About

The Centre for Infectious Disease Research in Zambia (CIDRZ) is an independent non-profit Zambian company, registered as a non-governmental organization and governed by a majority Zambian Board of Directors that is committed to answering key research questions relevant to Zambia and the region. It supports the financial, and technical local ownership of high quality, complementary and integrated healthcare services within the Zambian public health system, and facilitates clinical, research and professional development training.

Through close and on-going collaboration with the Government of the Republic of Zambia, Ministry of Health and other line Ministries, and by partnering with multiple leading local and international universities, CIDRZ ensures that the latest research methodologies are used to answer locally-relevant questions to improve healthcare delivery. CIDRZ runs several fellowship programmes aimed at building capacity of Zambian researchers to participate in finding solutions to health challenges.

“...We participate in finding solutions to health challenges...”
Our Mission

To improve access to quality healthcare in Zambia through innovative capacity development, exceptional implementation science and research, and impactful and sustainable public health programmes.
Management
Welcome to our 2017 Annual Report, which details our work in supporting Zambia’s attainment of key health priorities in line with the country’s Seventh National Development and Health Strategy: ‘Hands and the United Nations’ Sustainable Development Goals. Below are some brief highlights with more detail in the pages that follow.

In the first year of implementation of the ACHIEVE Project, funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through our cooperative agreement with the United States Centers for Disease Control and Prevention (CDC), CIDRZ provided direct service delivery and technical support to 235 health facilities in 4 provinces in addition to working with various policy makers, program officers and relevant stakeholders at national through to community levels, to reach all groups that influence attainment of HIV epidemic control.

We also continued our fruitful implementation science partnership with the Bill & Melinda Gates Foundation, and disseminated results of the “Better Information for Health in Zambia” and “Community ART for Retention in Zambia” implementation science research studies that provided vital information for strengthening local HIV service delivery and improving patient outcomes. One rewarding and tangible outcome was the Ministry of Health adopting a more patient-centered approach to provide HIV services through widespread initiation of differentiated service delivery models such as community adherence centers that further decentralized access to HIV services. We also received new funding from the Gates Foundation to explore patient-centered research findings of Community ART studies that have led to the adoption of differentiated services delivery through the government and BetterInfo study which have clearly informed services delivery by the government and relevant stakeholders at national through to community levels, to reach all groups that influence attainment of HIV epidemic control.

CIDRZ continued to pursue internal organizational improvements in the past year. To ensure that we continued to be efficient, effective, and sustainable, we revised our Strategic Plan so that all our systems are primed to respond quickly to emerging priority public health emergencies. We continue to be proud of the CIDRZ Central Laboratory and its growth and contribution not only to research but to providing quality laboratory services critical for the management of HIV. Our laboratory is in the process of receiving the Southern African Development Community Accreditation Service (SADCAS) accreditation for ISO 15189 certification, representing the highest standard of biomedical laboratory practice.

In addition, for the third consecutive year we have received ‘Equivalency Determination Status’ by NGO Source declaring CIDRZ equivalent to a U.S. (501(c)(3)) charity based on the strength of our governance and management systems.

I am also delighted to welcome Mr. Emmanuel Qua-Enoo who joins CIDRZ as Deputy Chief Executive Officer. His experience in financial compliance, strategic planning, business development, and organizational and stakeholder relationship management means that he will play a major role as CIDRZ continues to grow and flourish as a permanent, independent, indigenous organization serving the health and research needs of Zambia.

Izukanji Sikazwe MBChB, MPH
CEO

Meet our new DCEO

CIDRZ is not new to me, having previously worked for CIDRZ on a short-term consultancy to help strengthen the institution’s financial and reporting systems; compliance with CIDRZ policies, duties, and providing basic advice to realize that CIDRZ’s scope of work was diverse and the impact of its health care interventions went beyond the national and regional boundaries.

I equally noticed the enthusiasm, passion, commitment and results-driven attitude that members of staff have towards contributing to the CIDRZ mission and vision of having a healthy Zambia. I knew there was no better organisation to work for, if I wanted to be a part of the change in the healthcare system, the time I still hold, months into this new but challenging position.

As we start 2018, I look forward to exploring what we can do to innovatively and uniquely contribute to the healthcare system of Zambia and the region. The opportunities ahead will require us to re-imagine a lot of what we have done in the past and do new things so as to maintain the legacy of quality services.

Mr Emmanuel Qua-Enoo CA (SA)
Deputy CEO

Message from the Board Chairperson

The achievements that CIDRZ has made in contributing to strengthened and improved public health system in Zambia is a pride for all to see. CIDRZ has built its reputation as an organisation whose relevance in research, training and health service provision is unequivocally unmatched.

This report demonstrates how CIDRZ has made a difference by providing health services closer to the communities, by conducting country relevant research and sharing findings that have led to the adoption of differentiated services delivery by the government and to the communities, by conducting country relevant research and sharing findings that have led to the adoption of differentiated services delivery by the government and BetterInfo study which have clearly informed the challenges that we face in retaining ART clients and mortality rates that were higher than previously known.

This report is a clear testimony of an organisation that has worked so hard to build country specific health systems that are responsive to the needs of the people, with an evidence-based approach. For this, I am greatly honoured to serve as the Board Chairperson.

On behalf of the Board of Directors, I wish to congratulate Dr Izukanji Sikazwe, CIDRZ CEO and Director and the entire CIDRZ management team for having led a strong team of researchers and programme implementers who have contributed to the CIDRZ outstanding legacy and enduring commitment to serve the Zambian people.

Bradford Machila LLB, LLM
Board Chairperson

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Bradford Machila LLB, LLM
Board Chairperson
Management

CIDRZ leadership is comprised of dedicated and experienced professionals with competencies in medicine, public health, finance, operations, biomedical sciences, human resources, information technology and compliance and are grouped as Executive Committee, Leadership Team and Management Forum.

Executive Committee

Dr Izukanji Sikazwe
Chief Executive Officer and Director

Mr Emmanuel Qua-Enoo
BComm (Hons), MComm
(GA & International Taxation, CAISA)
Deputy Chief Executive Officer

Ackim Sinkala
ACMA, CGMA, FZICA, MBA
Chief Financial Officer

Ronald Sinkala
Msc, LLB, ACIS, FZICA
Company Secretary

Anthony Musalaule
BEng D.I.C
Chief Operating Officer

Dr Roma Chilengi
MBChB, MSc
Chief Scientific Officer

Dr Carolyn Bolton-Moore
MBChB, MSc
Chief Medical Officer

Roselyne Raelly
FCIS, MBA
Director, Human Resources

Dr Michael Herce
MD, MPH, MSc
Director, Implementation Science

Emmanuel Lumwwe
MSc, CIA, CFE
Director, Internal Audit

Leadership Team

The Leadership Team comprises Directors for the various technical and operational departments within CIDRZ. All Executive Committee members are part of the Leadership Team.

Dr Ranjit Warrier
BSc, PhD
Director, Laboratory

Dr Mwanza Wa Mwanza
MBChB
Director, Clinical Care

Dr Mwangelwa Mubiana-Mbewe
MBChB, MBA
Director, Paediatric HIV Treatment & Prevention

Dr Monde Muveyeta
MBChB, PhD
Director, TB Programmes

Dr Sharon Kapambwe
MBChB, MPH
Director, Reproductive, Maternal, Newborn & Child Health

Dr Theodora Savory
MD
Director, Monitoring and Evaluation

Dr Stewart Reid
MD, MPH
Senior Technical Advisor

Dr Dr Mwanga
MBChB, MBA
Director, Paediatric, HIV Treatment & Prevention

Dr Theodora Savory
MD
Director, Monitoring and Evaluation

Dr Stewart Reid
MD, MPH
Senior Technical Advisor
Management Forum

Meeting monthly, and ad hoc, they drive internal communications and assist the Leadership Team to find innovative, acceptable solutions to organizational challenges. The MF ensures that staff concerns are aired and addressed appropriately and drive internal staff wellness and corporate social responsibility activities.

The Management Forum comprises middle-management representatives from all areas of the organisation.

