggest that aid is unworkable and should be halted, whereas others believe that aid policies should change, but that they have a role to play on the international stage. The following four authors, Moyo, Mills, Glennie, and Idahosa, represent four of the current major opinions about aid in Africa. Therefore, I have summarized the authors as a representation of these opinions in order to deepen one's understanding of the issue of aid in Africa.

The issue of aid being treated as a "one size fits all" solution has become one of the biggest issues that many scholars have with modern aid programs, an example of which is cited very well in Dambisa Moyo's book, *Dead Aid*:

The net result of aid-dependency is that instead of having a functioning Africa, managed by Africans, for Africans, what is left is one where outsiders attempt to map its destiny and call the shots. Given the state of affairs, it is hardly surprising that, though ostensibly

---

<sup>44</sup> *ibid.* pg 8

high on the global agenda, the Africa discourse has been usurped by pop stars and Western politicians.<sup>45</sup>

She notes that Africa has not been allowed to choose its own destiny; rather outsiders have chosen its course and implemented it without much regard for the opinions of the locals. This again represents the concept that policies can be made without regard to the specific needs of a particular country. While she does not deny that Africa has problems, she also notes that, rarely, if ever, even on the global stage, “are the Africans elected by their own people heard from on the global stage. And even though...the balance of power may have shifted supposedly in favour of the African policymakers, it is still the donors who are in the policymaking driving seat.”<sup>46</sup> Moyo sheds light on the fact that even in countries like Zambia, which is a functioning (if flawed) multiparty democracy, policymaking is largely left to the donors. Rather than engaging with the people in the country, the donors provide the policy with the aid. To achieve a more developed country and public health system the USG and the GRZ must work together to achieve a new vision for Zambia.

According to Greg Mills in his book, *Why Africa Is Poor*, he asserts that one of the reasons aid hurts Africa is because it allows Africa to externalize its problems rather than being forced to make tough decisions for itself.<sup>47</sup> Zambia in particular has felt the full effect of what it means to accept economic aid in the manner of Structural Adjustment Programs from IFI's, such as the IMF and the World Bank. Conditionalities, like the Mexico City Policy

---

<sup>45</sup> Moyo, Dambisa. *Dead Aid: Why Aid is Not Working and How There is a Better Way for Africa*. Douglas and McIntyre Ltd: New York, NY 2010. Pg 66-67

<sup>46</sup> Moyo, Dambisa. *Dead Aid: Why Aid is Not Working and How There is a Better Way for Africa*. Douglas and McIntyre Ltd: New York, NY 2010. Pg 66-67

<sup>47</sup> Mills, Greg. “Chapter 5: Doing the Aid Faranga.” *Why Africa Is Poor: And What Africans Can Do About It*. Penguin Books: New York City. 2010. Pg 251.

in the public health sector or SAPs in the economic sector undermine policy learning.

Countries like Zambia become passive under donor assistance, because Africans have little control over their own nations. Additionally, there are negative incentives to disagree with donors because it would result in a lack of needed resources.<sup>48</sup> For example, a disagreement could result in a reduction of either the supply of much-needed drugs or the cessation of programs that could have a positive effect on the development of Zambia. Until IFI's, the UN, and the US give Zambia more freedom to choose its own path then it will be difficult for Zambia to achieve true sovereignty because all decisions are left to the donors rather than the elected officials.

Moreover, the current system leaves the government of Zambia accountable to donors rather than its own people. In *The Trouble With Aid* Jonathan Glennie asserts that the idea that when the government does not feel accountable to its parliament or people, it overpowers the civil society's attempts to stand up for their own interests. The government feels no responsibility to listen to the needs of the people; rather they listen to the needs of donors.<sup>49</sup> Thus, the people and organizations who are looking to effect change are forced to link with international NGO's to get funding from organizations in donor capitals, such as London, Geneva, or Washington DC.<sup>50</sup> While the people are getting the money they need, it does not help build national decision-making processes. Instead of asking their government for the money and support they need, they go to IOs and international NGOs to achieve the

---

<sup>48</sup> Rackner, Lise, Nicolas van de Walle, and Dominic Mulaisho. "Zambia" *Aid and Reform in Africa: Lessons from Ten Case Studies*. Shantayanan Devarajanm David Dollar, and Torgny Holmgren editors. The World Bank: Washington DC 2001 pg 587.

<sup>49</sup> Glennie, Jonathan. "Chapter 9: What is to be Done?" *The Trouble With Aid: Why Less Could Mean More For Africa*. Zed Books: New York City 2008. Pg 64

<sup>50</sup> Glennie, Jonathan. "Chapter 9: What is to be Done?" *The Trouble With Aid: Why Less Could Mean More For Africa*. Zed Books: New York City 2008. Pg 64

change that they want. This situation has continued to deteriorate, leaving the citizenry with few political options.<sup>51</sup> Given that Zambians are not used to asking the government to strengthen their society, there is no way that this system could continue with the international support of NGOs and other outsiders.

In his article, *The Norms of Displacement: NGO's, Globalization, and the State in Africa*, Idahosa presents both his own ideas and those of other scholars about the increasing role of NGOs in the globalizing world. One of the authors that Idahosa presents is Brett, who presents the idea that NGOs can actually weaken state capacity and it can encourage "a piecemeal and non-universal approach to service delivery."<sup>52</sup> Once the state has weakened it can become a problem because not only has the ability of the state to provide services been reduced, but also the legitimacy of the government. Moreover, the piecemeal approach means that because there is no central organization overseeing development, certain areas could have duplicate programs while other areas have no programs at all. If the system were more coordinated, then programs would be able to be administered in a more equal fashion throughout the country as a whole. Even if this organization was not the government, there needs to be a united third party; which can oversee things such as safety standards and the provision of services.

Finally, Idahosa himself points out that NGOs can actually reinforce inequality, because while people depend on the resources provided by the organizations, the people

---

<sup>51</sup> Glennie, Jonathan. "Chapter 9: What is to be Done?" *The Trouble With Aid: Why Less Could Mean More For Africa*. Zed Books: New York City 2008. Pg 64

<sup>52</sup> Idahosa, P.L.E. "The Norms of Displacement: NGO's, Globalization, and the State in Africa." *Africa and the New Globalization*. George Klay Kieh Jr. editor Ashgate Publishing: Burlington, VT 2008 pg 85



then praise and recognize the NGO rather than the state as the provider of services.<sup>53</sup> Once the people view the NGO as the provider rather than the government, they then look to the NGOs to provide new services and increase their living standards instead of calling upon the government to change. Ultimately the very legitimacy of the government can be undermined, because in this case, people look to outside sources to seek assistance rather than their own government. Once the government is no longer seen as the provider of services, then there is no real reason to maintain that system of governance. If the government is not seen as having the interests of its people at its core, it could then lead to instability in the country. It also means that the state has lost its sovereignty because it is dependent on the organizations and the people view the organizations as their providers. If the US is looking to create sustainable solutions, then it is in our best interests to provide solutions that maintain the integrity of the sovereignty of developing nations such as Zambia.

These opinions are similar but vary in different ways. However, they represent a change in the way that scholars think about the role of aid in Africa. Instead of taking the current system for a fact, many people are starting to question its efficacy and how the system can be changed to function better in the future.

#### 4. Research Question

Since the inception of PEPFAR in 2004, the infection rate in Zambia has been reduced from 16.6% to 14.3%. While this is a respectable number it does not represent

---

<sup>53</sup> Idahosa, P.L.E. "The Norms of Displacement: NGO's, Globalization, and the State in Africa." *Africa and the New Globalization*. George Klay Kieh Jr. editor Ashgate Publishing: Burlington, VT 2008. Pg 78.

what could have been done over the last seven years. The number is less significant than it should be considering the effort and money that the US is putting in. Thus, there are clearly issues with the way that PEPFAR is being employed in Zambia. What is the reason for this discrepancy? If the US is giving so much money to Zambia for public health, why is the change not more significant? And what can be done to alter the current situation in Zambia.

Moreover, when the Mexico City Policy was reinstated, many organizations protested that there would be negative effects on the ground. Therefore, the goal of my research was to research whether or not the Mexico City Policy was part of the reason for the discrepancy or if it was unrelated?

The final portion of my research examined the question of whether or not the change in administrations had any effect on the activities or perception of PEPFAR in Zambia. This leads to the question of whether or not the people on the ground have noticed a difference since the changeover between the two PEPFARs?

PEPFAR has been lauded in the US but it is important to view the program from the Zambian perspective. Thus, in general, do they think that PEPFAR has achieved its goals? If not why do they think that this is the case. Regardless of the success of the program, it is important to understand what Zambians think is the proper role of the US in Zambia and other developing countries like it? To understand the efficacy of the program in Zambia, it is integral to also understand the view of the recipient country.

## 5. Methodology for Data Collection and Analysis

To better understand the effect of PEPFAR on the ground I employed a qualitative case study approach and chose to examine a variety of NGO's and their opinions on and relationships with PEPFAR. I studied five different organizations in Zambia in June 2011 mainly through interviews with the country or program directors (or their equivalents), attending workshops and meetings of a group of organizations at the Ministry of Health, visiting the central offices of the organizations and reviewing organizational and academic literature. Through these activities, I was able to use a case study approach to analyze the relationship of these organizations with the people of Zambia, the government of Zambia, and the government of the US.

The five organizations studied were Jhpiego, Catholic Relief Services, Youth Visions Zambia, Planned Parenthood Association of Zambia, and the Treatment, Advocacy, and Literacy Campaign. Two of the organizations, Jhpiego and Catholic Relief Services, both receive significant US funding through PEPFAR. The other three, Youth Vision Zambia, the Treatment Advocacy and Literacy Campaign, and the Planned Parenthood Association of Zambia, are not receiving significant US funding at the current time. However, Planned Parenthood did receive US funding at one point but lost it under the Mexico City Policy because of their continued support of abortion services and promotion of condom use.

I wanted to get a broader idea of the different kind of NGO's that are active in Zambia today so I included CRS as a religious- based organization, Youth Vision as youth-led organization and Jhpiego as a health systems strengthening organization. Each organization has the same goal of improving the lives of Zambians but there theories on how to achieve this differ depending on the type of organization. Therefore, the inclusion of a wide breadth of organizations helped me to understand the different methods of

changing the health system in Zambia. CRS, as a religious organization, is focused on changing the whole person body and soul and as such many of their activities reflect this goal. On the other hand, Jhpiego as a health systems strengthening organization focuses on systemic change by seeking to change the health care system in Zambia, which would allow more people to access treatment. Thus, while Jhpiego and CRS are both attempting to change the spread of HIV/AIDS, CRS attempts to do this through changing the lives of individual people, while Jhpiego does this through altering the system as a whole.

While PEPFAR is specifically to fight the HIV/AIDS epidemic, I included organizations that were initially focused on sexual and reproductive health, because these organizations are key in the prevention of the disease as well being the organizations that were most effected by the Mexico City Policy. Thus my inclusion of Planned Parenthood and Youth Vision Zambia were informative of both HIV/AIDS programs as well as learning about prevention methods and sexuality education in Zambia.

I gathered information using questionnaires administered through interviews with country or program directors at each organization. I also toured each organization and attended workshops where possible. Additionally, I attended a meeting at the Ministry of Health, which was attended by a variety of NGOs to discuss a new study and how to react to the results. I also reviewed as much literature published by and on each organization as possible. Finally, I examined peer-reviewed literature on the public health situation in Zambia so as to gain a more comprehensive idea of the history of public health in Zambia as well as the opinions of other scholars. I chose a top down approach because I wanted to examine the effect on the organizational level to see how PEPFAR was affecting the public health sector here, not necessarily individual stories about PEPFAR in the community.

## 6. Data

### a. Demographics of Respondents

Of the people interviewed, six out of seven were male and one was female. Six were Christian and one was unaffiliated. All had received higher education, with four respondents holding degrees from universities in the UK and the US. Six were Zambian and one was African-American. The respondents came from a variety of ethnic African backgrounds. Please see appendix 4 for a table of the demographics of respondents. Most respondents were either country directors or directors of programs.

### b. Catholic Relief Services:

Catholic Relief Services is the main international humanitarian organization for the US Catholic Community. The mission of CRS is

To assist impoverished and disadvantaged people overseas, working in the spirit of Catholic Social Teaching to promote the sacredness of human life and the dignity of the human person. Although our mission is rooted in the Catholic faith, our operations serve people based solely on need, regardless of their race, religion or ethnicity. Within the United States, CRS engages Catholics to live their faith in solidarity with the poor and suffering of the world. The fundamental motivating force in all activities of CRS is the Gospel of Jesus Christ as it pertains to the alleviation of human suffering, the development of people and the fostering of charity and justice. We are committed to a set of Guiding Principles and hold ourselves accountable to each other for them.<sup>54</sup>

CRS has thus committed itself to alleviating human suffering worldwide. CRS has been present in the country of Zambia since 1999, where it has helped in the fight to halt the spread of HIV/AIDS by offering people access to ARV services, shoring up food security,

---

<sup>54</sup> "About Catholic Relief Services." *Catholic Relief Services: Giving Hope to a World of Need*. <http://www.crs.org/about>

and helping OVC. Given that the epidemic has spread far enough to affect social conditions, CRS services in Zambia cover a broad spectrum of care ranging from community support and care to clinical treatment. The variety of services provided helps to meet the many different situations of people living with HIV/AIDS in Zambia.