Members Include:

1. Agnes Musonda
2. Angela Mulaisho
3. Barbara Kaswaya
4. Boniface Phiri
5. Brenda Kayumba
6. Bupe Sichalwe
7. Cheryl Rudd Mallaghan
8. Chris Mbinji
9. Clement Moonga, Vice Chairperson
10. Dr. Albert Manasyan, Chairperson
11. Daniel Banda
12. Dr. Daniel Mwamba
13. Dr. Mary Kaguja
14. Dr. Mashini Ilunga
15. Dr. Natalie Vlahakis
16. Dr. Oscar Mwiinde
17. Elizabeth Makeche
18. Gerald Muchi
19. Gordon Mwanza
20. Helen Bwalya Mulenga
21. Hope Bunda, MF Secretary
22. Imasiku Lubasi
23. Inonge Shabeenzu
24. John Daka
25. John Sinyangwe
26. Kaunda Kauda
27. Kombatende Sikomba
28. Kudakwashe Mucheka
29. Lane Lee-Lyaboola
30. Lawrence Mwamba
31. Mabvuto Phiri
32. Mpande Mwenechanya
33. Mwansa Lumpa
34. Physiwell Sikateyo
35. Shatendza
36. Stanley Mwale
37. Taniya Tembo
A randomized controlled trial of two versus three doses of Rotarix™ vaccine for boosting and longevity of vaccine immune responses in Zambia

Michael Herce

Analysis Stage

Very early intensive treatment of HIV-infected infants to achieve HIV remission: A phase I/II proof of concept study

Carolyn Bolton

Building the capacity of the Zambia Correctional Service to provide holistic and integrated health services to juvenile offenders

Michael Herce

Understanding Zambian prison health: inmate health and access to health care

Dr German Henostroza

HVTN 705: A multicenter, randomized, double-blind, placebo-controlled phase 2b efficacy study of a heterologous prime/boost vaccine regimen of Ad26.Mos4.HIV and aluminum phosphate-adjuvanted Clade C gp120 in preventing HIV-1 infection in women in sub-Saharan Africa

Roma Chidengi

Evaluation of accelerated maternal care access initiative program activities

Michael Vinikoor

IMPPACT P1077BF (promoting Maternal and Infant Survival Everywhere)

Mubiana-Mbewe

HIV-exposed uninfected children growth in IeDEA

Michael Vinikoor

Critical review of HIV and TB services in correctional systems

Michael Herce

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Roma Chidengi

A mixed methods evaluation in Zambia

Michael Herce

Linkage to care and treatment in the era of test and start

Michael Herce

PCPH Person-centered public health for HIV treatment in Zambia

Izukanji Sikazwe

HIV-exposed uninfected children growth in IeDEA

Michael Vinikoor

Analysis

Stage

Evaluation of accelerated maternal care access initiative program activities

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Roma Chidengi
“Listening to the different presentations gives an idea of not only the skill set CIDRZ has but also the amount of work and dedication that goes into the various programs. The insights the Board Members have received here today would not have any impact had we just read about it. Given the amount of work done, there is need to package the information in a simplified way for more people to understand and eventually attract more financial support.”

Charles Mpundu
CIDRZ Board Member during the first ever CIDRZ organised Symposium

In the past year, CIDRZ had 29 active studies, with 8 studies pending statutory bodies approval, while 5 had concluded and undergoing final data analysis. All these were conducted with support from multiple funders, and partnerships:

- BGMF = Bill and Melinda Gates Foundation
- CDC = U.S. Centers for Disease Control and Prevention
- CHASE = Cohort of HIV-Associated Seizures and Epilepsy in Zambia
- EDCTP = European & Developing Countries Clinical Trials Partnership
- EHPSA = Evidence for HIV Prevention in Southern Africa
- EU = European Union
- HVTN = HIV Vaccine Trials Network
- JHU = Johns Hopkins University
- IeDEA = International Epidemiologic Databases to Evaluate AIDS – Southern Africa
- PRET = Pragmatic Research Evaluation Trials
- SHARE = Sanitation and Hygiene Applied Research for Equity, LSHTM

CIDRZ Research
Helping Inform Public Health Decisions

The CIDRZ research teams are supported by a research and regulatory infrastructure with dedicated staff skilled in regulatory affairs, Human Subjects Protections, Good Clinical Practices, quality control and assurance, data management, analysis, research pharmacy and laboratory. The findings are disseminated at local, regional and international meetings after sharing with the Ministry of Health.
We Are Committed to Answering Relevant Key Research Questions
Our research aims to raise the standards of Zambian healthcare through identifying locally-relevant, culturally acceptable, and resource appropriate evidence-based interventions that influence policy at a national level.

We Engage the Community
Our widely skilled and experienced 24-member Community Advisory Board guides our scientists on appropriate research and community engagement as we follow the UNAIDS Good Participatory Practice guidelines.

We Follow Research Regulations
We receive all required local and international ethical, pharmacy, and laboratory approvals prior to starting any research study. Our studies receive ongoing continuing ethical review, rigorous monthly internal review, and quarterly or more frequent External Quality Assurance monitoring.

We Partner with Leading Thinkers
Our research uses the latest methodologies to generate evidence and advance knowledge. Our clinical trials contribute to the development of new interventions; our public health implementation science provides solutions to system challenges; and our qualitative surveys broaden understanding.

We Disseminate Our Findings
Research findings and publications undergo peer-review; and after sharing with the Ministry of Health, are presented at local, regional and international meetings. See our Publications at www.cidrz.org

CIDRZ Clinical Trials Unit (CTU)
With affiliation to the University of Alabama at Birmingham A-CTU, we conduct trials funded by the U.S. National Institutes of Health International Maternal, Paediatric, Adolescent AIDS Clinical Trials, and the HIV Vaccine Trials Network.

Analysis Stage:
1. IMPAACT 1077 BF - Breastfeeding arm of Promoting Maternal and Infant Survival Everywhere (PROMISE)
2. IMPAACT P1115 - Very early intensive treatment of HIV-infected infants to achieve HIV remission: A phase 1/II proof of concept study

Newly Launched:
1. HVTN 111 - Phase 1: Evaluating safety and immunogenicity of HIV clade C DNA and MF59-adjuvanted clade C Env protein in healthy HIV-uninfected adults

Ongoing Studies:
1. HVTN Screening Protocol - Determining Eligibility and Willingness to Participate in HVTN Trials in Zambia
2. HVTN 120 - A phase 1/2a clinical trial to evaluate the safety and immunogenicity of ALVAC-HIV (xCPZ238) and of MF59- or AS02B-adjuvanted clade C Env protein. In healthy, HIV-uninfected adult participants
3. IMPAACT P.193 - Phase 1/2: intensive pharmacokinetic and safety study of roludabepravir (GSK1349552) in combination regimens in HIV-infected infants, children and adolescents

Pipeline:
1. HVTN 705/VAC92220=PX2008 Phase 2b: Efficacy study of a heterologous prime/boost vaccine regimen of Ad5MOSA/HIV and aluminium phosphate-adjuvanted clade C gp160 in preventing HIV-1 infection in women in sub-Saharan Africa
CIDRZ Fellowship Programme

A Mechanism to Identify and Maintain Exceptional Zambian Public Health Specialist and Researchers

Our current fellows are:

1. Jillian Kadota
   CIDRZ HealthCorp Fellow

2. Dr. Neha Buddhdev
   CIDRZ HealthCorp Fellow

3. Marrit Habets
   CIDRZ HealthCorp Fellow

4. Belinda Varaidzo Chihota
   CIDRZ HealthCorp Fellow

5. Michelle Eglovitch
   CIDRZ HealthCorp Fellow

6. Dr. Chilishe Mabula
   UAB Sparkman - CIDRZ HealthCorp Fellow

7. Mbaita Shawa
   UAB Sparkman - CIDRZ HealthCorp Fellow

8. Belia Longwe Ng’andwe
   Global HealthCorp

9. Meave Olseno
   Global HealthCorp

10. Shilper Lyer
    Fogarty Fellow

Achieving the CIDRZ mission of improving access to quality healthcare in Zambia through capacity development, exceptional implementation science and research, and impactful sustainable public health programmes requires a skilled set that is well trained and mentored to answer key research questions relevant to improving health in Zambia. We run a successful HealthCorps Fellowship Programme that draws fellows from across the globe. We are also a placement centre for the Global HealthCorps Fellowship programme and this year, we have entered into partnership with the University of Alabama, Sparkman Center for CIDRZ to be a placement center for fellows.

CIDRZ has over the years transformed its fellowship programme to further broaden its scope, increase representation of fellows from within Zambia and abroad as well as a commitment to nurture Zambia Fellows using the fellowship period to incubate their career development ideas with special attention to PhD training.

The PhD fellowship program will create a formally acceptable mechanism to identify and maintain exceptional Zambian fellows who embark on a PhD academic training through the HealthCorps fellowship.

In addition to undertaking research projects, several trainings are offered to healthcare workers and researchers.

In order to continue equipping public health graduates from several institutions with the skills and practical knowledge to tackle specific public health and research challenges in the field, CIDRZ with support from ViiV Healthcare has developed four (4) courses for healthcare workers and researchers and these are:

1. Basic Epidemiology and Biostatistics
2. Good Clinical Practice for Clinical Trials
3. Research Ethics and Regulatory affairs
4. Basic analysis (including quantitative and qualitative methods) and dissemination of research results.

The courses have received accreditation by the Health Professions Council of Zambia commencing January 2018.

We entered into partnership with the Centre for the AIDS Programme of Research in South Africa (CAPRISA), with support from the National Institutes of Health to provide capacity building to staff and improve our institutional efficiency and impact in a south-to-south collaboration with an institution globally recognized for its impactful science and service excellence. So far, CIDRZ staff participated in the Grant administration and Internship trainings, and our research team is exploring various concepts with their CAPRISA colleagues.

Intensifying Trainings to Improve Public Health and Strengthen Health Systems
Key to Evidence-Based Programme Management

We conduct routine Monitoring and Evaluation (M&E) to improve data quality and ensure accurate and timely data collection leading to improved quality reports, which we use for quality improvement of our various programmes at all levels.

We provided training on M&E fundamental and orientation for 11 M&E coordinators, 79 data associates and 20 data coordinators.

CIDRZ supported a total of 241 facilities, 55 of which had functioning SmartCare – the national electronic medical record for HIV services. Of the 55, 3 facilities operated in an E-first implementation mode, where data entry happened at the patient’s point of contact with a clinician. All patient pharmacy and routine clinical visits are all captured in the SmartCare application. We have a team of dedicated staff that ensure that we have accurate data and reports.

Meet Walusiku Muyunda
CIDRZ Strategic Information Officer

"I (we) really appreciate your knowledge, skill and willingness to design within half an hour, under great pressure, a report that mimics the Bob template from BroadReach and is accepted by BroadReach. This saves us hours and hours of data entry by the M&E team. I acknowledge your strength for innovation, as I know Mwansa (Lumpa) does, because he talks about it a lot. Thank you very much for all the effort you put in, not only this time, but all the previous times too, in and out of working hours."

Dr Theadora Savory
CIDRZ Director - Monitoring & Evaluation
Working with Communities to Reduce Severe Morbidity and Mortality Among Preterm Infants

Despite all efforts, approximately 55% of deliveries in Zambia are done outside a health facility by an unskilled birth attendant (i.e. family member, traditional birth attendant). Additionally, while national guidelines state that clinical follow-ups for the mother and her baby be done at 6 days and 6 weeks after delivery, not all mothers return to the health facility for these critical check-up visits.

CIDRZ is working with Government through the existing structures such as Neighbourhood Health Committees (NHCs) and Safe Motherhood Action Groups (SMAGs) to strengthen the collaboration between community structures and health facilities. This has increased facility deliveries and patient follow up rates, after delivery, at an average rate of 95% in 2015 and 2016, and 97% in 2017. Working with community structures, we formed support groups targeting single, under-age mothers with no family support, and mothers with preterm infants. These mothers meet on a monthly basis, while mothers to preterm infants are visited by trained peer mothers every 2-3 days until the infants reach 2.5 kilograms. The support groups encourage mothers of preterm infants to share their experiences to new or expecting mothers, the importance of facility delivery and Kangaroo Mother Care as a means to improve health outcomes for both the expectant mother and her new born.

Of the total 11,448 pregnant women enrolled into the study, 11,397 were screened using the check-list - 99.5%.

We are proud:
- 100% essential medical equipment and supplies within the Maternal and Child Health (MCH) and Labour ward in the 3 health facilities we are supporting are functioning properly.
- Out of the 950 pregnant women identified in preterm labour who received antenatal interventions, 100 women who were admitted with signs of preterm labour have received at least 3 doses of Dexamethasone within 12 hours of delivery. This is delivered as the CIDRZ ProCare - Resource, Education and Effective Management of antenatal (PREEM) package from the M Saving Mothers Giving Life (SMGL) districts.
- In collaboration with the Latter-Day Saints Charities (LDSC), we trained two Master Trainers (Doctor and/or Nurse) in the ProCare - Resource, Education and Effective Management of antenatal (PREEM) package from 23 of the M Saving Mothers Giving Life (SMGL) districts.
- Between 2016 and 2017, 1020 mothers of preterm infants practiced Kangaroo Mother Care.

Taking care of twins is not easy but it's even harder when they are born prematurely – Agnes Ngulube

Hildah Chombela is a member of the SMAG supporting preterm mothers in three compounds of Lusaka namely Garden, Chaisa and Mandevu. She underwent training on how to help men and women in communities on safe motherhood, identifying danger signs in pregnancies, Kangaroo care, early antennatal booking and pre-term deliveries. To date, over 100 mothers who had preterm deliveries have gone through her care.

"I visit the health facilities in the three compounds during antenatal and neonate clinics and visited preterm mothers at their homes for continued mentorship on what they could have learnt for the clinic".

Taking care of twins is not easy but it's even harder when they are born prematurely. However, Hildah has been very supportive in this whole journey and helped me overcome stigma from the community. Her passion encouraged me to also start educating other women and my community on the myths associated with pre-term babies.

"Taking care of twins is not easy but it's even harder when they are born prematurely. However, Hildah has been very supportive in this whole journey and helped me overcome stigma from the community. Her passion encouraged me to also start educating other women and my community on the myths associated with pre-term babies."
Decentralizing HIV Care & Working with Communities Decongesting Health Facilities

CIDRZ Health Post Dispensation Model

Differentiated Service Delivery (DSD) has garnered substantial attention as a response to the challenges faced by resource-poor countries in the effort to universalize the “test, treat, suppress, and prevent” approach to controlling the HIV epidemic. This has been embraced as it involves varying intensity of care to meet the different patient groups and promises to improve patient health outcomes.

CIDRZ Pharmaceutical Services Department developed a ‘Health Post Dispensation Model’ that targets stable patients that are on Anti-Retroviral Therapy (ART).

Pharmacy personnel in urban and heavy clinic patient load (>4500 patients on treatment) sites were trained and mentored to identify eligible patients and seek consent from these patients to be referred to the nearest Health Post of their choice. With full patient consent, the patients’ name, ART identity and contact number are recorded in an appointment register.

Every three months, the patients’ pre-packed drugs are sent to the Health Post with a Treatment Supporter who then screens the patient for any new events and dispenses the drugs to the patients as they come for their refills.

Health Posts are closer to the people in communities, and have traditionally not offered full ART services, however, through an on-going transition with capacity building, more and more Health Posts are able to provide this service now. This lack of access had resulted in patients traveling several kilometres to the nearest health facility with full ART services to access care, even when there was a Health Post in their community. With this model, the patients do not need to travel to ART clinics as the drugs are collected on their behalf by the Treatment Supporters from the clinics, who then meet with the ART clients at Health Posts that are nearer to their homes.

“The distance I cover now from home to the health facility has reduced, unlike before when I used to spend a lot of money to meet my transport fare to and from the clinic. With this model, I now have more time to attend to my business and my children’s needs and only go to Kamwala Clinic twice a year for clinical visits.”

25-year-old MB, Kuku Compound, Lusaka
HIV rates in Zambia’s Correctional facilities are estimated to be 27 % (2013) compared to the national rate of 12.6% with TB standing at 6% prevalence in 2014, 14 times higher than the national average. This is why CIDRZ, as part of the Evidence for HIV Prevention in Southern Africa (EHPSA) programme, is conducting a study targeting inmates in Zambia’s Correctional Facilities with comprehensive interventions for HIV and TB care.

Besides strengthening capacities of the Zambia prisons to effectively plan, manage and implement improved health services, CIDRZ has also engaged in different studies to help reduce the HIV prevalence rates in Zambia's correctional facilities.

**EHPSA Acknowledgment**

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When Agnes Chilufya appeared in court for her case in January 2017, she could barely stand or walk on her own. At 45 years old, her weight had gone down to as low as 28 kilograms.

Frail as she was, the court could not proceed to hear her case and adjourned the matter to give her time to seek medical attention. That was when she came into contact with CIDRZ TB team or program officers and peer supporters who offered her voluntary counseling and testing services. Agnes tested HIV positive and was immediately initiated on Anti-Retroviral Therapy (ART). Agnes is now a CIDRZ Peer Educator at Lusaka Correctional Facility.

“As if this was not enough, I was diagnosed with Tuberculosis (TB) and other opportunistic infections but with continuous counseling and encouragement to adhere to my medication from CIDRZ, I attained viral load suppression and my CD4 count improved,” Agnes says.

CIDRZ worked closely with other partners and established Prison Health Committees (PrHC). This was achieved with funding from the U.S Centers for Disease Control and Prevention. This project aimed to support training of PrHC members on TB, HIV/AIDS.
Zambian Prisons Health Systems Strengthening Project

Through partnership with the Zambia Correctional Service (ZCS), CIDRZ implemented the Zambian Prisons Health Systems Strengthening (ZaPHSS) Project from 2013 to 2017 aimed at identifying and tackling key structural, organisational and relational issues undermining prison health and healthcare access.

ZaPHSS was a 4-year European Union-funded project with the aim to develop and capacitate Zambian correctional facilities health services to plan, manage, and implement improved health services in 11 Zambian correctional facilities in 4 provinces. ZaPHSS was conducted in partnership with the Ministries of Home Affairs, Health, and Community Development and Social Welfare, Zambia Correctional Service, UN Office on Drugs and Crime, USAID Discover Health and other NGO stakeholders. Through this project CIDRZ provided screening and treatment services as well as reviewing and updating of the ZCS training curriculum.

Our Impact

Correctional Services Training

17 males and 10 females Zambia Correctional Service (ZCS) officers trained as Trainers in facility-based health needs assessment, entry screening for TB/HIV, and facility-based M&E.

13 Prisons Health Directorate staff (10 males, 3 females) trained in planning, budgeting, Monitoring & Evaluation and media relations.

ZCS trainers trained 136 inmates and officers from 11 facilities in health needs assessment, entry screening for TB and HIV, Peer Education and Monitoring and Evaluation.