CRS's main health programs in Zambia are AIDSRelief, which provides antiretroviral therapy, SUCCESS-RTL or Scaling Up Community Care to Enhance Social Safety Nets-Return to Life, and RAPIDS or Reaching HIV Affected Peoples with Integrated Development and Support.<sup>55</sup> The AIDSRelief program is designed to give people access to comprehensive ART services through a five-member consortium, which is run through the rural network of the local Catholic Church and the rural missions' hospital network of the Churches Medical Association of Zambia. Additionally, through this program CRS supports community education about HIV and AIDS. The SUCCESS-RTL program focuses on providing services to chronically ill patients in hard to reach areas. Therefore, this program depends on skilled nurses engaging the communities in which they serve. RAPIDS is comprised of six members: World Vision, CRS, Africare, the Salvation Army, Expanded Church Response and CARE International, which work together to achieve a broad approach to fighting HIV/AIDS by focusing on the chronically ill and OVC. Initiatives under the RAPIDS program include reaching chronically ill patients at home and offering them nutritional and medical assistance, as well as counseling and referrals. Additionally, where possible, RAPIDS works towards helping these patients achieve food security by attaching them to agriculture projects. In cases in Ndola and Livingstone, these patients have even been able to receive

---

<sup>55</sup> "CRS Programs in Zambia: Health Programs." *CRS Work in Zambia*.  
<http://www.crs.org/zambia/projects.cfm/>

ART. RAPIDS also works towards alleviating the issues faced by OVC by providing a wide range of services from providing educational materials to health referrals.<sup>56</sup> Through these three main health initiatives CRS works to empower the lives of Zambians living with and affected by HIV/AIDS. By providing a broad range of services, CRS endeavors to combat the wide range of situations experienced by Zambians living with HIV/AIDS, whether they are young or old, urban or rural, male or female.

CRS not only works with health programs to combat the HIV/AIDS epidemic in Zambia but, through agricultural and food security programs as well as OVC programs, CRS combats the epidemic's social issues as well. C-FAARM or the Consortium for Southern Africa Food Security, Agriculture and Nutrition, AIDS, Resiliency and Markets, is a five-year project run by CRS, CARE, World Vision and Land O' Lakes International Development that helps vulnerable communities in six districts in the southern and western provinces of Zambia. The goal of C-FAARM is to promote a variety of sustainable agricultural activities, improve access to markets, promote child nutrition and safe health practices, and assists communities in creating risk assessments to reduce the threat of agricultural shocks.<sup>57</sup> A second food security program facilitated by CRS is LISAR or the Livelihood Initiative in Support of Agricultural Recovery. LISAR hopes to affect lasting improvements in livelihood security for the rural poor in Zambia. Moreover, it offers additional support to women-headed households affected by HIV/AIDS, vulnerable youth and those who are chronically at risk. A few examples of activities in which LISAR is involved include promoting seed vouchers, and fairs for vegetable and grain production and holding trainings to assist

---

<sup>56</sup> *ibid.*

<sup>57</sup> "Food Security and Livelihoods." *CRS Work in Zambia*.  
<http://www.crs.org/zambia/projects.cfm/>



communities in identifying and mitigating risks, such as drought.<sup>58</sup> CRS recognizes that the HIV/AIDS epidemic can fundamentally alter the social structures of communities in Zambia, especially as the numbers of OVC rises every year. Presently, Zambia estimates that there are 1 million orphans due to HIV/AIDS.<sup>59</sup> Many of these orphans are forced to leave school to care for siblings and must shoulder heavy burdens to ensure that they and their siblings survive without their parents. CRS works to mitigate these adverse factors and improve the lives of OVC through its CHAMP-OVC, or Community HIV and AIDS Mitigation Project-Orphans and Vulnerable Children, program. CHAMP-OVC provides essential services, such as counseling, vocational training, educational support, shelter renovations, and access to health care, to these at risk youth.<sup>60</sup> Given the unique situation of these youth, CRS attempts to assist the OVC in any way that will be beneficial. Finally, as with any NGO working towards permanent change, CRS works with advocacy programs to strengthen the democratic process in Zambia.

To achieve these varied goals, as a faith based organization, CRS works with the Zambia Episcopal Conference through the Caritas Zambia. Additionally, CRS currently partners with 10 Zambian dioceses, Solwezi, Kasama, Mongu, Chipata, Ndola, Lusaka, Livingstone, Mpika, Mansa and Monze. They also work with 10 hospices and 13 hospitals or clinics throughout Zambia. CRS also works with seven NGO partners in addition to the consortia, which involves CRS even further with other international organizations.<sup>61</sup>

---

<sup>58</sup> *ibid.*

<sup>59</sup> "Child Protection and Youth." *CRS Work in Zambia*.

<http://www.crs.org/zambia/projects.cfm/>

<sup>60</sup> *ibid.*

<sup>61</sup> "CRS Partners in Zambia" *Catholic Relief Services*.

<http://www.crs.org/zambia/partners.cfm>

Through these partnerships, CRS is able to engage with other organizations and people to spread their ideas and work. By engaging with NGOs as well as local Catholic organizations, CRS expands its ability to reach regular Zambians and help them receive treatment and improve their livelihoods.

CRS is an organization that receives extensive US funding from PEPFAR and has worked closely with PEPFAR since its inception in 2004. As a religious organization, CRS was very attractive to PEPFAR organizers because their morals were the same as the ones, which PEPFAR wished to promote. Additionally, CRS treats the whole person, not just their medical ailments. In a conference in 2009 to review the success of AIDSRelief the architect of PEPFAR, Mr. O'Neill stated

he was determined to get faith-based organizations involved, not because he wanted to push any faith—which he noted would be improper for a government official—but because he wanted results. 'Using faith-based organizations was the smart way to get things done,' he said, referring with pride to getting AIDSRelief—with CRS as a major player—fully funded.<sup>62</sup>

This quote shows the fact that initially PEPFAR targeted faith based organizations and fully funded their activities. It also displays the fact that according to their administration the reason was the efficacy of these organizations. On the one hand religious organizations can reach their constituencies more easily than other groups, but their efficacy is not because they are faith based.

Much of the funding from PEPFAR for CRS goes towards the AIDSRelief program, which is a \$500 million dollar consortium grant that works towards providing ART to

---

<sup>62</sup> Hill, Michael. "Forum Highlights Progress in Combating HIV" *Catholic Relief Services*. <http://crs.org/united-states/hiv-forum-2009/>

everyone in 10 countries, eight of which are in Africa.<sup>63</sup> CRS promotes social and health equity by trying to treat the whole person, body and soul. However, even though their activities have reached many Zambians both Catholic and otherwise, the point of view and opinions that they present are relatively limited and not always the whole picture.

### c. Jhpiego:<sup>64</sup>

The goal of Jhpiego, which is an affiliate of Johns Hopkins University, is to innovate to save the lives of women and families worldwide. Dr. Theodore King was a major force behind the founding of Jhpiego in 1974. At that time, Dr. King had realized that there was a need to educate health care professionals in developing countries about technological advancements in reproductive health. In 1993, Jhpiego established its first field office and has continued to expand since then. Now, Jhpiego not only works with maternal and child health issues, but also with strengthening health care systems. Since its inception, Jhpiego has been funded by USAID.<sup>65</sup>

The mission of Jhpiego is

We support and are working toward integrating treatment services and health interventions for different illnesses so women and families can be treated for several conditions in a convenient place at one time. We build local capacity to strengthen health systems through advocacy, policy development and performance improvement approaches. Jhpiego's ultimate goal is sustainability—leaving behind a well-prepared network

---

<sup>63</sup> *ibid.*

<sup>64</sup> Note that Jhpiego is not an acronym. It originally stood for The Johns Hopkins Program for International Education in Gynecology and Obstetrics but as it grew into an internationally recognized organization the acronym was dropped.

<sup>65</sup> "Jhpiego: A History." *Jhpiego: Innovating Saving Lives. An affiliate of Johns Hopkins University.* . <http://www.jhpiego.org/en/content/jhpiego-history>

of health care professionals and a strong foundation that they can build upon when we move on.<sup>66</sup>

Jhpiego is the result of an academic institution addressing the needs of developing countries and their health systems. Therefore, despite being funded by the same people as CRS, they have a vastly different approach. Rather than focusing on empowering the people suffering from HIV/AIDS, Jhpiego focuses on strengthening the systems that deliver those services so that people have better access to them. Thus, particularly in light of the new partnership framework, Jhpiego's health systems strengthening program will become increasingly important.

Jhpiego has been working in Zambia since 1999 and recognizes that not only does Zambia have one of the highest HIV rates in the world but it also has some unique challenges. These challenges include a shortage of health care workers, high rates of HIV and tuberculosis (TB) co-infection, and a low rate of male circumcision, which has been proven to be an effective HIV prevention intervention. To combat these issues, Jhpiego has been implementing programs in HIV/AIDS, family planning, post-abortion care, infection prevention, midwifery education and emergency obstetric care since its inception in 1999. These programs were made possible by funding from USAID, the CDC, the HRSA, and the DOD, as well as a variety of other international organizations and institutions.<sup>67</sup>

Jhpiego is currently involved in three major programs in Zambia that are focused on maternal health and the prevention and treatment of HIV/AIDS. In light of Jhpiego's focus

---

<sup>66</sup> "Who We Are." *Jhpiego: Innovating Saving Lives. An affiliate of Johns Hopkins University.* Online. Available. <http://www.jhpiego.org/en/content/zambia>

<sup>67</sup> "Zambia" *Jhpiego: Innovating Saving Lives. An affiliate of Johns Hopkins University.* Online. Available. <http://www.jhpiego.org/en/content/zambia>

J. Anderson  
Lampert Fellowship 2011

on health systems strengthening, Jhpiego, with support from the CDC, is currently involved in a partnership with the Zambian Ministry of Health to support their quickly growing HIV/AIDS program. Jhpiego is specifically involved in the areas of antiretroviral therapy or ART, strategic information, HIV counseling and testing, HIV/TB and male circumcision. Another Jhpiego program is a partnership with the Zambian Defense Forces (ZDF), where Jhpiego is working to strengthen services to service men and women, their dependents, and communities in close proximity to ZDF health facilities. Under this program Jhpiego supports ART, HIV/TB, prevention of mother-to-child HIV transmission (PMTCT), infection prevention/injection safety and overall system strengthening. The third program that Jhpiego is involved in is the Gates Male Circumcision Partnership, which is being administered by Population Services International (PSI). Under this program, Jhpiego has been conducting Male Circumcision Clinical Skills training courses and supportive supervision visits to service centers in Zambia. MC is a proven prevention method of HIV/AIDS so the implementation of this program could have positive effects on the larger HIV/AIDS situation in Zambia.

By supporting government programs, Jhpiego hopes to help the Zambian government develop programs that will effectively fight HIV/AIDS from a holistic standpoint, such strengthening linkages between PMTCT programs and HIV/AIDS care and treatment programs, rather than just focusing on provision of ART. Between 2008 and 2009, these programs were highlighted by the following accomplishments: the training of 480 ART providers through continuing education programs by combining distance education and internet-based programs, in 54 ZDF health facilities services were improved, more than 8,000 women received PMTCT at ZDF facilities, supported by Jhpiego, and male

circumcision programs were provided at eleven different sites in seven provinces.<sup>68</sup> By supporting the government of Zambia, Jhpiego is assisting in the partnership framework of PEPFAR. PEPFAR is meant to be an emergency program, not one that lasts forever. Thus, Jhpiego's approach of strengthening services via government institutions will be helpful when Zambia is expected to provide services to its citizens with/without aid from the West.

#### d. Planned Parenthood Association of Zambia:

Planned Parenthood Association of Zambia (PPAZ) is a member organization of the International Planned Parenthood Federation (IPPF). "IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all."<sup>69</sup> IPPF was founded in 1952 in India at the third International Conference on Planned Parenthood. It resulted out of the work of a few influential women including Margaret Sanger of the US, Elise Ottesen-Jensen from Sweden and Dhanvanthi Rama Rau from India, who felt that women deserved the right to plan their families. All three of these women were imprisoned at one point or another for their assertions.<sup>70</sup> Today, IPPF is comprised of 170 member associations in as many countries. IPPF believes that sexual and reproductive health rights (SRHR) should be recognized internationally as human rights and as such should be guaranteed to everyone. They encourage people, especially women to take control of their reproductive lives. IPPF promotes equality between men and women by eliminating gender

---

<sup>68</sup> *ibid.*

<sup>69</sup> "About IPPF." *IPPF: International Planned Parenthood Federation*.  
<http://www.ippf.org/en/About/> Accessed: 06/12/11

<sup>70</sup> "History of the International Planned Parenthood Association." *International Planned Parenthood Federation*. <http://www.ippf.org/en/About/History.htm>

biases, particularly those that threaten women and girls. But more than anything else Planned Parenthood supports the right to choose.<sup>71</sup>

IPPF focuses on the five A's as international goals. They are abortion, access adolescence, advocacy, and AIDS/HIV.<sup>72</sup> By focusing on these particular issues, IPPF hopes to empower people to make informed decision about their own health and reproductive choices. The goal of IPPF is to allow people to be aware of their choices regardless of their ultimate decision.

PPAZ defines itself, as an organization that responds in creative ways to meet the sexual and reproductive health needs, which are currently unmet.<sup>73</sup> PPAZ has been the IPPF member association in Zambia since 1972. PPAZ adheres to the core values of IPPF, which state that PPAZ's vision is equal sexual and reproductive health rights (SRHR) for all. Given Zambia's specific situation, PPAZ has chosen to focus on empowering youth to make educated choices about their own sexual and reproductive health rights.