Updated Zambia Correctional Service Training Curriculum incorporating the Mandela Rules and the basic health package.

17 males and 10 females Zambia Correctional Service (ZCS) officers formally appointed by the Prisons Commissioner to the PHCs of 11 facilities, with a mandate (deriving from the ZaPHSS framework) to promote healthy prisons and support delivery of health services within these settings.
“What makes me proud is that people have changed the way they perceive health. I have helped people realize the importance of having HIV and TB tests so they know their status and I have seen people who were too sick regain their health all because of that little education I gave in the cell.”

(Female PrHC Member, Facility 5)

“The coming of the PrHC changed my feelings. I want to cite an example of good relationship that we are accorded by the officers. Today even if we have a casualty at night we are going to call for an officer to come at our door and then they are going to get that patient who is critically ill just there and then within that night and then an ambulance will be brought in so that our colleague is taken to the hospital which never used to happen before.”

(Male, PrHC Member, Facility)

Offical Opening of the Mazabuka Correctional Facility

With support from the U.S Presidents Emergency Plan for AIDS Relief (PEPFAR) and the CDC partnership, CIDRZ supported the refurbishment of the Mazabuka Correctional Facility Health Centre that was officially opened by ZCS Commissioner General, Percy Chato.

"It is the Correctional Service’s desire to see a complete transformation of the penal system in the country from punitive to correctional. Without an effective health system, we will remain dreamers in this cause. We are now talking about a health facility here at Mazabuka Correctional Facility which will not only service the prisons community alone but the mainstream community at large. Hence, this gesture by CIDRZ and CELIM with support from CDC (U.S. Center for Disease Control and Prevention) and the EU Delegation in Zambia is commendable."

(Percy Chato, ZCS Commissioner General)

"Inmates are a key population that must be addressed to control both TB and HIV epidemics. It is for this reason that for the last seven years, CIDRZ through its TB Services Department, has worked with the Zambian Correctional Services (ZCS) to tackle prison related burden of disease and address the health system challenges to mitigate the spread of TB and HIV/AIDS."

(De Monde Muyoyeta, CIDRZ Director of TB Programmes)

The clinic will provide TB and HIV diagnostic and treatment services and other general medical services to both the inmates and the surrounding community and reduce transport and logistical costs incurred by the correctional facility when transporting patients to seek medical attention from nearby clinics and hospitals.
Slightly more than half of Zambians have access to an improved latrine; while the rest may experience open defecation, inadequate toilets, poor drainage, mismanaged solid waste, and poor hygiene.

To help alleviate this, CIDRZ in collaboration with the London School of Hygiene and Tropical Medicine with funding by the Sanitation and Hygiene Applied Research for Equity (SHARE) Consortium, is conducting a ‘Sanitation Demand: Creating Demand for Sanitation in peri-urban areas’ San-Dem study.

This study involves 916 plots in a densely populated informal settlement of Lusaka which aims to evaluate if behaviour change approaches can motivate landlords to improve toilets, while also increasing tenant demand for improved sanitation. If effective, San-Dem offers an intervention that can be scaled nationally.

CIDRZ engaged landlords and tenants in meetings, with a message to improve four areas of their household sanitation, and a total of 508 Landlords participated:

1. Initiate the ‘paemodi’ cleaning rota for the toilets which would involve the participation of all households within a housing unit.
2. Provide an inside lock to ensure privacy in the toilet.
3. Provide an external lock for the toilet to ensure toilets are clean all the times and used responsibly.
4. Provide cover pan to reduce smells.

Meetings were held with landlords to sensitise them on key issues including building of improved toilets. Within a period of four weeks, we saw great improvement; landlords worked on all the four requirements while others went further to buy modern fittings that included cisterns. Others even started the process of constructing new toilets.

We awarded 12 of the participating landlords for their outstanding works towards improving their toilets in Bauleni Compound under the organisations behavioural change meetings dubbed ‘Indaba Yama Landlords’ (Meeting of the Landlords).
“SHARE Consortium contributes to achieving universal access to effective, sustainable and equitable sanitation and hygiene.”

SHARE Consortium contributes to achieving universal access to effective, sustainable and equitable sanitation and hygiene.

The SHARE Consortium contributes to achieving universal access to effective, sustainable and equitable sanitation and hygiene by generating, synthesizing and translating evidence to improve policy and practice worldwide. Because improving water, sanitation and hygiene requires many disciplines working together to solve a common problem, in 2016, with SHARE support, CIDRZ provided University of Zambia Public Health student Mundia Nyambe, and Civil Engineering students Changwe Mafuta and Samapimbi Munaye with £2,000 each to conduct research on how to improve the Water, Sanitation and Hygiene (WASH) situation in Zambia.

With this support, Changwe Mafuta came up with a machine that can be used to renew waste plastics while Samapimbi Munaye developed an environmentally friendly toilet that can turn human waste into manure using solar energy.
The CIDRZ Central Laboratory (CCL) is one of the largest state-of-the-art medical and research diagnostic laboratories in sub-Saharan Africa with a testing volume of over one million routine and safety HIV care and treatment patient laboratory tests run per year.

The CCL supports CIDRZ research and healthcare program activities with its diverse testing menu and high-quality outputs. CCL provides routine testing for Zambia’s National HIV care and treatment program, working closely with the Ministry of Health and with support from PEPFAR and the CDC partnership. This has enabled CIDRZ to provide capacity building, support and technical assistance activities. This accelerated government laboratory service improvements at facility to national level labs in the four CIDRZ supported provinces - Western, Eastern, Lusaka, Southern.

In addition to other tests, CCL provides services in:

- TB Level III Biocontainment suite for TB cultures using BD BACTEC MGIT with capacity to culture >15,000 clinical TB specimens annually
- TB blood culture using BD BACTEC 9240
- Molecular diagnostics using Hain Life Science line probe assay and Gene Xpert
- TB diagnostics using Gene Xpert MTB/RIF
- Microbiological identification and drug susceptibility testing using the BD Phoenix 100 analyzer
- Gonorrhoea and Chlamydia testing (BD ProbeTec and GeneXpert)
- Lumirex MagPIX system for fluorescence-based multiplexed immunoassays
- Capacity for 30,000 Chemistry and Haematology tests/month
- HIV PCR - 3,000-4,000 infant HIV DNA PCR tests performed monthly in support of the National Early Infant Detection programme; 8,000-12,000 PCR viral load tests monthly
- HIV drug resistance lab with genetic sequencing detection of drug resistance including RNA extraction, PCR amplification, electrophoresis, and sequencing using an ABI 3130XL genetic analyzer
- Peripheral blood mononuclear cells (PBMC) extraction
- Serology (ELISA)
- Flow cytometry

CCL is unique in Zambia for its external accreditation programs and U.S. National Institutes of Health Division of AIDS certification for research trials. Implementing Good Clinical Laboratory Practice Standards, CCL routinely runs internal quality control testing, and participates in annual DAIDS audits and External Quality Assurance programs for all tests. It implements the International Organization for Standardizations (ISO) 15189 standard and was assessed for the Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) by international auditors from the Africa Society for Laboratory Medicine and in-country facilitators from the Ministry of Health Laboratory, and Diagnostics Services. CCL is currently awaiting evaluation of our application for Southern African Development Community Accreditation Service (SADCAS) accreditation.
An electronic Laboratory Information Management System (LIMS) provided by Technidata Medical Software (Grenoble, France) tracks specimens to ensure accountability. Chemistry, virology, haematology, and flow cytometry specimens are barcode-labelled with orders sent to instruments and results to servers via interfaces for automatic collation by patient number and clinic for printing.

After mandatory quality assurance review, results are delivered through secure web interface at LIMS-approved sites to the clinic-based SmartCare electronic medical record system, via web-based, secure, electronic result look-up, or trained CCL drivers for confidentially-transported printed results. Data are backed up to off-site storage nightly.

"When I think of CIDRZ, I think of Quality."
Ministry of Health Permanent Secretary

With support from the National Institutes of Health, through the University of Alabama at Birmingham, CIDRZ built the largest solar plant in Zambia, with a generational capacity of 83.2kw at a cost of USD400,000.

“Starting from around June 2015, our Central Lab started experiencing about 8 hours of power load shedding per day (either day time or night). This was a challenge to us as CIDRZ and more so the Central Lab. As you may be aware, we have temperature sensitive specimens which require refrigeration or air conditioning to maintain sample quality, and sophisticated laboratory instruments and complex testing regimens require uninterrupted power to assure reliable results.”

Mr. Bradford Machila
CIDRZ Board Chairperson

"The solar plant will significantly help in reducing the overload on the national grid but also this is an alternative source of energy which we as government are encouraging businesses and private individuals to use. These are the type of development that our Ministry and the government is encouraging, and I urge other entities to emulate what CIDRZ has done."

Mr. Arnold Simwaba
Director in the Ministry of Energy
Building GRZ Laboratory Capacity at Regional Hub Sites, Public Facilities

With support from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Centers for Disease Control and Prevention (CDC), CIDRZ has opened six (6) hub laboratories: two in Western Provinces at Limulunga and Sefula Health Centre; two in Eastern Province, Chikoma Health Centre in Vubwi District and Namuscohe prisons in Chipata district; and two in Southern Province, Nadezwe Health Centre in Mazabuka district and Livingstone Correctional Facility. This capacity building has and will reduce sample referral and result turnaround for the facilities which used to send samples to other facilities. CIDRZ has provided laboratory staff as needed and these hubs will be acting as hubs for other health facilities.

We have conducted onsite application and user training for PIMA CD4 machines that we have installed at three facilities in Chongwe District, and a total of 24 Health workers were trained and mentored on how to order the required supplies from Medical Stores Limited.

CIDRZ is supporting Quality Assurance and Quality Improvement activities in supported sites by enrolling facilities in the HIV proficiency testing programme in order to have an assurance of results performed by the various HIV testers including lay health providers in the facilities.

Conduct Onsite Mentorship, Trainings, & Build HCW Capacity

We have conducted onsite application and user training for PIMA CD4 machines that we have installed at three facilities in Chongwe District, and a total of 24 Health workers were trained and mentored on how to order the required supplies from Medical Stores Limited.

Reduced turnaround times (TAT) for provision of Laboratory results

We have started working on installation of the laboratory information management system in MOH facilities with our pilot sites at Kanyama and Chipata Level 1 hospitals laboratories prior to roll out to other facilities. We are currently fine-tuning the software and interfacing the various laboratory equipment. This is aimed at reducing result turnaround time by ensuring that patient results are transmitted to health facilities in real time and are not dependent on human transportation.

We have also strengthened capacity in eight (8) ART laboratory services at selected facilities through provision of ART baseline testing equipment. All sites received the recommended automated analysers which included: FACS Count for CD4; Facs Calibur for CD4; ABX Micros for Full Blood Count; Cobus C 111 for Clinical Chemistry; GeneXpert for TB PCR.

Renewed hope for improved laboratory services in Western Province

For Deborah Kangumu, Sister-in-Charge at Sefula Health Facility the turnaround time for viral load and CD4 count results was worrying not only for health workers but patients as well.

“Previously, we would have to wait for even three months to get some tests especially on viral loads, while others would take weeks. This is because Lewanika is servicing the whole of Western Province. But with the setting up of these laboratories and recruitment of competent Laboratory technologists, this will be a thing of the past. I am very excited and grateful to CIDRZ and its donors for this support,” said Sister-in-Charge of Sefula Health Facility.

Deborah Kangumu
CIDRZ Launches New Implementation Science Directorate

Interest in programmatically relevant research has surged over the past decade as governments, funders, implementers, and policy makers have sought to maximize the effectiveness of their health intervention, and translate the latest scientific discoveries into service delivery innovation in “real world” clinical and public health settings. As a result of this, implementation science has emerged as a new and growing field.

Implementation science flourishes at the interface of high-quality research and service delivery, two areas where CIDRZ has positioned itself as a leader in Zambia and sub-Saharan Africa.

To keep up with the track record for conducting implementation science research, CIDRZ has created a dedicated unit to incubate and nurture ideas as well as build local capacity in implementation science. Leveraging and complementing existing robust CIDRZ programs, collaborations, and technical expertise, including our dynamic Social Science Research Group and successful CDC/PEPFAR-funded ACHIEVE programme, the Implementation Science Unit coordinates a CIDRZ-wide implementation science agenda to better position the organization to conduct exceptional implementation research.

In Malawi, Dr Herce worked with the Ministry of Health to scale-up Option B+ in Lilongwe and surrounding districts and was instrumental in helping develop the National Tuberculosis Program’s national roll-out strategy for the Xpert MTB/Rif TB diagnostic tool. Embedding implementation science into these and other programs, he and his colleagues demonstrated that excellent clinical and public health outcomes could be achieved for HIV and other diseases even in the most challenging settings by leveraging existing HIV service delivery platforms, investing in health systems strengthening and using data to drive programmatic innovation.

Meet Dr Michael Herce

Dr Michael Herce, MD, MPH, MSc (Clinical Research & Epidemiology) will lead this new Directorate. Dr Herce is a US-trained infectious disease specialist with close to 10 years of experience in HIV and global health programming and clinical and implementation science. Dr Herce worked in Malawi with Partners in Health from 2009 to 2012 and has worked in Zambia with CIDRZ since 2014.

The main objectives of the Implementation Science Unit are three-fold:

1. To support CIDRZ investigators and technical departments to organize and conduct impactful implementation science by making maximal use of existing CIDRZ program and study data to describe and evaluate innovative areas of service delivery and programming.
2. To build institutional capacity in implementation science by supporting technical departments and CIDRZ investigators at all stages to develop methodologically sound implementation science research protocols, abstracts, and manuscripts.
3. To catalyze efforts to respond effectively to implementation science funding opportunities with compelling and scientifically robust proposals.
Achieving HIV Epidemic Control in Zambia (ACHIEVE)

Capacity-Building and Strengthening Implementation of HIV Combination Prevention and Treatment Services in Priority Geographic Locations and Populations at Facility, Community, District and Provincial Levels in the Republic of Zambia under PEPFAR.

Launched in 234 health facilities in Western, Eastern, Lusaka and Southern provinces, ACHIEVE aims to intensify Zambia’s efforts to control the HIV epidemic in high burden populations through focused, scaled interventions that ensure sustained decreases in new infections and mortality along the entire HIV care.

ACHIEVE’s focus has been strengthening quality service delivery in government health systems, by improving infrastructure, tightening logistics, and providing direct service delivery and technical assistance to clinical, pharmacy, laboratory staff and improving the information management system.

Learning from the 5-year PEPFAR/CDC supported HIV Integration into Local Ownership (HILO) award; CIDRZ employed a refined and robust M&E system with more data indicators which enable us to regularly provide facility and patient care performance data dashboard feedback to government staff. By receiving real-time feedback on performance gaps, we are able to assist in making the necessary changes to our strategies so that ACHIEVE activities reach HIV burden populations in our supported sites.

We transitioned data entry in some facilities to Electronic-First system that uses computer technology to capture patient data at the point of service delivery as opposed to the paper-based data capture with transcription into the electronic medical record after the provider-patient interface. The E-First has help improve data management – timely, complete and more patient data capture, and reduced the need for physical space and paper to store large volumes of patient records.

U.S. Ambassador Visits CIDRZ Supported Health Facilities in Western Province

U.S. Ambassador to Zambia, Eric Shultz visited Western Province to check on U.S. funded projects, which among others included CIDRZ supported Sefula Health Centre in Mongu, with a catchment population of more than 7000 people with 2500 clients on ART.

Previously, the clinic used to face numerous challenges in its operations, which included lack of laboratory services, lack of running water, inadequate refrigeration systems, poor filing system and inadequate members of staff. With CIDRZ support through funding from PEPFAR/CDC, these challenges have been addressed.

“We wish to thank PEPFAR and CDC through CIDRZ for choosing and supporting our clinic in various ways. We now provide laboratory services, Maternal and Child Health, male circumcision, Youth Friendly Corners, and have improved our information and data management systems,” says Sefula Clinic Nurse-in-Charge, Precious Naluli.
One Year of Implementation

The Achievements

1. Prevention of Mother to Child Transmission of HIV

We tested 65,726 out of 73,983 (89%) testing uptake. We identified 8,700 HIV positive pregnant women of which 7,527 were initiated on treatment, represents 88% ARV uptake. Identified 7,521 exposed infants who had HIV test within 12 months of birth, and 138 tested positive and linked to treatment.

2. Paediatric Care and Support

We aim to prevent the acquisition of HIV infection among children and adolescents at risk, provision of psychosocial support services, linkage to and retention in care and treatment for all identified with HIV infection.

3. Paediatric Treatment

Our goal is to support direct service delivery and improve quality of clinical care provided while maintaining the patients on treatment in care.

- Focused technical assistance was conducted in 85% of supported sites in Western Province and Technical Supportive Supervision (TSS) were conducted in 37 facilities where 105 Health care workers were mentored in Eastern Province.
- Participated in the development of the 2018 HIV Guidelines.
- Mentored 64 HCWs in Paediatric ART.

4. Adult Care and Treatment

To meet the goals of the service delivery programme and achieve the 90/90/90 targets, we conducted activities which included HTC, adult care and treatment, pharmaceutical and laboratory services.

- Worked with PHO and DHO staff to assess and convert the 98 PMTCT services only sites to full ART services.
- Supported 42 health posts to provide ART services using mobile services and static services depending on the capability of the health post to support full ART services.
- We deployed 25 clinical staff to support service provision in 23 sites where there is a need for additional staffing.
- We have 138,380 clients receiving treatment in the 152 supported facilities with 76% retention rate.
- Followed up 7,487 clients in the community who had stopped taking ARV’s and 66% have returned.
- 1,650 clients are receiving treatment using the CIDRZ initiated CAGs with a retention of 96% compared to 76% for standard of care patients.
- Provided HTC services across a wide range of community and facility settings, reaching at least 500,000 individuals.

“This is the first ever surge campaign in Africa and I would urge everyone to support this campaign by getting tested now. If you are found negative, live responsibly and if found positive start treatment immediately,” President Lungu said.