By focusing on youth PPAZ hopes to achieve their vision of gender equality, access to care, and above all the ability of these young people to make informed decisions. To achieve this vision PPAZ has organized a unique structure, which combines the roles of staff and local volunteers to achieve the change that they want to see in the community. The specific health and societal challenges that PPAZ is currently addressing in Zambia include the high incidence of HIV/AIDS, high maternal morbidity and mortality, lack of

---

<sup>71</sup> "About IPPF." *IPPF: International Planned Parenthood Federation*.  
<http://www.ippf.org/en/About/>

<sup>72</sup> "What We Do: The Five A's." *International Planned Parenthood Association*.  
<http://www.ippf.org/en/What-we-do/>

<sup>73</sup> "Advocacy Guide. DANIDA A+ Project." *Planned Parenthood Association of Zambia*.  
Lusaka, Zambia 2011

access to quality and comprehensive sexual and reproductive health services, low service coverage (particularly in rural areas), the current lack of youth friendly services, and the lack of male involvement in reproductive health issues and decisions.<sup>74</sup>

To combat the problems listed above, PPAZ uses the five A's set forth by IPPF to design programs to increase access to and knowledge about sexual and reproductive health rights and services. While PPAZ has a variety of services related to sexual and reproductive health, the focus of this paper is HIV/AIDS and its prevention, so in this article the focus will be on activities related to these topics. In the realm of access, PPAZ is committed to continuously improving the services offered at its Rachel Lumpa and Bwenbya Lukutati Memorial Reproductive Health Centres in Lusaka and Kitwe. Additionally the Youth Open Point in Livingstone acts as a clinic for the community. The services provided at these clinics, include family planning, cervical cancer screenings, HIV testing, lab services, STI diagnosis and management, counseling for young people regarding SRH and male circumcision. However, they are constantly looking for new and improved ways to meet the needs of their clients. These services look to increase access to services for young people so that they will make safe decisions, which will help combat not only the spread of HIV/AIDS but also other STIs.

To achieve their goal of empowering young people in Zambia, PPAZ is conducting a variety of youth focused projects. Since 2005, PPAZ has been running the Young Men as Equal Partners Program or YMEP in Choma District in Southern Province. The goal of this project is to engage the male population in SRH issues. Too often men avoid confronting SRH issues because they do not think that they should be involved with such issues, since

---

<sup>74</sup> *ibid.*



they are perceived to relate only to women. The program focuses on the involvement and participation of young people themselves to share the information and services with their peers in Choma. To achieve the goals of the project PPAZ runs a number of different activities, which include the provision of Youth Friendly Services, formation of sexual education clubs, outreach and community based services, facility based gender oriented SRH information and services, provision of peer education services for both in and out-of-school young people, drama performances, sexuality education in schools, and distribution of information materials (i.e. posters, brochures, and fact sheets).<sup>75</sup>

For the past five years, PPAZ has focused on its Youth Action Movement or YAM in the realm of adolescents. YAM is currently active in all 38 districts where PPAZ is present. The goal of YAM is to act as a vehicle for young people's participation in the governance of PPAZ and in designing, implementing, monitoring, and evaluating their programs and participation in leadership. By the end of 2009, 7600 young people were participating in this program.<sup>76</sup> This program is meant to give young people the power to voice their opinions and have a say in the programs that PPAZ implements in Zambia. YAM is funded by IPPF. YAM has contributed to an increased number of young people seeking sexual and reproductive health services in PPAZ clinics. YAM has also actively participated in a variety of programs and activities and taken up roles in areas such as psychological counseling, mobilizing for MC, and receptionists. On top of this participation, youth have also been included in governance. For example, YAM members were included in the adoption of the new Constitution, and the Volunteer Code of Conduct. Moreover, in Lusaka, because of the

---

<sup>75</sup> "YMEP: Young Men as Equal Partners." *Projects*. [http://www.ppaz.org.zm/?page\\_id=26](http://www.ppaz.org.zm/?page_id=26)

<sup>76</sup> "YAM- Youth Action Movement." *Projects*. [http://www.ppaz.org.zm/?page\\_id=26](http://www.ppaz.org.zm/?page_id=26)

active participation of YAM members in the community they have increasingly been asked to be involved in discussion forums on SRH. Through this project, staff members learned the importance of issues specific to youth, which has strengthened the bond between YAM members and staff because the staff understood the issues facing the YAM members. Finally, YAM has allowed PPAZ to network with other organizations and sectors in Zambia, including the Ministry of Education, Ministry of Sport, Youth and Child Development, UNFPA, IPPF Africa Region Office, Grassroots Soccer, Muvi TV, ZNBC, Africa Directions Education, Ministry of Health, the District AIDS Task Force and Commonwealth Youth Program (CYP).<sup>77</sup> The YAM program has assisted PPAZ in spreading its message to young people, while giving them a voice in decision-making in a society where they are often left out.

A final youth oriented program that is implemented by PPAZ is the Youth Open Points project. YOP strives to offer comprehensive youth friendly services to young people in the districts of Livingstone and Kazungula. YOP provides gender sensitive sexuality education and it empowers young people to protect themselves from STIs, including HIV. Service provision commenced in June 2009 after Youth Open Point was registered and inspected by the Medical Council of Zambia. The services provided by YOP included a services package, which was comprised of Family Planning, Voluntary Counseling and Testing, Sexual Transmitted Infection Screening and Treatment, Antenatal and Postnatal Care Laboratory Services, Peer Education, Community Based Distribution and Outreach Services, and peer education services, which comprised of included Dedicated Sessions,

---

<sup>77</sup> "Youth Action Movement." *Planned Parenthood Association Annual Report 2009*. Lusaka, Zambia. February, 2010

J. Anderson  
Lampert Fellowship 2011

Eduspot, and Sexuality Education in five schools, Livingstone High School, Mulwani Basic School, Linda High School, Hillcrest Technical School, Busongo High School, and Ngwenya Basic School. In the year of 2009, using group discussions, one on one counseling, and home visits, the center reached a total of 15,047 people (5,698 male and 9,349 females and 5,305 young people).<sup>78</sup>

One of the more recent projects that PPAZ has become involved in is the DANIDA A+ Project, which is funded by the Danish government. The goal of PPAZ's DANIDA project is not only adolescents and access, but also advocacy. DANIDA A+ works through youth to develop networks to create comprehensive sexuality education (CSE) programs. Currently in Zambia, schools only teach the biology of reproduction and thus PPAZ supports a revision of the curriculum. A good CSE program provides information about SRH that covers all topics, issues, and concerns. CSE recognizes that at some point young people will become sexually active and so it gives them the knowledge, skills, and decision-making ability to make sure that they have good SRH and maintain healthy relationships once they decide that they are ready to become sexually active. CSE not only allows students to learn about sexual and reproductive health and safe sexual practices, but it also allows them to and nurtures positive attitudes. Additionally CSE is not a one size fits all curriculum, rather it respects local culture by taking into account cultural norms, beliefs, and traditions when the curriculum is designed.<sup>79</sup> DANIDA A+ also hopes to implement Youth Friendly Health Services (YFHS), which are defined as services that aim to responsively meet the needs of

---

<sup>78</sup> "Youth Open Point." Planned Parenthood Association Annual Report 2009. Lusaka, Zambia. February, 2010

<sup>79</sup> "What is Comprehensive Sexuality Education?" Advocacy Guide. DANIDA A+ Project. Planned Parenthood Association of Zambia. Lusaka, Zambia 2011

young people and guaranteeing that young people have a continuum of care. For YFHS to be successful it is imperative that a wide range of services (including counseling) be offered, that services be offered at times which are convenient for young people, and service providers must not be judgmental of the choices that young people have made.<sup>80</sup> The achievement of YFHS as well as CSE would allow young people to access both information and services specific to their age group.

Through DANIDA A+ PPAZ hopes to create and implement sexuality education programs, develop high quality IEC materials that contain messages that address a range of topics that are rights based and non-judgmental, and ensure linkages between CSE and YFHS. Additionally, DANIDA hopes to engage members of the community by training service providers, youth counselors, CBD's and peer educators in CSE, involving young people in the design and implementation of CSE programs, developing partnerships with parents and community leaders working to promote CSE, and working with key decision-makers, such as local district authorities and community and religious leaders. DANIDA A+ is an interesting combination of the goals of PPAZ, rather than just sticking to advocacy, access, or adolescents DANIDA A+ seeks to combine all three by empowering young people to seek YFHS and then advocate for better services to their community leaders.

IPPF is known for its support of safe abortions and PPAZ is no different. Zambia has one of the most liberal abortion laws in Africa. In 1972, the Termination of Pregnancy Act legalized abortion if three medical practitioners found in good faith that the continuation would put the mother or the existing children at risk of either mental or physical injury or

---

<sup>80</sup> "What are Youth Friendly Health Services?" *Advocacy Guide. DANIDA A+ Project*. Planned Parenthood Association of Zambia. Lusaka, Zambia 2011

death greater than that caused by the termination, or that should the child be born it would suffer from such physical or mental abnormalities that it would be severely handicapped. It also stipulated that an abortion must be performed by a medical practitioner in a hospital. While this is one of the more liberal laws, it has been flawed in practice. Many Zambians do not even know that abortion is legal and moreover, there is only one facility in Lusaka, University Teaching Hospital that can perform abortions.<sup>81</sup> Additionally, it is difficult to get three different practitioners to sign off on the abortions. Therefore PPAZ, in partnership with Ipas, continues to advocate for safe abortion practices in Zambia.<sup>82</sup> Abortion is a complicated issue in many countries, Zambia included. Therefore, discussions about the morality of abortion continue. Given PPAZ's support of abortion rights PPAZ forfeited USAID and PEPFAR funding, which inhibited its ability to operate in recent years. Nevertheless, PPAZ feels that this is such an important issue that they are continuing to advocate for abortion rights.

### c. Youth Vision Zambia

Youth Vision, founded in 2002, is a youth-led indigenous NGO in Zambia, whose mission is to achieve universal and equitable access to sexual and reproductive health rights education and services. Additionally, Youth Vision strives for youth empowerment as well as support. In all of its projects and programs YVZ uses the Triple P Strategy, utilizing

---

<sup>81</sup> "Background: Zambia Abortion Policy." *United Nations*.  
<http://www.un.org/esa/population/publications/abortion/doc/zambia.doc>

<sup>82</sup> "Abortion/Safe Motherhood." *Projects Planned Parenthood Association of Zambia*.  
[http://www.ppaz.org.zm/?page\\_id=26](http://www.ppaz.org.zm/?page_id=26)

peers, parents, and providers to achieve their goals.<sup>83</sup> As a youth-led organization Youth Vision trains young people in sexual and reproductive health and works to domesticate international instruments, such as the ICPD and MDGs. Youth Vision truly believes that through controlled population growth Zambia's challenges can be addressed.<sup>84</sup>

Youth Vision is currently engaged in a variety of programs that seek to empower young people and adults to know their sexual and reproductive health rights. Their program Ba Na Mu Banja is an advocacy program that seeks safe abortions and a reduction in maternal mortality for Zambian women. While abortion is legal in Zambia, it is difficult to obtain one because of a variety of barriers, including the amount of time necessary to get an abortion approved, financial burden, and adverse cultural norms. The project aims to empower women to make safe reproductive health choices and to educate their communities and families to discuss the issues and address attitudes to ensure that women's health and rights are recognized. By the conclusion of the project YVZ hopes to reduce morbidity and mortality from unsafe abortion, ensure reproductive choices for women faced with unintended pregnancy, and reduce the incidence of repeated unintended pregnancies and unsafe abortions.<sup>85</sup> This is a traditional advocacy program to advance the rights of women in Zambia.

Banja Ya Mailo is YVZ's sexuality education program, which is based on a socially transformative education model. The program hoped to provide quality sexuality education to young people (in and out of school), teachers, parents, guardians, and community

---

<sup>83</sup> "Strategies *Youth Vision Zambia*. <http://www.yvz.org.zm/>

<sup>84</sup> "Mission." *Youth Vision Zambia*. <http://orgs.tigweb.org/youth-vision-zambia>

<sup>85</sup> "Programmes: Ba Na Mu Banja." *Youth Vision Zambia*.  
[http://www.yvz.org.zm/bana\\_mu\\_jana.php](http://www.yvz.org.zm/bana_mu_jana.php)

leaders. By engaging all members of the community YVZ hopes to change the behavior of not just young adults but also the way that adults in the community engage with young people. YVZ supports the idea that sexuality education would reduce the rate of HIV infection, while continuing to recognize that young people have sexual feelings. Sexuality education increases the self-esteem of young people because it focuses on one's identity and what it means to be human.<sup>86</sup> Therefore, the benefits of the program go well beyond just learning about different types of contraception.

From a political advocacy standpoint, YVZ has also been engaged in a program with Population Action International, which focuses on advocacy activities that promote SRHR by engaging the government to increase commitment to SRH services and rights for young people and women. Thus, these project activities were mostly performed at the national level by engaging decision-makers, particularly parliamentarians and other key stakeholders such as media and other NGOs. YVZ held two sensitization workshops and four consultative meeting with key stakeholders. The workshops helped to provide a stage for YVZ to gauge the knowledge of civil society organizations as well as giving YVZ an opportunity to disseminate important information. Thus, given the increased knowledge of politicians, YVZ is able to increase pressure on the government to adopt new policies on SRHR.<sup>87</sup>

Additionally, YVZ is working with the government to achieve universal SRH and rights as outlined in the Maputo Plan of Action, which was approved by the African Union

---

<sup>86</sup>“Programmes: Banja Ya Mailo” *Youth Vision Zambia*.

[http://www.yvz.org.zm/bana\\_ya\\_mailo.php](http://www.yvz.org.zm/bana_ya_mailo.php)

<sup>87</sup> “Programmes: Promoting SRHR.” *Youth Vision Zambia*.

[http://www.yvz.org.zm/promoting\\_srh.php](http://www.yvz.org.zm/promoting_srh.php)

Conference of Ministers of Health in 2006. While it was adopted at the conference, the Zambian government has yet to domesticate the policy. With funding from Ipas, YVZ implemented this project in three provinces, namely the Copperbelt, Lusaka, and Central. The project mainly focused on the dissemination of information to stakeholders in order to strengthen the ability of the poor and the vulnerable to demand and use services and information by raising awareness of the Maputo Plan of Action (MPoA). By doing this YVZ hoped to empower young people with information about their own rights and services. Additionally, through SafAIDS, YVZ is developing a guide in line with the MPoA that can be utilized by other NGOs specializing in SRHR to use in their programming. YVZ also seeks to mobilize the government towards adopting policies that offer universal SRH services as guided in the provisions of the MPoA. Thus, YVZ would be able to move towards its goal of universal access to SRH services in Zambia.<sup>88</sup>

While Youth Vision Zambia clearly engages in a variety of advocacy programs, it also is implementing a variety of innovative programs to engage youth in advocating for SRH rights and services. One of these programs is the Kuwala Photovoice program. This project was implemented beginning in 2009 and was focused on increasing the knowledge of SRHR and services to young people aged 10 to 15 in Misisi Compound in Lusaka. The project gave them the opportunity to express themselves through the medium of art while learning about SRHR and services. Under this project, different types of complementary activities that targeted both children and key stakeholders were employed all while ensuring that the children were involved fully in innovative ways. In 2009, sixty children were trained on

---

<sup>88</sup> "Programmes: Maputo Plan of Action." *Youth Vision Zambia*  
[http://www.yvz.org.zm/maputo\\_plan.php](http://www.yvz.org.zm/maputo_plan.php)



SRHR and this group continued to disseminate information to other young people in 2010 as well as learning from young people who were trained in 2010. The trained young people were given disposable cameras and trained to take pictures that relate to a specific topic in SRHR, HIV/AIDS, and sexuality and gender issues. Additionally, YVZ conducts consultative meetings with parents, teachers and community leaders, as well as other NGOs in the area to increase support for the advocacy issues presented by the project.<sup>89</sup>

Another innovative project that has been started by YVZ is the development of an SMS text messaging service. It will provide young people with anonymous and confidential interactive information, counseling, and referral services when they send the key word of YVZ to the number 4391 on MTN and Airtel providers. The line is operated twenty-four hours a day, seven days a week by trained counselors and lay counselors. The service will be able to provide information on SRHR, HIV/AIDS prevention, and other essential health information.<sup>90</sup> One of the barriers for youth accessing sexual reproductive healthcare services is that they are embarrassed about SRH issues and when they do ask for help the few providers available judge them about the issues facing them, such as teenage pregnancy or STIS. However, by allowing them to text message a provider the young person is able to ask questions without feeling judged or embarrassed.<sup>91</sup> YVZ hopes to combat this barrier and provide a safe realm for young people to learn about SRH through

---

<sup>89</sup> "Programmes: Kuwala Photovoice Project." *Youth Vision Zambia*  
[http://www.yvz.org.zm/kuwala\\_photovoice.php](http://www.yvz.org.zm/kuwala_photovoice.php)

<sup>90</sup> "YVZ SMS Services" *Youth Vision Zambia*. [http://www.yvz.org.zm/yvz\\_sms.php](http://www.yvz.org.zm/yvz_sms.php)

<sup>91</sup> "DANIDA A+ Needs Assessment Results from a Study Conducted in Chipata, Chongwe, Kafue, Kitwe, and Livingstone." *Planned Parenthood Association of Zambia*. Lusaka, Zambia 2010

the program. This is a new YVZ program, which they are looking to expand. It is already proving successful in the early stages.

#### d. Treatment Advocacy and Literacy Campaign

The Treatment, Advocacy, and Literacy Campaign or TALC, founded in 2005, is a group of member organizations whose goal is to lobby for sustainable and equitable access to affordable and quality HIV treatment, support, and care in Zambia. TALC is present in seven of the nine provinces of Zambia. TALC recognizes that not only is the HIV/AIDS epidemic at emergency levels in Zambia, but also that because it is such a complicated problem only a multi faceted approach will be able to successfully combat it. This requires understanding of the impact of HIV/AIDS from scientific, social, legal, political, economic, cultural, traditional, as well as other points of view. Nevertheless, TALC also recognizes that to combat the problem organizations need to have a strong commitment to people and politics.<sup>92</sup>

Focus on treatment is an obvious focus of an organization such as TALC. Treatment not only includes receiving the actual drugs but also having access to things such as counseling post-diagnosis and information about health living on ART. TALC strives to give everyone knowledge about ART so that they can make informed decisions about their own treatment. By increasing access to information and by advocating on local, provincial, and

---

<sup>92</sup> "About Talc." *Treatment Advocacy and Literacy Campaign*.  
<http://www.talczambia.org/content/about-talc>

national levels for those who are unable to advocate for themselves. TALC strives to provide a continuum of care for PLHA.<sup>93</sup>

For people to effectively understand their needs and advocate for their own care they need to understand their own disease and what their rights are. If people were treatment literate, then they would understand as much as possible about ART, including the names and types of drugs, how they work, and the importance of a healthy diet while taking the drugs, among other issues. While this might require an increase in production of literature about treatment information in both English and local languages as well as workshops and community sensitization projects, TALC remains committed to spreading information about living with HIV/AIDS. TALC also plans to produce its own factsheets about treatment and nutrition and has already begun including some of this information in its monthly newsletter.<sup>94</sup> One of TALC's first actions after its inception in 2005 was to support the implementation of Treatment Literacy activities and programs in all seven of its provincial hubs.<sup>95</sup>

One of TALC's main approaches is to advocate for better treatment for Zambian citizens. To make this an achievable goal, the government must also see this as a goal and so TALC seeks to engage the government and has been working to make the needs of PLHA an election issue for the upcoming fall presidential elections. To spread its message, TALC also uses the media as a medium to publicize its topics.

---

<sup>93</sup> "Treatment." *Treatment Advocacy and Literacy Campaign*.  
<http://www.talczambia.org/content/treatment>

<sup>94</sup> "Literacy." *Treatment Advocacy and Literacy Campaign*.  
<http://www.talczambia.org/content/literacy>

<sup>95</sup> "About Talc." *Treatment Advocacy and Literacy Campaign*.  
<http://www.talczambia.org/content/about-talc>

TALC is one of the only organizations that is comprised of a significant number of people who are openly living with HIV or AIDS, so it is called upon often to answer questions regarding people living with HIV/AIDS in Zambia. TALC was an organization chosen to assist the US government in creating the Partnership Framework. They were asked to submit their critiques as well as opinions on what should be included in the document. However, none of the TALC critiques were taken into account and the TALC employees felt that they had been used by the USG for the fact that their participants are some of the only openly PLHA people and so it would look like the USG was being accepting by including TALC.<sup>96</sup>

## 7. Analysis

The five organizations studied each gave different impressions about the situation of the HIV/AIDS epidemic in Zambia. According to some the situation was rapidly improving with support from the government whereas others felt that the situation was barely making progress at all. Organizations with funding from PEPFAR had a much more positive outlook on the efficacy of PEPFAR and the situation on the ground in Zambia. Conversely those without US funding held a generally more negative view about the whole picture of the situation. All the organizations agreed that the US had done good things for treatment in Zambia, but the magnitude of the effect of PEPFAR differed significantly. The organizations receiving funding< Jhpiego and CRS, presented the situation in Zambia as one, which was rapidly improving and was supported by both locals and the domestic government. Conversely, the organizations that did not receive funding, TALC, PPAZ, and

---

<sup>96</sup> Interview with NGO Worker Lusaka, Zambia June 2011

YVZ, all had criticisms about both PEPFAR as well as the role of the government in the fight against HIV/AIDS. Nevertheless, they did all agree that PEPFAR had had positive effects on treatment in Zambia, which had changed the situation on the ground since 2004.

In its focus on treatment, PEPFAR has also made strides when it comes to Prevention of Mother to Child Transmission or PMTCT. By 2007, PMTCT programs had been rolled out in all 72 districts of Zambia.<sup>97</sup> This can be seen in programs such as those being implemented by Jhpiego at ZDF facilities nationwide. This program is an example of cooperation between the government and an NGO as Jhpiego worked with the government to implement programs at military facilities nationwide. From a medical standpoint these programs are important because putting women on certain ARVs during their pregnancies can drastically reduce the likelihood of their children being born with HIV. Therefore, these programs are integral in reducing the HIV/AIDS prevalence rate.

Given the effect on the rate, PMTCT has been an integral part of the PEPFAR approach since its inception in 2004. In fact, former President Bush had founded a PMTCT Initiative in 2002, two years before he funded PEPFAR. This initiative was later absorbed into PEPFAR as a whole.<sup>98</sup> However, PMTCT is a complicated issue because it not only requires mothers to accept the drugs, but they must also alter their habits by practicing safe feeding habits and returning for prenatal and antenatal visits. In rural areas this can be difficult for women who live long distances from the nearest clinics, so returning to the

---

<sup>97</sup> Brugha, Ruairi, et al. "Health workforce Responses to Global Health Initiatives Funding: a comparison of Malawi and Zambia." *Human Resources for Health* 8 (2010): 19. *Academic OneFile*. Web. 05/30/11.

<sup>98</sup> "Prevention of Mother to Child Transmission: PEPFAR" *AVERT: Averting HIV and AIDS*. Online. Available. <http://www.avert.org/pepfar.htm> 05/31/11

clinic for scheduled regular checkups can be onerous or even impossible. This is just one example of barriers to the implementation of PMTCT programs nationwide. PMTCT is one of the key ways to halt the spread of HIV/AIDS and to reduce the infection rate. However, like most issues related to public health it does not have a clear solution or method that has been proven yet.

One issue related to PMTCT programming is that, over the years, there has been a lack of linkage between maternal health and PMTCT programs. More often than not PMTCT programs are included in programs such as PEPFAR, meaning that they are all about HIV/AIDS treatment and thus are not linked to maternal health programs. Programs could be strengthened by linking maternal health clinics with PMTCT programs, because maternal health clinics are already used to dealing with the unique set of issues faced by mothers, whereas many PMTCT programs are overly focused on treatment and prevention of HIV/AIDS only and not the maternal aspects of pregnancy. Again, this can be a particularly large problem in rural areas where getting to one clinic can be an imposition, but having to visit two entirely different clinics for one's prenatal care is nearly impossible.

Particularly during the late 1990's and early 2000's safe motherhood programs were rarely linked with PMTCT programs.<sup>99</sup> An example of this is the situation is the supply of drugs to mothers. Given the funding from PEPFAR there is a relatively stable supply chain of ARV drugs, including the drugs necessary for PMTCT. But the resources needed for obstetric care, such as routine drugs, drugs to fight opportunistic infections and STIs, and

---

<sup>99</sup> Druce, Nel and Anne Nolan. "Seizing the Big Missed Opportunity: Linking HIV and Maternity Care Services in Sub-Saharan Africa." *Reproductive Health Matters*. Vol 15 No 30 Nov. 2007. JSTOR. Web. <http://www.jstor.org/stable/25475348> 05/30/11 pg 196

contraceptives, are subject to frequent stock outs.<sup>100</sup> If safe motherhood programs and treatment programs are linked together, then service providers can provide much more comprehensive services to ensure the safety of both the mother and the child. While these linkages are currently being strengthened by NGO's such as PPAZ, Jhpiego, and CRS there is still much room for improvement in this area. Moreover, historically, policies implemented by the US have hampered the linkage of maternal health organizations and HIV/AIDS programs.

The US has supplied money to programs focused on fighting HIV/AIDS, but there has been a lack of funding to services that support the wellbeing of people who already have the disease or preventing them from spreading it. This is seen by the example of the lack of linkage between PMTCT and HIV/AIDS. Many of these problems resulted from the implementation of the Mexico City Policy. Organizations such as PPAZ were not allowed to apply for funding from the US or even to join networks that included organizations receiving funding. Therefore, linking maternal health services and HIV/AIDS programs was increasingly difficult during the years of the Bush administration. If organizations could not work together then they could not combine their knowledge to fight the spread of HIV/AIDS together.

Under the policy, organizations, such as the Planned Parenthood Association of Zambia and Marie Stopes International, were forced to halt programs that had been funded by the US and were not allowed to even take part in coalitions that included organizations

---

<sup>100</sup> Druce, Nel and Anne Nolan. "Seizing the Big Missed Opportunity: Linking HIV and Maternity Care Services in Sub-Saharan Africa." *Reproductive Health Matters*. Vol 15 No 30 Nov. 2007. JSTOR. Web. <http://www.jstor.org/stable/25475348> 05/30/11 pg 196

that had US funding. This meant that organizations, which were committed on SRH, were isolated from the NGO community. By including the Mexico City Policy in the structure of PEPFAR, President Bush not only ensured that organizations supporting safe abortion could not get US funding, but also that they were not as able to spread their messages because they had been marginalized in their own communities. An example of this is the cessation of a joint program between Africare and PPAZ. Before the implementation of this policy, the two organizations had created a partnership where Africare offered economic activities to young people, while PPAZ addressed SRH issues with the young people. However, after Africare accepted US funds this partnership was forced to stop.<sup>101</sup> Moreover, it inhibited the ability of organizations to make linkages between safe motherhood and PMTCT, because these organizations were not allowed to work together because of the Mexico City Policy. Thus, by instituting the Mexico City Policy, the US government negatively affected the situation on the ground in Zambia by halting projects and partnerships like the Africare/PPAZ partnership.