President Edgar Lungu launched the campaign during the commemoration of the 2017 world AIDS Day celebrations, whose theme is “Ending AIDS starts with ME!”

The campaign is aimed at Achieving HIV epidemic control, within one year, in Lusaka which currently carries 25% of the countries HIV burden.

Lusaka ART Saturation Surge Campaign is a strategy by the Ministry of Health and the United States President’s Emergency Plan for AIDS Relief (PEPFAR) in Zambia to achieve HIV epidemic control in Lusaka Province over 12 months, whereby 90% of People Living with HIV (PLHIV) are identified, 90% of identified PLHIV are placed on ART, 90% of PLHIV on ART become virally suppressed and use the information learned from achieving epidemic control in Lusaka Province to assure achieving 90-90-90 efficiently in Zambia nationwide by or before December 2020.

Currently, Lusaka Province statistics indicate that out of an estimated population of 128,335 people living with HIV, only 71% of people are aware of their HIV status, while 88% are on treatment and 86% are virally suppressed.
Community ART Study
Central Design, Local Adaption: Ensuring Efficacy & Resilience of Differentiated Models of HIV Care in Zambia

As Zambian ART patients increase, primary care clinics have become overcrowded causing intolerably long wait times and overburdened providers which may negatively impact patient adherence, retention in the program, and thus overall health outcomes and attainment of the UNAIDS 90/90/90 goals. It is crucial therefore to learn the most suitable ART care delivery systems to decongest Zambian facilities, improve quality of care, and increase patient retention. Focus group discussions, in-depth interviews, and concurrent implementation of 4 ‘Differentiated ART Delivery Models’ in local settings, were used to determine knowledge, attitude and preferences of clients, service providers and policy makers.

With support from the Bill & Melinda Gates Foundation (BGMF), Community ART aims to generate knowledge to inform the development of an efficient, effective and acceptable Differentiated ART Care Continuum in Zambia.

The study concluded that:

As a result of these findings, the Ministry of Health has approved the implementation of CAGs in health facilities and CIDRZ has currently started using this model as an alternative for treatment, care and support for clients on ART.

The study sought to establish:

- **Acceptability**: How stakeholders ‘felt’ about and responded to the models overall
- **Appropriateness**: Stakeholders’ assessment of the psychosocial or clinical implications of the model, including its ability to tackle disengagement from care
- **Feasibility**: Stakeholders’ perceptions regarding the material capacity of health centre and broader health system to support, to scale-up and sustain the model

Overall, stakeholders from all groups supported the need for differentiated care models given the burden of ART initiation and continuation of both patients and the health system. However, the four models had varying levels of acceptance based on concerns of feasibility and appropriateness.

- **CAGs**: were well-received. CAGs were viewed as being highly accepted and feasible from both the community and health system perspectives. Additionally, they were seen as appropriate for rural and remote populations, possibly segregated by sex and age. Concerns for the model were around care-seeking, ART safety and security and, recordkeeping.
- **UAG**: was criticized for its group size of 30 patients which stakeholders felt would increase the possibility of involuntary disclosure and stigma. The model would also require changes in policies, procedures, use of clinic space, patient flow and examination, ART transport, and security measures.
- **After-hours**: though attractive, also raised the possibility of misunderstanding between spouses, family members and the larger community. START and FastTrack, though acceptable, would require significant investments in health systems in order to be feasible. START was considered appropriate for those who believe in ART and are ready to start treatment immediately. FastTrack was considered appropriate as long as the inclusion criterion for participation in the model was made clear and staff were vigilant and responsive to signs of ill-health.

Recommendations include those for implementation guidelines and procedures, sufficient investment in health systems particularly HRH and infrastructure, and rigorous sensitization of communities, patients and HCWs to ensure successful implementation.
Variation in Psychological Preparedness

“I think we differ from one person to the other. The way someone else will say “I think we wait two weeks,” another person will say “no, it’s fine” (to start ART now.) So it depends from one person to the other.”

Lay HCW

Group Dynamics

“Okay, it’s just that we people are different. I think in the group of six, maybe on that day (the person) who is supposed to come will give an excuse.”

Female Patient

Competing Obligations

“The disadvantage could be if it will be meeting like you have said on the weekend, some people go to church, so it may be a challenge to others. There needs to be flexibility.”

Logistical Constraints

“You need to think how it will work year round and in different districts. If I’m (in a Community Adherence Group) and crossing a river and carrying these drugs for others in a box and it starts to rain, you’re on a boat, things happen.”

MOH Official

Mitigating Stigma

“If they are given a choice of saying, “Okay, you people, you should yourselves choose who you want to be in this group.” Then stigma will be OK. But, if you are going to impose defaulters will be encouraged.”

Professional HCW

Patient Geographies

“It is a good model but on the other hand (patients receiving drugs at this clinic) are not from this district, the challenge will be to form these groups with those travelling.”
What is FastTrack?

FastTrack is an accelerated pharmacy pick-up for stable HIV+ patients.

Every 3 months patients come to the clinic to receive adherence counselling and collect their ART drugs from the FastTrack Unit.

Once results are ready the patient will have a clinical visit. If the patient meets criteria to start ART they will be prescribed ARV drugs.

What is Streamlined ART Initiation (START)?

ART-naive patients attending the clinic are sent to the study nurse to learn about START.

If interested the patient will receive same day CD4 testing, hematology and chemistries.

The patient will wait at the clinic until the test results are ready.

What is an Urban Adherence Group (UAG)?

A UAG is a group of 30 stable HIV+ patients from the same community.

Every 2-3 months the members meet at the clinic for adherence support, a symptom screen, and drug dispensation during after clinic hours.

Every 6 months patients go to the clinic for a full clinical visit. However continue to collect drugs in their UAG.

Every 6 months patients come for their full clinical visit. They receive adherence counselling and collect their ART drugs from the FastTrack Unit.

The patient will collect their drugs from the pharmacy and receive their next visit date.

The patient will then have intensive adherence counselling to prepare them for life-long treatment on ART.

Once results are ready the patient will have a clinical visit. If the patient meets criteria to start ART they will be prescribed ARV drugs.
What is a Community Adherence Group (CAG)?

A CAG is a group of 6 stable HIV+ patients from the same community.

Each month one CAG member goes to the ART clinic for their routine clinical visit.

Once they complete their clinical visit they pick up a bag with a months supply of ART drugs from the pharmacy for all members of the CAG.

The following month a different CAG member goes to the ART clinic for their routine visit and the above process repeats.

Back in the community the CAG group meets for symptom screening, adherence and distribution of ART drugs to all members.

With the bag of ART drugs the CAG member travels back to their community.

Community ART aims to generate knowledge to inform the development of an efficient, effective and acceptable Differentiated ART Care Continuum in Zambia.
We conducted a study to determine the performance of the Determine HBsAg test in HIV positive patients in the NIH funded IeDEA Cohort study.

The Zambia Population-based HIV Impact Assessment household survey found that 5.6% of adults and 1.3% of children have active Hepatitis B which equates to ~400,000 cases. Life-long antiviral drug therapy can reduce cirrhosis and liver cancer risk, but rarely result in cure. To understand more, CIDRZ and the University of Zambia Tropical Gastroenterology and Nutrition Group started a clinical cohort of up to 900 HBV-positive and HIV-negative adults at the University Teaching Hospital.

This study aims to find out the long-term effect of taking antiretroviral drugs (ARVs) for patients with both HIV and chronic hepatitis B virus (HBV).

Our early clinical results show that about 10-20% meet the current criteria to start antivirals (i.e., they have high viral load and liver damage); with the rest still being followed-up. We have also learned that low knowledge and awareness of HBV and stigma are barriers to disclosing ones HBV-positive status to partners and relatives and to referring contacts for testing.

Our study results show that:

- Our HIV and HIV+HBV patients (based on x450) in IeDEA had lower liver stiffness 1 year after starting ARVs
- Heavy alcohol consumption can reduce adherence and retention among HIV patients on ARVs
- These results, published in AIDS and Behavior are the first in Africa to demonstrate use of a specific alcohol biomarker in the HIV clinic

Our study was able to:

- Determine the prevalence of significant levels of liver fibrosis in HIV-HBV patients in Zambia using non-invasive tests
- Identify the predictors of significant fibrosis among HIV-HBV patients
- Assess the impact of ART on the progression of liver fibrosis in HIV-HBV patients in Zambia

All these studies will inform the Ministry of Health Hepatitis Steering Committee and are funded by the U.S. National Institutes of Health through the University of Alabama at Birmingham, USA.
Clinical Trials at CIDRZ

“Ultimately, we believe, the only guarantee of a sustained end of the AIDS pandemic lies in a combination of non-vaccine prevention methods and the development of a safe and effective HIV vaccine.”

CIDRZ is part of the HIV Vaccine Clinical Trials (HVTN) that seek to develop a Safe and Effective Vaccine for Prevention of HIV Infections Globally.

Prevention of HIV transmission is the long term global solution for the HIV pandemic. Current methods are working but protection by these interventions is limited by:

1. Need for long-term continuous adherence to medication
2. Continuous uninterrupted access to ARV’s and
3. Sustainable donor and public funding.