In Zambia, much of the HIV/AIDS epidemic is attributable to a lack of knowledge about prevention and SRH in general. The spread of HIV/AIDS in Zambia is usually the result of heterosexual intercourse. In schools there is no sexuality education beyond basic Biology and Zambian culture is such that parents do not discuss such issues with their children. Therefore, many young people have little to no knowledge about sexual and reproductive health, which leads them to engage in unsafe sexual practices. An example of this is the consistent image that a man is not a man unless he has multiple girlfriends, who

---

<sup>101</sup> Gordon, Gill, and Vincent Mwale. "Preventing HIV with young people: a case study from Zambia." *Reproductive Health Matters* Nov. 2006: 68+. *Academic OneFile*. Web. 05/30/11.



may not even know that their boyfriend has other partners. This can lead to people unknowingly contracting the disease. Educating children about sexuality in the US is the norm but in Zambia it is never discussed. Therefore, PPAZ and Youth Vision have been working to advocate for the inclusion of Comprehensive Sexuality Education (CSE) programs in schools. If this program were implemented, then young people would be able to access information about sexuality.

Programs like CSE could help to halt the spread of HIV/AIDS by educating young people about their SRH and rights. However, given the marginalization of organizations like PPAZ under Bush, only recently have these types of organizations been able to bring their issues to the government. Moreover, given the fact that Zambia defines itself as a Christian nation, some people in the government believe that CSE is not appropriate in schools. Now that PPAZ and YVZ can network with other organizations they can add power to their claim and hope to make changes in government policy. However, before the Mexico City Policy was revoked it was very difficult for PPAZ or YVZ to advocate to the government about issues they felt were important.

The Mexico City Policy was revoked in 2009, when Barack Obama took office and extended PEPFAR. Initially this was touted by organizations on the ground because they believed that things could return to the way that they had functioned before the policy. However, given the economic disaster in the US, donor money did not increase as much as expected, so new programs have been slow to start. Moreover, given the amount of damage that was done to the organizations such as PPAZ, Marie Stopes, and Youth Vision, during

the period that the policy was valid, its effects are still being felt on the ground as organizations.

## Responses to Questions about the Mexico City Policy

Question	Yes	No	Neutral	No opinion	Don't think it is
In the past the US has attached conditionalities, such as requiring organizations to preach abstinence rather than condom use, to receiving US funding. Do you believe that this is appropriate?		7			
Is abstinence consistent with Zambian culture?	2	5		1	
Do you think the US is imposing its will on Zambia by calling for abstinence as a precondition for receiving aid under PEPFAR funds?	4	1	1	1	
Do you think it is right for the United States to tell Zambia what to do in its public health sector?		6			1

Discussion of the Mexico City Policy leads to the question of whether or not the US, as the donor, is warranted to include conditionalities to its program funding. All respondents felt that the inclusion of conditionalities was inappropriate. Six of the seven respondents also felt that it was not appropriate for the US to Zambia what to do at all in its public health sector. All respondents felt that Zambia should be allowed to make its own decisions and then ask for help when necessary. More than half of the respondents also felt that the US was imposing its will on Zambia when it instituted the Mexico City Policy.

Zambians truly feel that they are able to assess the needs of their country without the US telling them what Zambia's problems are.

While the US is the global hegemon, it does not mean that the US necessarily has the right to demand that the rest of the world should follow its principles and morals. Every respondent indicated that it was not correct for the US to tell Zambia what to do in its health sector, even if the US was providing funding. This shows that people on the ground do not think that this is an effective way to develop Zambia. Even the people I interviewed who were not Zambian did not think that it was appropriate. A consistent theme throughout my research was that while Zambia appreciates the monetary aid that it receives from the US, local people and leaders resent being told what to do by donors.

Interestingly when respondents were asked to comment on their opinions about US foreign policy and PEPFAR under Bush and under Obama, they were very critical of both administrations. Most respondents had much more in-depth knowledge of the US political system than originally expected. Most respondents stated that they did not expect much out of Bush as he was a Republican and as such would be less invested in foreign aid and the implementation of programs. They also spoke of their fears for the upcoming 2012 election and its effect on the public health sector and Zambia as a whole. As many organizations depend on funding from the US, the thought of another Republican president in the White House is an uncomfortable one. If a Republican is elected and chooses not to renew PEPFAR in 2013, then much of the programs in place now will not be able to continue. As such, the election in Zambia the United States has an interesting effect on the public health sector in Zambia. Regarding the foreign policy of the Bush administration,

there was an interesting discrepancy between their opinions on foreign policy in general and as an aspect of the public health sector. Most felt that, despite the Mexico City Policy, PEPFAR and thus Bush's foreign policy as an aspect of the public health sector had been a positive thing for Zambia. However, their opinions on his administration's foreign policy varied greatly, ranging from positive to very negative.

### Responses to Questions about Perceptions of PEPFAR and US Foreign Policy

Question	Very Negative	Negative	Neutral	Positive	Very Positive	N/A*
To your knowledge do PEPFAR funds affect the Public Health sector in Zambia in general positively?				5	2	
What do you think of PEPFAR funds as an aspect of US Foreign Policy?		1	2	4		
How do PEPFAR funds affect your opinion of the US?		1	2	3		1
By calling for abstinence under PEPFAR, how do you think the United States affected public health policy in Zambia?		4	2			1
a. In general is your view of US Foreign Policy positive? (Bush)	1	1	1	3		1
b. In general is your view of US Foreign Policy positive? (Obama)			1	5		1

However, the most interesting answers were those regarding the foreign policy of the Obama administration. Most saw his foreign policy both in general and just the public health sector positively. But some were more critical of Obama than Bush, when asked to

expand on their answers. This was surprising given that as the first African-American president, Obama is an almost mythical figure in Africa. His election has spawned a market of Obama items from toothbrushes to bars and restaurants dedicated to him. However, his godlike status seemed to be exactly the problem, because people felt that he should be doing more for Africa as both a Democrat and a fellow African. Despite the fact that Obama has tried to fix some of the issues with PEPFAR with the development of the GHIs and effect change both at home and abroad, many of the people that I spoke with felt that his international focus should be Africa. Much of the aid that they hoped to receive from an administration that was both African and Democrat has not appeared, particularly given the economic downturn. Moreover, many of the policies that have been changed in name do not appear to have changed on the ground. Thus, some Zambian people are frustrated with an administration that they had staked their hopes on. They want to be included in the plans for the future of their country.

Zambians feel that while they may not have the money to fix their problems, they do have the ability to ascertain what their problems are. In their minds, they are the most qualified people to make decisions about the fate of their country, especially given that on occasion the US or an IO has demanded a program be implemented, which is not what the local government wants to focus on. In most cases, these programs have not been successful. This issue is not only felt in the public health industry. A director in the Ministry of Finance named Musunga stated:

We don't want assistance in areas other than what we are saying this is what we need to do. But if we say, you can't come outside the FNDP, we won't get the money. We can't say that. It is a process. We cannot say

no to their aid. We are a poor country and we still need aid almost everywhere.<sup>102</sup>

The Zambian people, in general, do not resent the assistance from the US, rather they resent the fact that the US does not view them as legitimate contributors to the policies and frameworks that will be implemented in their own countries. They want to be active participants in their own society and country (evidence?).

To be able to become a part of the development process, many respondents asked for consideration of domestically performed Needs Assessments Surveys. These are surveys that are administered by governments, NGOs, or consultants hired by either or both groups. The goal is to assess the situation on the ground regarding one or more issues. From the results, it is possible for governments, NGOs, and donors to better understand what is really required on the ground. The surveys can either prove or disprove conceptions about the situation on the ground. By administering and analyzing the results of these surveys, Zambians can assess the needs of the people on the ground and discover how best to meet their needs. However, the US has consistently overlooked the functionality of surveys like this and as such the US has not utilized them effectively.

One of the issues facing Zambia is that Zambia like many other developing countries is experiencing a brain drain. The WHO recommends a staff population of 1:5,000 for doctors, 1:700 for nurses, and 1:8,000 for pharmacists. However, in Zambia the ratios are 1:17,589 for doctors, 1:8,064 for nurses, and 1:473,450 for pharmacists. This is obviously

---

<sup>102</sup> Fraser, Alastair. "Zambia: Back to the Future?" *The Politics of Aid: African Strategies for Dealing With Donors*. Lindsay Whitfield Editor Oxford University Press: New York City. 2009. Pg 320.

far below what is recommended by international organizations. This dearth of doctors could inhibit not only treatment, but also the ability of health professionals to become involved in an overhaul of the healthcare system. Statistically, it has been noted that up to three quarters of doctors trained in Zambia leave for better opportunities internationally/overseas.<sup>103</sup> This number also does not highlight the lack of healthcare providers in the rural areas of Zambia.<sup>104</sup> This brain drain has had significant negative effects on the ability of health professionals to provide decent services to Zambians. To build up a healthcare system, one first needs to have the doctors to create a network of providers.

Moreover, the majority of qualified health care workers who stay in Zambia choose to work for NGOs funded by PEPFAR rather than for government run hospitals, which leads to a dearth of qualified health professionals in the government work force. A study published by Johanna Hanefeld in 2009 found that, of the fifteen doctors they interviewed about GHIs, nine of them had recently been recruited from the public sector to work for NGO's. One official noted that "It [PEPFAR] is strategically weakening government efforts....What is to happening is that we are training people... next you will hear that he has been taken...next you will hear that the government, you have no capacity."<sup>105</sup> This

---

<sup>103</sup> Glennie, Jonathan. "Chapter 9: What is to be Done?" *The Trouble With Aid: Why Less Could Mean More For Africa*. Zed Books: New York City 2008. Pg 141.

<sup>104</sup> Brugha, Ruairi, et al. "Health workforce Responses to Global Health Initiatives Funding: a comparison of Malawi and Zambia." *Human Resources for Health* 8 (2010): 19. *Academic OneFile*. Web. 05/30/11.

<sup>105</sup> Hanefeld, Johanna, and Maurice Musheke. "What impact do Global Health Initiatives have on human resources for antiretroviral treatment roll-out? A qualitative policy analysis of implementation processes in Zambia." *Human Resources for Health* 7.8 (2009): 8. *Academic OneFile*. Web. 05/30/11.

quote highlights some of the problems with the implementation of PEPFAR's programs. On the one hand the US is criticizing the Zambian government's lack of capacity, but at the same time PEPFAR programs are taking the few doctors that have remained in Zambia, thereby contributing to the lack of capacity in the government. The way that PEPFAR is implementing its program is thus injuring the sustainability of the programs after it exits Zambia. While the doctors are remaining in Zambia and receiving excellent skills from the NGOs who they work for, they are not able to strengthen the capacity of their own government. Thus, the US is giving aid to Zambia, but it is inhibiting the ability of local institutions to function after PEPFAR concludes. This is representative of the complicated nature of aid in the public health sector in Zambia. Doctors either leave or work for international organizations.

On paper, under the new Partnership Framework (signed in January 2011), the USG is working to empower the GRZ as well as other institutions necessary to continue to enhance the health sector in Zambia. According to Jhpiego, this has been very successful and they feel that the GRZ has been empowered by the Framework. In their opinion, the government can now apply through Jhpiego to achieve the programs that it wants to see in Zambia. However, the indigenous Zambian organizations still said that they felt left out of the processes of applying for and participating in PEPFAR funding and programs. TALC specifically felt that it had been used by the USG during the creation of the Partnership Framework. This organization had been asked to submit its opinions, which were mainly ignored. Moreover, once the Framework was completed the organization had been ignored and passed over for funding. Thus, the organization felt as though they had been used, not to offer valid opinions, but so that the USG could use their name on the list of signatories to



display its inclusion of indigenous organizations. In their opinion, the Partnership Framework was not being implemented in the way in which it was intended. Instead, the US is continuing to favor US based organizations rather than attempting to move towards supporting indigenous organizations.

Most of the respondents called for far more consideration of these Needs Assessment Surveys by the US. They stated that the US would be able to more effectively halt the spread of diseases if only they listened to what Zambia felt it needed rather than just blindly implementing international frameworks. These frameworks are one size fits all solutions that are not necessarily applicable to each country in which they are applied. If the Partnership Framework were actually applied this would be a better system. However, at the present time, most people felt that the Framework still did not take the situation of each individual country well.

The US continues to support its own organizations and empower its own citizens. One respondent stated that: "PEPFAR empowers Americans rather empowering the people on the ground."<sup>106</sup> This was a surprisingly common response. People felt that the PEPFAR programs really put more money into the US economy, rather than supporting the Zambian economy. Most of the funding for PEPFAR goes to administrative costs, which in many cases means that the money never leaves the US and even if it does in some cases the money goes the support of US staff in country, which means it funds things such as SUVs for American expatriates or their housing. Therefore, the money never reaches the intended target of the people of Africa affected by HIV/AIDS. Rather the money is put towards

---

<sup>106</sup> Interview NGO Worker, June 2011

funding things that go back towards the US economy and the empowerment of US citizens rather than the strengthening of systems in Zambia. This system is not necessarily bad because US organizations can offer valid knowledge but when it is at the expense of capacity building of Zambians it becomes detrimental to the development of Zambia as a whole..

However, one respondent in particular noted that while PEPFAR seems to just be a philanthropic program aimed at increasing the quality of life of people in the developing world, the US is still supporting its own citizens and economy because most of the companies producing ARVs are in fact American. Thus, by supporting the expansion of ARVs in the developing world, the US government is providing monetary support to its own citizens. Additionally, two respondents highlighted the fact that much of the aid meant for PEPFAR goes to administrative costs for either the US headquarters of NGOs or their offices in Zambia, which usually use the money to assist their expatriate workers acquire things such as SUVs or safe housing, rather than having the money go directly to the people. While these things are not necessarily detriments to the success of the PEPFAR program, it does represent the way in which aid can become complicated. The money is not intended to fund either companies producing the drugs or to sustain the livelihoods of Americans in the developing world. The money is intended to go to the people who need it most in Zambia. Nevertheless, all respondents expressed respect for both the US and President Bush (regardless of other political opinions) with regards to the expansion of ART in Zambia.<sup>107</sup> This was true even of organizations which lost funding because of President Bush's policies. All respondents spoke about how the success that Zambia has had in expanding

---

<sup>107</sup> Interviews with NGO Workers, Lusaka, Zambia, June 2011.

treatment is at least in part a result of the PEPFAR program. While one cannot attach causality to the situation, there is a clear correlation between PEPFAR and the spread of ART in Zambia.

Moreover, PEPFAR, and aid in general, are not intended to last forever. If the US truly wants to fix the problems in Africa, then the US needs to start working with more indigenous organizations and governments that can continue to function and expand after the US-based NGOs have gone home. The goal of development is to develop sustainable, equitable, and efficient policies and institutions that focus on increasing living standards as well as measured GDP.<sup>108</sup> However, at the current time because of the continued state of aid dependence that persists in Zambia, this goal seems unreachable. Additionally, without economic growth Zambia cannot hope to expand the services to its citizenry.

According to the World Bank Report, *Can Africa Claim the 21<sup>st</sup> Century?*, there are three reasons for slow growth. The first is large terms of trade shocks offsetting increases in aid flows. The second is poor governance. And the third is low levels of human resource development.<sup>109</sup> All three of these issues are present in Zambia, which is a copper rich but abjectly poor country. Throughout the 20<sup>th</sup> century, copper prices wreaked havoc on the Zambian economy. This is compounded by the fact that Zambia is a landlocked country and it has had issues with neighbors like Zimbabwe and the DRC in the past. Although these have somewhat eased since the completion of the Tan-Zam Railway, which has given

---

<sup>108</sup> Stiglitz, Joseph. "Chapter 2: The Promise of Development." *Making Globalization Work*. WW Norton and Company: New York City. 2007. Pg 44.

<sup>109</sup> Lancaster, Carol and Samuel Wangwe. "Chapter 2: The Causes and Consequences of Aid Dependence." *Managing a Smooth Transition for Aid Dependence in Africa*. Overseas Development Council and African Economic Research Consortium: Washington DC. 2000 Distributed by the Johns Hopkins University Press. Pg. 25

Zambia increased access to the Indian Ocean and thus to international shipping. Once Zambia had access to the ocean a barrier to trade had been reduced, but infrastructure continues to be poor and diversity in the economy is lacking. Therefore, Zambia needs to work towards a diverse open economy by building infrastructure.

Finally, HIV/AIDS has ravaged the country affecting all sectors but it has particularly decimated human resources. Given the number of deaths per year due to HIV/AIDS in Zambia, the effect on civil society is and will continue to be massive as parliamentarians, doctors and other community leaders pass away far too young. While the loss of any human being is a tragedy for a development standpoint the loss of the few people who are educated in a developing country can be disastrous. If the majority of policymakers pass away, then there are no educated or experience people left to make decisions.

Zambia still needs significant assistance considering the current state of the country and government, but it also needs to be allowed to exert its own sovereignty. The public health sector is a perfect example of this. Health care, and the funding for it, is essentially provided and regulated by NGOs rather than by the government. NGOs do wonderful work in Zambia and other developing countries, but the way in which funding is provided does not allow Zambia to exert its power as a sovereign state. Instead of going to the state for funding health care programs are strengthened through NGOs. Therefore, yet again the government is not helping to provide services to its citizens and is thus not accountable to them.

The US and Zambia can work together to create a sustainable solution, but this will only be possible if and when the US considers Zambia a true partner rather than a younger

sibling. Instead of telling the GRZ and NGOs in Zambia what to do when it comes health, among other issues, the US needs to begin to listen to Zambia about what the people of Zambia think they need and want assistance with. As a sovereign nation, Zambia should have this right. There is no reason for the US to consider itself more knowledgeable about a country than the country's own people. All the respondents stated that they knew that Zambia needed help, but that they could assess where the needs were and resented the disrespect shown to them by the US. Zambians want to be a part of the solution not a part of the problem. They want to be able to be allowed to make their own country better, with the assistance of the US. The Zambian people want to learn from other countries that have developed their societies. What they do not want is to have other countries arbitrarily institute programs where they will not be the most effective.

## 8. Conclusion

The PEPFAR program has had a positive effect on the lives of Zambians affected by HIV/AIDS by increasing in ART and PMTCT programs since its implementation seven years ago. However, there is still much room for improvement in the areas of sustainable solutions and prevention. Some of the issues are a result of the effect of the Mexico City Policy, implemented by the Bush administration, which negatively affected the ability of some NGOs to not only receive funding, but also to engage with other organizations to link resources and knowledge to fight HIV/AIDS. However, some of the problems are a result of the system of international aid in general. There is not much room for Zambia to develop its

own capacity under the current system of aid. As we move into a new era, the old systems of governance need to be revisited to evaluate their possible efficacy in the 21<sup>st</sup> century.

When President Bush originally outlined the PEPFAR program, the inclusion of the Mexico City Policy/the Global Gag Rule inhibited the ability of sexual and reproductive health organizations, including maternal health organizations, to effectively improve the lives of people in Zambia. During this time, two-thirds of PEPFAR money had to go to pro-abstinence programs while organizations that offered abortions or even counseling about abortion were denied any PEPFAR funding.<sup>110</sup> This stipulation assumes that all countries and actors want to adhere to the same morals and principals as the US, which considering the variety of cultures worldwide is hard to believe. Additionally, abstinence only is not the only method of sexual education and the US should not be able to stipulate what information is available in other countries.

A second stipulation in the policy was that PEPFAR funds could not be used to actively promote condoms to youth or the married population.<sup>111</sup> This is problematic on a few fronts. To begin with teaching students about the existence of condoms and other forms of contraception will not make them more likely to engage in sex, but rather it will allow them to make more informed choices. Secondly, not including married couples in education courses ignores the fact that HIV/AIDS can still be spread from husband to wife and vice versa. People are not always faithful and moreover people should have the

---

<sup>110</sup> Moyo, Dambisa. *Dead Aid: Why Aid is Not Working and How There is a Better Way for Africa*. Douglas and McIntyre ltd: New York, NY 2010. Pg 6.

<sup>111</sup> Cleland, John, Mohamed Ali, and Iqbal Shah. "Trends in Protective Behavior Among Single vs. Married Women in Sub-Saharan Africa: The Big Picture." *Reproductive Health Matters*. Vol 14 No 277 November 2006 pg 17-22 JSTOR Web. <http://www.jstor.org/stable/25475248>

knowledge of how to prevent the spread of the disease if one partner is infected. Finally, the program stipulated that special priority should be given to faith-based organizations in the receipt of care and treatment funds.<sup>112</sup> An example of this can be shown by the choice to allocate significant funding to CRS, which has done wonderful work in developing countries, but is nevertheless a Catholic aid organization. NGOs should not be singled out because of their religious affiliation, but rather because of their results, regardless of any affiliations.

The decision to reinstate the Mexico City policy was based on the morals of the United States government at the time and it ignored the situations in the developing countries where the policies were actually going to be applied. In a similar case during the Bush administration, the US government stopped payments to the Reproductive Health for Refugees Consortium because Marie Stopes International, one of the seven charities, was linked to abortions in China.<sup>113</sup> Again in this case, the US was imposing its own views on an NGO with little regard for the situation on the ground or the actions of the consortium itself. Taking money away from the consortium not only hindered the activities of Marie Stopes but also other organizations in it. Marie Stopes International has a very strong presence in the reproductive health sector in Zambia and so this decision even affected Zambians. In this case, as well as with the Mexico City Policy, the US's imposition of its own morals and ideologies on an organizations negatively affected the ability of Zambians and other people in the developing world to access safe health services.

---

<sup>112</sup> Garrett, Laurie. "The Lessons of HIV/AIDS." *Foreign Affairs*, Vol 84. No 4. July/August 2005. Pg 51-64. JSTOR Web. <http://www.jstor.org/stable/20034420> 05/30/11

<sup>113</sup> Isaak, Robert. *The Globalization Gap: How the Rich Get Richer and the Poor Get Left Further Behind*. Prentice Hall Financial Times: New York City. 2005. pg 210.

By denying Zambians access to a variety of services, the rights of people in Zambia are being violated because they cannot make choices for themselves. The banning of the distribution of condoms is based on the idea that condoms promote promiscuity, which is supported by many churches.<sup>114</sup> However, many Zambians have never heard of contraception before and even if they have their information is usually incomplete or simply incorrect. In 2009, only 39% of young people could correctly identify methods of prevention of HIV and reject major misconceptions about it.<sup>115</sup> Therefore, PEPFAR denying locals the opportunity to learn about their contraception options could significantly inhibit the ability of NGOs to change the situation on the ground in Zambia and developing nations as a whole.

For example, many young women (and men) do not even know that they have SRH rights, particularly once they are married. At a PPAZ workshop on advocacy in Lusaka, a number of young people were not even aware that sexual and reproductive rights even existed.<sup>116</sup> For many girls, especially in Zambia, there is the perception that after marriage the husband has the right to make decisions for his wife. Therefore, even in an abusive and unhealthy relationship, women will not speak up because they believe that it is their husband's right to beat them. Empowering young men to maintain one healthy relationship at a time would help reduce the spread of HIV/AIDS and it would also teach them to appreciate women and treat them with respect. Thus, empowering both genders would

---

<sup>114</sup> Bwalya, Edgar. "The Political Economy of Antiretroviral Drugs in Zambia." *Perspectives on Global Development and Technology*. Vol. 5, No 4. November 2006, pg 396

<sup>115</sup> "Zambia Sexual Behavior Survey." *Central Statistical Office*. Online. Available. <http://www.zamstats.gov.zm/media.php?id=9> 06/14/11 pg. vi.

<sup>116</sup> PPAZ Sexual Rights and Advocacy Workshop, Lusaka, Zambia. 06/09/11



have greater benefits than teaching them about contraception. One of the other barriers is the conception that teaching young people about contraception will make them more likely to engage in sexual intercourse. However, studies have shown that teaching young people about contraception will not make them more likely to engage in sexual activities.<sup>117</sup> Therefore, if PPAZ and other organizations like it are able to advocate for CSE and change this misconception, then the situation in Zambia will be able to improve in the long term.

In turn, the empowerment of young people could help prevent the spread of HIV/AIDS because the people would be aware of their rights as well as the methods to prevent the disease. However when the Mexico City Policy was in effect, organizations that were dedicated to expanding CSE were marginalized and unable to make a difference. Organizations like PPAZ that had received US money before the policy was enacted were suddenly asked to operate without significant funding. Thus, their ability to advocate for what they believed in and create effective programs was seriously diminished. These programs were not aimed to promote promiscuity but rather to help young people. Without Comprehensive Sexuality Education (CSE), Zambians cannot hope to move forward and change these unsafe cultural norms, which contribute to the continuation HIV/AIDS epidemic.

Moreover, while the Termination of Pregnancy Act, made it legal to have an abortion in 1972 and is one of the more liberal laws in Africa, the requirements to actually obtain one in Zambia are stringent. A woman has to get permission from three different doctors to get clearance to have an abortion. Given the lack of health professional in Zambia, it is

---

<sup>117</sup> Ibid.

difficult for many people to even find three doctors. Moreover, most women do not even know what an abortion is, so they have no concept of whether or not they want one. The US has no right to mandate that NGOs in Zambia cannot support something that is legal both in the US and Zambia. While it would be proper to advocate for abstinence only as the preferred method of contraception it is not morally acceptable for the US to deny people access to something that has been deemed legal by their sovereign government. The continued use of conditionalities, such as the Mexico City Policy, makes it nearly impossible for people to learn about their options and make decisions for themselves. Policies need to be reexamined in order to alter them to be more effective in the coming years.

While most Zambians appreciate the effort of PEPFAR and the United States to treat HIV/AIDS, most respondents also had criticisms about the way in which the US administers its policies, including the continued use of conditionalities. People felt that there are ways in which PEPFAR could more effectively administer its policies to create a better situation for Zambia. The most common response from indigenous organizations was that they felt neglected and overlooked by PEPFAR and other USAID programs. One respondent went as far to say that the greatest impact of PEPFAR was its “ability to kill indigenous organizations.”<sup>118</sup> While it is understandable for the US to initially favor organizations that it has previous contacts with, the PEPFAR program is supposed to be an emergency measure and thus has an end date (currently set as 2013, which could be extended depending on the outcome of the 2012 election). Therefore, at some point in the near future it will be necessary to hand the reins over to the Zambian people and government. At

---

<sup>118</sup> Interview NGO Worker, June 2011

this point, Zambia will have to have the capacity to run a functioning health system and country without US or international assistance.

In the future, more research should be done on the effect of the 2012 US election in Zambia. Most Zambians I spoke with raised concerns about what would happen in Zambia if a Republican were to be elected next year. In contrast to their concern about the 2012 election in the US, the impending Fall 2011 election in Zambia was never raised as a concern by any of people interviewed. The connection between the government of the US and the ability of NGOs in Zambia to function is an interesting one, which needs to be examined in detail in the coming years. It shows the fact that organizations in Zambia are more concerned with the government of the donor countries than they are with the governments of their own countries.

Aid should aid governments and people, not tell them what to do with their countries. Although the Mexico City Policy was reversed in 2009, the effects are still being felt in Zambia today. Moreover, while the policy has changed under Obama, the situation on the ground has changed only marginally, which shows the extent to which the policy altered the situation on the ground. Interestingly the lack of change in Zambia has caused intense criticism about Obama's policies, despite the fact that Zambians almost worship him because he is African American. The Partnership Framework, which was signed in January 2011, should be fostered to develop more equal relations between Zambia and the US. The relationship between Zambia and the US needs to be reworked in order to ensure the development of Zambia's healthcare system. This can be achieved by implementing the Partnership Framework in its intended form.