A vaccine able to prevent HIV infection would have a significant impact on the health, social and economic burden of HIV/AIDS. Recent modelling study showed that introducing a partially effective vaccine (30%) with limited coverage in Southern Africa could result in a significant reduction in HIV incidence compared to a non-vaccine scenario.

CIDRZ is part of a global HIV vaccine effort and has a pipeline of 3 studies which we are currently working on.

**HVTN111**

Phase 1 study to evaluate safety and immunogenicity profiles of a DNA prime and bivalent subtype C gp120/MF59 boost in South African adults.

We enrolled 28 HIV negative participants in 2017 and we expect to conclude by July 2018

**HVTN120**

Phase 1/2a clinical trial to evaluate the safety and immunogenicity of ALVAC-HIV (vCP2433) and of MF59® or AS01B-adjuvanted clade C Env protein, in healthy, HIV-uninfected adult participants.

Enrollment for this study is expected to start in 2018

**HVTN705**

VAC83220HPX: Phase 2b efficacy study of a heterologous prime/boost vaccine regimen of Ad5.Mos4.HIV and aluminium phosphate-adjuvanted Clade C gp140 in preventing HIV-1 infection in women in sub-Saharan Africa.

HVTN 705 is co funded by the U.S. National Institutes of Health (NIH) and the Bill & Melinda Gates Foundation, while HVTN 111 and HVTN 120 are wholly funded by the NIH.
With support from MAC AIDS Foundation, CIDRZ is implementing the Comprehensive PMTCT for At-Risk Teens because overcrowding in health facilities, unfriendly attitudes among health staff can cause adolescents and young people to shun health services.

We provide a “one-stop shop” pilot service implementation project aimed at increasing awareness of adolescent health services within targeted communities as well as amongst health providers at eight (8) facilities.

We want to increase HIV testing amongst teens; prevent new HIV infections in HIV-negative teens; prevent unintended pregnancies; increase treatment initiation and retention; and increase the awareness of adolescent health services within the community.

To achieve this, we provide HIV Counseling and Testing; distribute contraceptives; provide escorted linkage to ART initiation for positive adolescents; distribute condoms; provide safe spaces; alcohol and drug abuse counseling; and weekly support group meetings for Adolescents Living with HIV.

We have renovated adolescent youth spaces to create ambient, safe environment that appeal to teens; mentored facility staff on adolescent health services to ensure cooperation and sustainability of program after grant end; trained facility staff and adolescent peer educators in adolescent health services provision; and provide peer support for adolescents.

As part of the programme, we have a variety of leisure activities (football, dance, debate, drama and chess); provide computers, internet and library containing academic books in youth friendly spaces.

Under this programme, our aim is to build confidence and resilience in girls while increasing awareness of sexual and reproductive health services. In partnership with Tackle Africa and Grassroots Soccer, we trained MAC adolescent peer counselors as coaches delivering HIV messaging through football to girls.

Coaches form teams of girls who participate in weekly sessions focusing on sexual health.

We evaluated this model and the survey results revealed that adolescents with comprehensive knowledge increased from 45% at baseline to 66% after attending our meetings. 42,736 adolescents (18,999 females, 13,337 males) were counselled & tested for HIV, with 1,478 testing positive (3.5% positivity). 94% were initiated on treatment, and 88% (1,218) were still on treatment by the end of the project. We distributed 23,067 condoms, and 17,933 teen girls accessed various contraceptive methods (79.5% opting for injectable contraceptives.)

We have learnt that:

- For Us by Us: use of adolescent peers increases use of services by adolescents.
- Interventions must be COMPREHENSIVE: addressing social, educational and reproductive needs.
- WHERE: permanent space is essential, but services should also be provided wherever adolescents are found.
- FLEXIBLE TIMES: services must be available outside of school time.
- Sustainable: ownership of services by MOH staff in facilities ensures sustainability.
Voluntary Medical Male Circumcision

As a Strategy to Prevent HIV Infection Among HIV Negative Men, VMMC reduces a man’s risk of getting HIV from his female partner by 60%; reduces risk of men getting other Sexually Transmitted Infections; improves hygiene; reduces the risk of developing cancer of the penis; and reduces the risk of female sex partners getting cancer of the cervix!

We conducted sensitisation activities in schools and communities, sensitised traditional and community leaders to take part in national campaigns and policy advocacy for strengthened provision and use of these services.

We circumcised 22,209 men; sensitised 34 chiefs; distributed more than 22,000 Information Education and Communication materials, and participated in three (3) national VMMC Campaign months. We actively participated in developing the National VMMC Communication and Advocacy Strategy which will become operational in 2018.
CIDRZ implemented the ‘BetterInfo’ study to systematically gain a better understanding of why some patients enrolled in antiretroviral treatment (ART) stay in care, while others are ‘lost’ from care. Estimates indicate that as many as 25-40% of patients in HIV care and treatment programmes are lost-to-follow-up.

This study, funded by the Bill & Melinda Gates Foundation (BGMF), was conducted in 32 CIDRZ supported facilities in 4 provinces and aimed at estimating the true outcomes of ART patients lost from the Zambian HIV Care and Treatment programme.

The study was anchored on:

- Assessing overall effectiveness of the HIV care and treatment cascade using a sampling based approach to estimate mortality and retention
- Exploring interactions between sociocultural, economic, service delivery and individual determinants of engagement in care
- Identifying structural, clinic-level, and patient-based factors associated with measures of mortality, retention, and HIV RNA suppression
- Evaluating implementation to understand factors that could influence use of this model in other settings.

BetterInfo findings have had an impact on both programming and policy in Zambia’s health sector. Government of Zambia has immediately incorporated facility-level results into ongoing improvement activities within CIDRZ supported facilities; it has sought to expand on the sampling approach. The study results also highlighted the need for the Ministry of Health to address patient experience to improve retention, and critical deficiencies of the electronic information system.

Based on the study, we designed a toolkit for both decision-makers and implementers of HIV programmes who would like to apply the sampling-based approach used by BetterInfo study in tracking patients considered “lost” from the national HIV treatment and care programme. The toolkit identifies the measurement strategy, minimum package for patient tracking and a summary of study findings. It can be found by following this link: http://www.cidrz.org/toolkits/better-information-for-health-in-zambia-toolkit-2017/
New Grant
Patient Centered Care

How do we help facilities focus on their local barriers and adapt and shape health care practices at/around the facility to needs of specific communities?

As a follow on to the BetterInfo study, Bill & Melinda Gates Foundation has funded another project: Leveraging Patient-Centred Care to Improve HIV Outcome in Zambia (PCC).

This will be a phased approach targeting ~60,000 patients on ART; 6 CIDRZ supported districts and will involve 40 health facilities.

The PCC will offer timely & dedicated attention to harnessing the power of the local patient experience & principles of patient-centered care; layered onto an existing fully-funded PEPFAR/CDC award for HIV prevention, care and treatment; and led by diverse team with track record of successfully delivering timely programmes & innovations within the context of a strong Zambian organization.

The PCC will use patient experience-oriented approach by:
- leveraging existing health systems improvement activities
- enhancing synergies with strategies to promote differential care
- focusing on improvement efforts at facility level
Primary Care and Health System Strengthening
Supporting Expanded Programme on Immunisation

Vaccines are at the core of Zambia’s efforts to prevent childhood death and illness and move towards prevention rather than treatment of disease. Efficient, regular delivery of vaccines to support more than 2,000 health facilities is required to achieve Zambia’s vision.

However, capacities to accurately forecast and deliver vaccines and other essential medicines to health facilities has continued to be a challenge towards achieving better health outcomes for Zambia. Stock-outs at health facilities occur, but their frequency is unknown or unreported, resulting in distribution inefficiencies, improper stock management and reporting, insufficient cold chain, and other challenges.

“Vaccines are only effective when they reach every child in all communities, not when they are still in an upstream cold room, however effective the cold chain.” — Dr. Francis Dien Mwansa, National Expanded Programme for Immunisation (EPI) Manager, Zambia Ministry of Health

From October 2016, through its Primary Care and Health System Strengthening Programme, CIDRZ with Government and other partners have been working together to improve the country’s immunisation supply chain to establish an efficient and high performance supply chain. In order to get a clear picture of how the existing immunisation supply chain was functioning, CIDRZ visited every Provincial and District health office in the country, electronically collecting data on vaccine delivery and pick-up, cold chain, health facility labour staffing and time, and transportation. After data collection and cleaning, the team worked with Llamasoft, supply chain modelling and optimisation experts, to model the data. These results were disseminated to key Ministry and immunisation partners in the country and internationally.

Focus was on how to impact on the current supply chain by:

- An increase in vaccine delivery frequency,
- Optimising transport via different routes, including multi-stop routes rather than just point-to-point delivery, and
- Changes to distribution administrative levels.