One of the problems with aid is that it causes dependence on aid money and it reduces the capacity of the local government. Therefore, as we move forward, the US needs to work on not only implementing sustainable solutions but also engaging with local organizations that are invested in the development of their own countries. Once Zambia has the capacity to function on its own then the US will be able to successfully reduce its aid and leave behind a positive legacy. The US can offer so much knowledge and expertise in the health sector that assistance is vital to help halt and reverse HIV/AIDS but without developing the capacity of the local groups and the government their actions will not be able to continue after the US pulls out.

Indigenous organizations can play a unique role in the continuation of development, because they are comprised of local people who are unhappy with the status quo and want to change things in their country. They represent citizens who want the government to do more for the people of their country. Moreover, by nature they will remain active in the country long after the US has left. They are the civil society and as such they can advocate for issues, which the people are passionate about more effectively than programs that are based in the US because their voice is the voice of the local people. This can help to institute sustainable checks and balances on the government. In 2004, when PEPFAR funding began, the US government may have been more comfortable funding larger US based and international organizations because they did not know anything about smaller local organizations and which ones were legitimate organizations. However, even though enough time has passed that PEPFAR has had time to develop relationships with smaller organizations through small grant program, these programs have been overlooked and local organizations still reported feeling left out of the system. Yet the US continues to

overlook organizations that could help provide more sustainable solutions, even though this is their current stated goal, rather than seeking a new solution to a currently unsolvable problem.

If the US has not trained any of the indigenous organizations the people will be ill equipped to deal with the issues presented to them and Zambia at that point. They will be unable to respond to the pressures of the healthcare system if they have never had to run one before. One respondent suggested strengthening CBOs and grassroots organizations by revising the way that funding is allocated. He called for a mapping to see how many indigenous organizations needed the money. After this allocation, PEPFAR would be able to administer small grants so that these organizations would be able to implement small programs. A system like this is currently written into the Partnership Framework, but actually applying for and receiving the grants is very difficult.<sup>119</sup> Even small grants could have a great effect on local organizations, as it would allow them to strengthen their abilities as well as allowing them to become more active members in the fundraising system. Therefore, the capacity of local organizations would be increased and a far more sustainable solution would be achievable. This would help make sure that the money gets where it is supposed to be going rather than going directly to US organizations. This would not only help with transparency but also the ability of Zambia to build its capacity. By strengthening indigenous organizations, one is strengthening the power of the people in Zambia. Once the people have been empowered they can demand change of their government.

---

<sup>119</sup> Interview NGO Worker, June 2011

To change the situation in Zambia, the government must take control of the policies of its own country and reduce its dependence on aid. Foreign assistance should not be eliminated but the rules need to be changed. Zambia needs to be allowed to make its own decisions. Francis Fukuyama addresses the issue of capacity stating that outsiders, whether they are IFI's, NGOs, or bilateral donors, should not arrive with "their own 'construction blueprints, ready to hire [nationals] to build the factory we have designed. Instead, we should be arriving with resources' to 'optimally...make direct grants to government agencies' and 'motivate the [nationals] to design their own factory and to help them figure out how to build and operate it themselves.'"<sup>120</sup> This structure would be advantageous for both the donor and the recipient. From the recipient's perspective, assistance would be needed and advantageous but they would also be allowed to develop their own capacity at the same time. From the donor's perspective, at the end of the day a sustainable solution would be reached that would require less investment of time and money in the years to come, but would still profit the donor. In the suggested system, a dialogue between donor and recipient would be created. The government of the recipient country would be held accountable to the needs and wants of its people while still being able to receive monetary and programmatic assistance from other countries and organizations.

This does not mean that the international community should just stop aiding Zambia and other third world countries. Rather, in light of current circumstances, it has become apparent that a new set of rules must be put in place to achieve a politically and economically successful and sovereign Zambia. These rules need to be based on the goal of

---

<sup>120</sup> Hope, Kempe Ronald Jr." Chapter 7: Addressing Capacity Deficits" *Poverty, Livelihoods, and Governance in Africa: Fulfilling the Development Promise*. Palgrave MacMillan Publishing: New York City. 2008. Pg 167-168.

an independent Zambian government, which is advised by the international community as more of a partner.

NGOs have a role to play in the developing world in the 21<sup>st</sup> century. But, the system we are currently using needs to be changed to be successful. Instead of working outside the government, NGOs should engage the government, so that there is mutual cooperation. In this scenario, NGOs would be able to assist the government in developing sustainable programs, while the NGOs helped with the implementation. Some of the more recent programs being implemented by PEPFAR funded organizations are seeking to address this issue. In particular, a Jhpiego program with the University of Zambia has developed an HIV/AIDS program at the university so that health professionals can return to school and become experts on HIV/AIDS. While professors were originally brought in from the US to teach on a semester or yearlong bases, the program is expected be taught purely by Zambian professors by next year.<sup>121</sup> This program is a good start because not only are Zambian professionals able to learn about the greatest health crisis their country has ever faced, but the program will be entirely sustainable even after the organization leaves. It also means that Zambian clinics can have service providers who are knowledgeable in the disease that they are fighting. However, the program instituted by Jhpiego is not necessarily the norm. If the international community is going to assist the government, then it is also necessary to engage the indigenous organizations so that they can help play a role in sustaining the system after aid has been diminished.

---

<sup>121</sup> Interview with an NGO worker. Lusaka Zambia. 06/24/11

J. Anderson  
Lampert Fellowship 2011

Since 2004, Zambia and the US have been working together to improve the situation in Zambia. However, to reach this goal the way in which aid is administered needs to be reexamined. The past few decades have shown that the modern framework of development does not always work and as such it needs to be altered for the future to attempt to improve the lives of those in Zambia and other countries in sub-Saharan Africa. Throughout the 20<sup>th</sup> century, the proverb “he who pays the piper calls the tune” was the accepted norm regarding aid in the developing world. However, it is now clear that this system has its flaws and no longer holds true.



## Appendix 1: Sample Questionnaire

**Statement of informed consent:** Good day! My name is Jillian Anderson and I am from Colgate University in the United States. I am conducting the following interview as a part of a thesis for my university degree. I am hoping to study the effect of US Foreign Policy on organizations helping to halt the spread of HIV/AIDs in Zambia. The answers that you provide will be confidential. They will be put together with other responses to get an overall picture on the effect that US Foreign Policy has had on the organizations fighting to halt the spread of HIV/AIDS in Zambia. This interview will not take long. There is no penalty for refusing to participate. If, you consent to be interviewed but change your mind during the course of the interview, please say so immediately and we will immediately terminate the interview and all your answers up to that point will be discarded.

Do you fully understand your rights to freely speak your mind during the interview and to terminate the interview at any point if you so wish? Yes\_\_\_ No\_\_\_\_\_

Do you wish to proceed? Yes\_\_\_\_\_ No\_\_\_\_\_

### Demographic Information.

**Item 1.** Name of town or village interview is being conducted in: \_\_\_\_\_

**Item 2.** Name of Administrative District:

**Item 3.** Geographic Region of the Country [north, south, west, east]: \_\_\_\_\_

**Item 4.** Gender of Respondent:

1. Female
2. Male

**Item 5.** What is your religion, if any?

1. Christian [*Interviewer: Please Include in this category all Protestants (mainstream and Evangelical Pentecostals); Catholics; Jehovah's Witnesses; Seventh Day Adventists; and African Independent Churches.*]
2. Moslem [*Interviewer: Please include in this category all sects-Sunni, Shiite etc.*]
3. Traditional African religions
4. I do not have a religion
5. Other [specify]:
6. No response

**Item 6.** What ethnic group do you consider yourself to be a part of?

List ethnic groups:

- 1.
- 2.

**Item 7.** Can you tell us your age?

- 1=18-25 yrs
- 2=25-29 yrs
- 3=30-34 yrs
- 4=35-39 yrs
- 5=40-50 yrs
- 6=51-60 yrs
- 7=61-70 yrs
- 8=71-80 yrs
- 9=missing data.

**Item 8.** [Education I] what is your highest level of education?

1. Illiterate (cannot both read or write)
2. Primary schools education only
3. Up to secondary school education but did not continue after
4. Technical College/Teachers College
5. University education [University of Zambia, etc]
6. Refused to answer
7. No response

**Item 9.** [Education II] [*Interviewer: if respondent selected 1-3 above, skip this Item and move on to the next.*] Did you receive higher education in a Western country?

1. No higher education in western country.
2. Higher education in western country [Insert Country here\_\_\_\_\_]
3. Refused to answer
4. No response

J. Anderson  
Lampert Fellowship 2011

When ranking things use 1 very negative, 2 negative, 3 neutral, 4 positive, and 5 very positive. Feel free to explain any answers.

1. How long have you worked for this organization?
2. How many offices does your organization have?
3. Is your organization present in all regions of Zambia?
4. What is the focus of your organization and what kind of programs does your organization have to focus on these issues? (i.e. youth, Mother to Child Transmission)
5. To your knowledge has this organization received US Funding?
6. If you answered yes to number 2, how much does US Funding account for your operations in Zambia?
7. What kinds of projects or things (i.e. trucks, computers) does your US Funding go towards?
8. How many staff do you have?
9. What percentage of your staff is Zambian versus American or expatriate?
10. Did the implementation of the Mexico City Policy or the Global Gag rule by PEPFAR change the way your organization operated or its funding?
11. If so did it affect your operations positively or negatively? Please explain

12. How many trucks do you have?

13. How many computers do you have?

14. Since working with USAID, is your view of PEPFAR positive or negative? 1 2 3 4 5

15. Since working with USAID, is your view of the US positive or negative? 1 2 3 4 5

16. Have you noticed a difference in PEPFAR since the change between the Bush administrations and the Obama administrations? Please explain.

17. To your knowledge, do PEPFAR funds affect the Public Health sector in Zambia in general positively? 1 2 3 4 5

18. In the past the US has attached conditionalities, such as requiring organizations to preach abstinence rather than condom use, to receiving US funding. Do you believe that this is appropriate?

1. Yes, it is appropriate
2. No, it is not appropriate
3. I have a neutral view
4. I don't have an opinion on this point

Please explain your answer

19. Is abstinence consistent with Zambian culture?

1. Yes, they are consistent with Zambian culture, we also believe in abstinence as a way of combating the transmission of HIV/AIDS
2. No, they are inconsistent with Zambian culture. We do not believe in such practices.
3. I am neutral on this point.
4. I don't have an opinion on this point.

20. What do you think of PEPFAR funds as an aspect of US Foreign Policy in Zambia? 1 2 3 4 5

21. How do PEPFAR funds affect your opinion of the United States? 1 2 3 4 5

22. Do you think the United States was imposing its will on Zambia by calling for abstinence as a precondition for receiving aid under the PEPFAR funds?

1. Yes, the United States was imposing its will
2. No, it was not imposing its will
3. I am neutral.
4. I don't have an opinion on this point.

23. Do you think it is right for the United States to tell Zambia what to do in its public health sector?

- a. I don't think it is right
- b. I think it is right. She who pays the piper calls the tune. Zambia should not accept money from the United States if it does not want to do what the United States demands

24. By calling for abstinence under PEPFAR, how do you think the United States affected public health policy in Zambia? 1 2 3 4 5

25. In general is your view of US Foreign Policy positive? Obama 1 2 3 4 5  
Bush 1 2 3 4 5

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL ME FURTHER ABOUT PEPFAR, HIV/AIDS, UNITED STATES FOREIGN POLICY IN ZAMBIA, ETC.?

THANK YOU VERY MUCH FOR TAKING THE TIME TO SIT DOWN WITH ME FOR THIS INTERVIEW. YOUR TIME HAS BEEN GREATLY APPRECIATED.

## Appendix 4: Demographics of Respondents

	Male	Female					
Gender	6	1					
	Christian	Muslim	Traditional	None	Other		
Religion	6			1			
	Bemba	Lozi	African	Bantu	Nsenga		
Ethnic Groups	1	1	3	1	1		
	18-25	25-29	30-34	35-40	41-50	51-60	61-70
Age			2		3	2	
	1	2	3	4	5	6	7
Education					7		
	1	2	3	4			
Education II	4	3 (2 UK 1 US)					

## Appendix 5a: Responses

Question	Yes	No	Neutral	No opinion	Don't think it is
In the past the US has attached conditionalities, such as requiring organizations to preach abstinence rather than condom use, to receiving US funding. Do you believe that this is appropriate?		7			
Is abstinence consistent with Zambian culture?	2	5		1	
Do you think the US is imposing its will on Zambia by calling for abstinence as a precondition for receiving aid under PEPFAR funds?	4	1	1	1	
Do you think it is right for the United States to tell Zambia what to do in its public health sector?		6			1

## Appendix 5b: Responses

Question	Very Negative	Negative	Neutral	Positive	Very Positive	N/A*
To your knowledge do PEPFAR funds affect the Public Health sector in Zambia in general positively?				5	2	
What do you think of PEPFAR funds as an aspect of US Foreign Policy?		1	2	4		
How do PEPFAR funds affect your opinion of the US?		1	2	3		1
By calling for abstinence under PEPFAR, how do you think the United States affected public health policy in Zambia?		4	2			1
a. In general is your view of US Foreign Policy positive? (Bush)	1	1	1	3		1
b. In general is your view of US Foreign Policy positive? (Obama)			1	5		1

\* Note that one respondent was an American citizen and as such their responses to questions about their opinion to the US would have been skewed, so their answers to those questions are not included.