From a fact finding on current immunization supply chain practices, inputs and costs in all district and provincial health offices country wide, a national EPI optimisation strategy has been developed with government to include the immunization supply chain findings, challenges and partner initiatives to improve the national immunization programme.
In 2017, CIDRZ continued to undergo rigorous evaluation by NGOSource that concluded in granting CIDRZ an ‘Equivalency Determination Status’ meaning that CIDRZ is equivalent to a U.S. 501(c)(3) charity based on the strength of our financial practices, governance and management. Earning this status makes it much easier for donors to confidently consider CIDRZ as a grantees, and enables CIDRZ to operate more efficiently with these donors.

Mr. Ackim Sinkala is a Fellow of the Zambia Institute of Chartered Accountants, and an Associate Member of the Chartered Institute of Management Accountants. Mr. Sinkala has a Master of Business Administration from Heriot Watt University, Edinburgh Business School in UK; Chartered Institute of Management Accountants; Association of Accounting Technicians, and College Certificate in Accountancy qualifications.

He joins CIDRZ with extensive work experience in finance and accountancy which spans over a period of 21 years. His most recent position was at Investrust Bank where he worked as Financial Controller. He has worked as Chief Financial Officer at Intermarket Banking Corp; Finance Manager at Zambia Centre for Accountancy Studies and Financial Systems Manager for the Zambia Sugar Company.
### Income Statement

<table>
<thead>
<tr>
<th></th>
<th>30-Sep-17</th>
<th>30-Sep-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Income</strong></td>
<td>291,430,622</td>
<td>328,104,483</td>
</tr>
<tr>
<td><strong>Programme Expenses</strong></td>
<td>(297,560,100)</td>
<td>(301,287,071)</td>
</tr>
<tr>
<td><strong>Operating surplus</strong></td>
<td>(6,129,478)</td>
<td>26,817,412</td>
</tr>
<tr>
<td><strong>Other income</strong></td>
<td>68,533,508</td>
<td>37,691,460</td>
</tr>
<tr>
<td><strong>Administrative Expenses</strong></td>
<td>(57,434,895)</td>
<td>(55,800,890)</td>
</tr>
<tr>
<td><strong>Results from operating activities</strong></td>
<td>4,969,134</td>
<td>8,707,982</td>
</tr>
<tr>
<td><strong>Finance Income</strong></td>
<td>(10,067,297)</td>
<td>(7,174,694)</td>
</tr>
<tr>
<td><strong>Surplus / (Deficit ) for the year</strong></td>
<td>(5,098,163)</td>
<td>1,533,288</td>
</tr>
</tbody>
</table>

#### Other Comprehensive Income for the period

<table>
<thead>
<tr>
<th></th>
<th>30-Sep-17</th>
<th>30-Sep-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revaluation gain</strong></td>
<td>171,738</td>
<td>171,738</td>
</tr>
<tr>
<td><strong>Total Comprehensive Surplus/(Deficit) for the period</strong></td>
<td>(6,269,847)</td>
<td>(1,481,044)</td>
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</table>

### BALANCE SHEET

#### ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property, Plant and Machinery</td>
<td>22,399,373</td>
<td>17,187,791</td>
</tr>
<tr>
<td>Current Assets</td>
<td>98,470,639</td>
<td>102,019,711</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>120,870,011</td>
<td>119,207,502</td>
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</table>

#### LIABILITIES

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserves and Grants</td>
<td>62,283,630</td>
<td>64,181,793</td>
</tr>
<tr>
<td>Long Term Liabilities</td>
<td>4,190,670</td>
<td>4,640,676</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>50,395,705</td>
<td>46,385,033</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>120,870,011</td>
<td>119,207,502</td>
</tr>
</tbody>
</table>

### Cash Flow Statement

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
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<tbody>
<tr>
<td><strong>Surplus for the period</strong></td>
<td>(5,098,163)</td>
<td>1,533,288</td>
</tr>
<tr>
<td><strong>Changes in Working Capital</strong></td>
<td>(6,269,847)</td>
<td>(1,481,044)</td>
</tr>
</tbody>
</table>

### Programme Income

<table>
<thead>
<tr>
<th>Programme</th>
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<tbody>
<tr>
<td>ACHIEVE – PEPFAR/CDC</td>
</tr>
<tr>
<td>CDC HIL</td>
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<tr>
<td>COMMUNITY ART</td>
</tr>
<tr>
<td>NIH – CTU</td>
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<tr>
<td>SHARE</td>
</tr>
<tr>
<td>PREEMI</td>
</tr>
<tr>
<td>Z CHECK</td>
</tr>
<tr>
<td>VILLAGE REACH</td>
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<tr>
<td>TASP</td>
</tr>
<tr>
<td>GLOBAL HEALTH</td>
</tr>
<tr>
<td>AERAS</td>
</tr>
<tr>
<td>VARIICHOL</td>
</tr>
<tr>
<td>CHASE</td>
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<tr>
<td>HIVTN</td>
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<tr>
<td>NDREA</td>
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<tr>
<td>ROVAS</td>
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<tr>
<td>TRANSFORM</td>
</tr>
<tr>
<td>LABORATORY</td>
</tr>
<tr>
<td>EU – ZAHPS</td>
</tr>
<tr>
<td>PROMIS PIF</td>
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<tr>
<td>LIVER FIBROSIS</td>
</tr>
<tr>
<td>STAND</td>
</tr>
<tr>
<td>BHOMA II</td>
</tr>
<tr>
<td>OTHER PROJECTS</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>
Governance

Comprised of skilled individuals with expertise in government, non-profit management, business, research, public health, and community programming, our Board is governed by a ratified Charter, and is supported by a certified Secretary in accordance with the Companies Act of 2005. Meeting quarterly as a group, the Directors also sit on specific sub-Committees: Finance and Audit, Research and Programmatic Performance, Human Resources and Operations, Business and Investment Development and Nomination.

Finance & Audit - Chair, Patrick Wanjelani

Oversees financial reporting process, selection of independent auditor, and receipt of internal and external audit results. Director of CIDRZ Internal Audit reports directly to this committee and CEO.

Members: Mr Kabaye Mwale, Beatrice Grillo

Research & Programmatic Performance - Chair, Dr Chipepo Kankasa

Provides high-level strategic oversight/scientific guidance to research and healthcare activities to ensure alignment with Ministry of Health (MoH) strategic direction. Includes representatives from MoH, Ministry of Community Development and Social Welfare (MCDSW) and Network of Zambians Living with HIV as non-executive directors.

Members: Dr Kevin Marsh MD, Dr Mike Saag MD

Human Resources & Operations - Chair, Christopher Mubemba

Ensures organisational procedures are effective, appropriate, and robust, and that internal processes are legal and ethical.

Members: Beatrice Grillo, Charles Mpundu, Kondwa Chibiya-Sakala

Business & Investment Development - Chair, Charles Mpundu

Evaluates CIDRZ revenue projections, business opportunities and practices.

Members: Kondwa Chibiya-Sakala

Nomination Committee - Chair, Bradford Machila

Recommends suitable individuals for appointment to Board, ensuring balance of skills, experience and independence, and considers CIDRZ senior level succession planning.

See full profiles at: www.cidrz.org/about-us/board-of-directors/
Partners and Donors

1. AbbVIE Pharmaceuticals
2. Aeras
3. Agence de Médecine Préventive (AMP)
4. Alere
5. American College of Gynecologists (ACOG)
6. American Institutes for Research (AIR)
7. Ark
8. Aurum Institute (South Africa)
9. Bill & Melinda Gates Foundation
10. Broadreach
11. Bush Institute
12. Canadian International Development Agency (CIDA)
13. Centre for the AIDS Programme of Research in South Africa (CAPRISA)
14. Churches Health Association of Zambia (CHAZ)
15. Clinton Health Access Initiative (CHAI)
16. Comic Relief
17. Delft
18. Department for International Development UK (DFID)
19. Doris Duke Charitable Foundation (DDCF)
20. Elizabeth Glaser Paediatric AIDS Foundation (EGPAF)
21. European & Developing Countries Clinical Trials Partnership (EDCTP)
22. European Union (EU)
23. Evidence for HIV Prevention in Southern Africa (EHPSA)
24. FHI 360

26. Fogarty Global Health Fellowship
27. GAVI Alliance
28. GlaxoSmithKline
29. Global Health Corps
30. HIV Research Trust
31. HIV Vaccine Trials Network (HVTN)
32. International Epidemiologic Databases to Evaluate AIDS (IeDEA)
33. International Initiative for Impact Evaluation (3ie)
34. International Maternal, Paediatric, Adolescent AIDS Trials (IMPAACT)
35. IntraHealth
36. Japan International Cooperation Agency (JICA)
37. Johns Hopkins University
38. M-A-C AIDS Fund
39. Mary Fisher
40. Max M. and Marjorie S. Fisher Foundation
41. Medical Imaging Research Unit (South Africa)
42. National Science and Technology Council of Zambia
43. PATH
44. Pharmaceutical Society of Zambia
45. Pink Ribbon Red Ribbon
46. Roche Molecular Systems
47. Sanitation and Hygiene Applied Research for Equity (SHARE) Consortium
48. TB Alliance – Global Alliance for TB Drug Development
49. The ELMA Foundation
50. The University Teaching Hospital (UTH)