## Bibliography:

- "About PEPFAR." *The US President's Emergency Plan for AIDS Relief*. Online. Available. <http://www.pepfar.gov/about/index.htm> 05/31/11
- Advocacy Guide. DANIDA A+ Project*. Planned Parenthood Association of Zambia. Lusaka, Zambia 2011
- Agyei-Mensah, Samuel. "The HIV/AIDS epidemic in Sub-Saharan Africa: Homogeneity or Heterogeneity?" *The Norwegian Journal of Geography*. Vol 59 pgs. 14-25.
- "Antiretroviral Therapy." *World Health Organization*. Online. Available. <http://www.who.int/hiv/topics/treatment/en/index.html> 06/12/11
- "Average Age of First Sex by Country." *Charts Bin*. Online. Available. <http://chartsbin.com/view/xxj> 07/25/11
- AVERT: Averting HIV and AIDS*. Online. Available. <http://www.avert.org/pepfar.htm> 05/31/11
- "Background Note: Zambia" *US Department of State*. Online. Available. <http://www.state.gov/r/pa/ei/bgn/2359.htm> 06/10/11
- "Background." *Millennium Development Goals: We Can End Poverty 2015*. Online. Available. <http://www.un.org/millenniumgoals/bkgd.shtml> 06/21/11
- Brugha, Ruairi, et al. "Health workforce Responses to Global Health Initiatives Funding: a comparison of Malawi and Zambia." *Human Resources for Health* 8 (2010): 19. *Academic OneFile*. Web. 05/30/11.
- Brugha, Ruiari, Joseph Simbaya, Aisling Walsh, Patrick Dicker, and Phillimon Ndubani. "How HIV/AIDS Scale-Up has Impacted on Non-HIV Priority Services in Zambia." *BMC Public Health*. 2010. Online. Available. <http://www.biomedcentral.com/1471-2458/10/540> 05/30/11
- Bwalya, Edgar. "The Political Economy of Antiretroviral Drugs in Zambia." *Perspectives on Global Development and Technology*. Vol. 5, No 4. November 2006, pg 385-410
- Catholic Relief Services*. Online. Available. <http://www.crs.org/> 06/16/11
- Cleland, John, Mohamed Ali, and Iqbal Shah. "Trends in Protective Behavior Among Single vs. Married Women in Sub-Saharan Africa: The Big Picture." *Reproductive Health Matters*. Vol 14 No 277 November 2006 pg 17-22 JSTOR Web. <http://www.jstor.org/stable/25475248>
- "Conflicting safer sex advice to young people in Zambia." *Reproductive Health Matters* Nov. 2005: 168+. *Academic OneFile*. Web. 05/30/11.
- CHANGE: Center for Health and Gender Equality. Online. Available. [http://www.genderhealth.org/the\\_issues/us\\_foreign\\_policy/global\\_gag\\_rule/](http://www.genderhealth.org/the_issues/us_foreign_policy/global_gag_rule/)

J. Anderson  
Lampert Fellowship 2011

08/25/11

Collier, Paul. *The Bottom Billion: Why the Poorest Countries are Failing and What Can Be Done About It*. Oxford University Press: New York City. 2007. 205 pgs.

"The Council of Churches in Zambia is supporting the use of condoms in the fight against HIV/AIDS." *The Christian Century* 122.15 (2005): 17. *Academic OneFile*. Web. 05/30/11.

"DANIDA A+ Needs Assessment Results from a Study Conducted in Chipata, Chongwe, Kafue, Kitwe, and Livingstone." *Planned Parenthood Association of Zambia*. Lusaka, Zambia 2010

Druce, Nel and Anne Nolan. "Seizing the Big Missed Opportunity: Linking HIV and Maternity Care Services in Sub-Saharan Africa." *Reproductive Health Matters*. Vol 15 No 30 Nov. 2007 pp190-201. JSTOR. Web. <http://www.jstor.org/stable/25475348> 05/30/11

"FHI: Fact Sheet." *Family Health International*. Online. Available. <http://www.fhi.org> 06/04/11

Fraser, Alastair. "Zambia: Back to the Future?" *The Politics of Aid: African Strategies for Dealing With Donors*. Lindsay Whitfield Editor Oxford University Press: New York City. 2009. Pgs 299-328.

Garrett, Laurie. "The Lessons of HIV/AIDS." *Foreign Affairs*, Vol. 84. No 4. July/August 2005. Pg 51-64. JSTOR Web. <http://www.jstor.org/stable/20034420> 05/30/11

Glennie, Jonathan. *The Trouble With Aid: Why Less Could Mean More For Africa*. Zed Books: New York City 2008. 175 pages

Gordon, Gill, and Vincent Mwale. "Preventing HIV with young people: a case study from Zambia." *Reproductive Health Matters* Nov. 2006: 68+. *Academic OneFile*. Web. 05/30/11.

Hanefeld, Johanna, and Maurice Musheke. "What impact do Global Health Initiatives have on human resources for antiretroviral treatment roll-out? A qualitative policy analysis of implementation processes in Zambia." *Human Resources for Health* 7.8 (2009): 8. *Academic OneFile*. Web. 05/30/11.

Hill, Catherine B and Malcom McPherson. "Sustaining Rapid Growth and Development in Zambia: The Way Forward." *Promoting the Sustaining Economic Reform in Zambia*. Catherine B Hill and Malcolm F McPherson editors. Harvard University Press: Cambridge MA: 2004. Pgs 479-505.

Hope, Kempe Ronald Jr. *Poverty, Livelihoods, and Governance in Africa: Fulfilling the Development Promise*. Palgrave MacMillan Publishing: New York City. 2008. 200 pgs.

J. Anderson  
Lampert Fellowship 2011

"HHS agencies partner with PEPFAR to transform African medical education." *Women's Health Weekly* 21 Oct. 2010: 271. *Academic OneFile*. Web. 05/30/11.

Idahosa, P.L.E. "The Norms of Displacement: NGO's, Globalization, and the State in Africa." *Africa and the New Globalization*. George Klay Kieh Jr. editor Ashgate Publishing: Burlington, VT 2008. Pgs 69-96.

Interview with NGO Worker. Lusaka, Zambia. 06/14/11

Interview with NGO Worker. Lusaka, Zambia. 06/20/11.

Interview with NGO Worker. Lusaka, Zambia. 06/23/11

Interview with NGO Worker. Lusaka, Zambia. 06/23/11

Interview with NGO Worker. Lusaka, Zambia. 06/28/11

Interview with NGO Worker. Lusaka, Zambia. 06/30/11

Isaak, Robert. *The Globalization Gap: How the Rich Get Richer and the Poor Get Left Further Behind*. Prentice Hall Financial Times: New York City. 2005. 275 pgs.

*International Planned Parenthood Federation*, Online. Available. <http://www.ippf.org/> 06/21/11

*Jhpiego: Innovating to Save Lives An Affiliate of Johns Hopkins University*. Online. Available. <http://www.jhpiego.org/> 06/12/11

Kandala, N-b, C. Ji, P.F. Cappucio, and R.W. Stones. "The Epidemiology of HIV Infection in Zambia." *AIDS Care*. Vol. 20 No. 7, August 2008, pg 812-819.

Kleih, George Klay Jr. " Chapter 9: Weaving Together the Threads of the New Globalization: The Lessons." *Africa and the New Globalization*. George Klay Kieh Jr. editor Ashgate Publishing: Burlington, VT 2008.

Lancaster, Carol and Samuel Wangwe. *Managing a Smooth Transition for Aid Dependence in Africa*. Overseas Development Council and African Economic Research Consortium: Washington DC. 2000 Distributed by the Johns Hopkins University Press.72 pages

*The Lazarus Effect*. Dir. Lance Bangs. HBO, 2010. *Join(red)*. Youtube, May 2010. Web. 06/24/2011. <http://www.youtube.com/joinred#p/u/0/l16YH6xCN4c>

Mangala, Jacques. "State Sovereignty and the New Globalization in Africa." *Africa and the New Globalization*. George Klay Kieh Jr. editor Ashgate Publishing: Burlington, VT 2008. Pgs 97-128

Marrapodi, Eric, Jim Acosta, and Tom Foreman. "US Budget ax threatens successful AIDS Program in Africa." *CNN Politics*. Online. Available. [http://articles.cnn.com/2011-05-28/politics/budget.aids\\_1\\_foreign-aid-aids-relief-president-s-emergency-plan?\\_s=PM:POLITICS](http://articles.cnn.com/2011-05-28/politics/budget.aids_1_foreign-aid-aids-relief-president-s-emergency-plan?_s=PM:POLITICS) 05/30/11

J. Anderson  
Lampert Fellowship 2011

McPherson, Malcom F. "Ending Aid Dependence in Zambia." *Promoting the Sustaining Economic Reform in Zambia*. Catherine B Hill and Malcolm F MacPherson editors. Harvard University Press: Cambridge MA: 2004. Pgs 445-478.

Mills, Greg. *Why Africa Is Poor: And What Africans Can Do About It*. Penguin Books: New York City. 2010. 418 pgs.

Moyo, Dambisa. *Dead Aid: Why Aid is Not Working and How There is a Better Way for Africa*. Douglas and McIntyre Ltd: New York, NY 2010. 188 pgs.

Mukuka, Lawrence, and Vered Slonim-Nevo. "The role of the Church in the fight against HIV/AIDS infection in Zambia." *International Social Work* 49.5 (2006): 641-649. *Academic OneFile*. Web. 05/30/11.

Ndulu, Benno J, Lopamudra Chakraborti, Lebohng Lijane, Vijaya Ramachandran, and Jerome Wolgin. *Challenges of African Growth: Opportunities, Constraints, and Strategic Directions*. The World Bank: Washington DC 2007. 252 pgs.

"Partnership Frameworks." *The US President's Emergency Plan for AIDS Relief*. Online. Available. <http://www.pepfar.gov/frameworks>. 06/10/11

"Partnership Framework between the Government of the Republic of Zambia Ministry of Finance and National Planning and the Ministry of Health and the Government of the United States of America to Support the Implementation of the Zambian National Response to HIV and AIDS from 2011-2015." *PEPFAR*. Online. Available. <http://www.pepfar.gov/frameworks/zambia/158525.htm> 06/01/11

Patterson, Amy S. "The New Globalization and HIV/AIDS in Zambia." *Africa and the New Globalization*. George Klay Kieh Jr. editor Ashgate Publishing: Burlington, VT 2008. Pgs 155-176

*Planned Parenthood Association of Zambia*. Online. Available. <http://www.ppaz.co.zm/> 05/31/11

"Population, Health and Nutrition Issues in Zambia." *USAID Zambia*. Online. Available. <http://www.usaid.gov/zm/population/phn.htm> 06/06/11

Posner, Daniel N. *Institutions and Ethnic Politics in Africa* New York City: Cambridge University Press, 2005. 336 pgs.

"President's Emergency Plan for AIDS Relief" *AVERT: Averting HIV and AIDS*. Online. Available. <http://www.avert.org/pepfar.htm> 05/31/11

"Background: Zambia Abortion Policy." *United Nations Development Program*. <http://www.un.org/esa/population/publications/abortion/doc/zambia.doc>

Rackner, Lise, Nicolas van de Walle, and Dominic Mulaisho. "Zambia" *Aid and Reform in Africa: Lessons from Ten Case Studies*. Shantayanan Devarajanm David Dollar, and Torgny Holmgren editors. The World Bank: Washington DC 2001 pgs 533-623.

J. Anderson  
Lampert Fellowship 2011

"Report shows PEPFAR prevention approach too narrow in Zambia." *Reproductive Health Matters* May 2009: 223+. *Academic OneFile*. Web. 05/30/11.

Saasa, Oliver and Jerker Carlsson. *Aid and Poverty Reduction in Zambia: Mission Unaccomplished*. Nordiska Afrikainstitutet: Spain. 2002 141 pages

Sanjana, Parsa, et al. "Task-shifting HIV counselling and testing services in Zambia: the role of lay counsellors." *Human Resources for Health* 7.44 (2009): 44. *Academic OneFile*. Web. 05/30/11.

Simon, David John, Jim Pletcher, Brian V. Siegel, and John J. Grotzinger. *Historical Dictionary of Zambia*. Lanham, MD: Scarecrow, 2008. Print.

Stiglitz, Joseph. "Chapter 2: The Promise of Development." *Making Globalization Work*. WW Norton and Company: New York City. 2007. 374 pgs.

USAID Zambia Fact Sheet. *USAID Zambia*. Online. Available. <http://www.usaid.gov/zm/> 06/05/11

Vietor, Richard H.K. *How Countries Compete: Strategy, Structure, and Government in the Global Economy*. Harvard Business School Press: Cambridge, MA. 2007. 305 pgs.

Warenius, L. *Sexual and reproductive health services for young people in Kenya and Zambia: Providers' attitudes and young people's needs and experiences*. Karolinska Institutet: Stockholm. 2008.

"World Vision Africa: Zambia" *World Vision International*. Online. Available. [http://www.wvafrica.org/index.php?option=com\\_content&view=article&id=156&Itemid=173](http://www.wvafrica.org/index.php?option=com_content&view=article&id=156&Itemid=173) 06/07/11

"Zambia." *The CIA World Factbook*. <https://www.cia.gov/library/publications/the-world-factbook/geos/za.html>

"Zambia." *PSI: Healthy Lives, Measurable Results*. Online. Available. <http://www.psi.org/zambia> 05/31/11

"Zambia" *Jhpiego: Innovating to Save Lives*. An affiliate of Johns Hopkins University. Online. Available. <http://www.jhpiego.org/en/content/zambia> 05/31/11

"Zambia Demographic Health Survey 2007" *Central Statistical Office*. Online. Available. <http://www.zamstats.gov.zm/media.php?id=9> 06/14/11

"Zambia Sexual Behavior Survey." *Central Statistical Office*. Online. Available. <http://www.zamstats.gov.zm/media.php?id=9> 06/14/11