2014

ANNUAL REPORT

Centre for Infectious Disease Research in Zambia
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Established in 2001, and recognised as an independent Zambian organisation in 2011, CIDRZ has a strong commitment to answering key research questions relevant to Zambia; supporting the financial and technical local ownership of high-quality complementary and integrated healthcare services within the public health system; and facilitating clinical, research and professional development training.

Since inception, CIDRZ has been an active partner of the Government of the Republic of Zambia (GRZ) through our collaboration with multiple Ministries, including the Ministry of Health, the Ministry of Community Development Mother and Child Health, the Ministry of Home Affairs, the Ministry of Local Government and Housing, and other line Ministries, as well as key stakeholders and institutions such as the Zambian Prisons Services, University of Zambia - School of Medicine, and Cancer Diseases Hospital, among others.

CIDRZ programmes support healthcare-related activities in all 10 Zambian Provinces as we focus on strengthening primary healthcare provision systems in the following areas:

- HIV/AIDS Prevention, Care & Treatment
- Tuberculosis Diagnosis & Treatment
- Primary Care & Health Systems Strengthening
- Newborn & Child Health
- Women’s Health, including Cancer
- Hepatitis & other Infectious Disease

Think CIDRZ... for a healthier Zambia
I am privileged to welcome you to the 2014 CIDRZ annual report. This is our second annual report as a local Zambian organisation, and I hope you will find it informative and inspiring. What continues to motivate, drive and inspire the Board more than anything else, is the prospect of and opportunity to contribute to CIDRZ’s realisation of its Mission and Vision. I am confident that this desire is shared with our hundreds of staff members, who are and remain key to this aspiration.

As you will read in the message that follows from Drs Holmes and Sikazwe, management faced some difficult challenges of historical making in 2014. My perspective as Board Chair, and that of my fellow Board Members, is that the new leadership has dealt with these issues in an exceptionally fine manner, replacing them with positive developments that have put CIDRZ on track for a long and productive future.

During the course of 2014 we also embarked on building a Board of Directors of highly committed individuals that bring leadership and skills at the top of their professions to the service of CIDRZ, and we will continue this process into 2015. We have also worked with management to put into place world-class governance procedures and controls that have allowed CIDRZ to not only excel at its core mission, but to do so in an accountable fashion that is valued by our donors, partners and beneficiaries.

Lastly, CIDRZ has truly become a significant partner to the government of the Republic of Zambia, as evidenced by the recently signed Memoranda of Understanding with three of the critical Ministries relating to health. My fellow Board Members and I will continue to work with the dedicated CIDRZ management team to ensure that the organisation is in complete alignment with Zambian national health priorities as CIDRZ contributes to improving health in our country through innovative service delivery, locally-relevant research, and training of the next generation of Zambian health leaders.

Bradford Machila
In 2014, CIDRZ initiated a Board recruitment exercise to actively seek experienced and dedicated finance, business, governance and controls, and science leaders to join our Board of Directors. Following best governance practices, our target is a ten-member, 75%-majority Zambian board, that meets quarterly and ad hoc as required. *As of the date of publication a full board has been constituted. Membership can be found at: http://www.cidrz.org/about-us/board-of-directors/

Over the last year we are gratified that four exceptional new members have joined our board to contribute their experience and expertise to furthering the CIDRZ mission.

“I was delighted to be asked to join the board of CIDRZ because during 30 years’ of living and being involved in research in Africa I have been committed to the development of local institutions. I see in the team at CIDRZ great determination and potential to develop a genuinely Zambian institution which will make a real difference.” -- Professor Kevin Marsh
Former Director of Kenya Medical Research Institute (KEMRI)

1 Chair, Mr Bradford Machila - Former Deputy Minister of Justice, Minister of Lands, and Minister of Livestock and Fisheries Development, Zambia
2 Member, Dr Chipepo Kankasa - Consultant Paediatrician, and Director of the UNZA UTH HIV/AIDS Programme and The Paediatric HIV Centre of Excellence, Zambia
3 Member, Ambassador Dr Eric Goosby - Former U.S. Global AIDS Coordinator, Distinguished Professor of Medicine at the University of California, San Francisco, and United Nations Special Envoy for TB
4 Member, Mr Christopher Mubemba - Director of Transmission Development, ZESCO Ltd., Zambia
5 Member, Ms Annabelle DeGroot - Finance Director, Zambian Breweries Plc., National Breweries Plc., Heinrichs Beverages Ltd., Zambia
6 Member, Professor Kevin Marsh - Professor of Tropical Medicine, University of Oxford, and Chair of the World Health Organization Malaria Policy Advisory Committee
We would like to welcome you to our second annual report!
As you are likely aware, CIDRZ has undergone substantial changes over the last two years.
While 2013 was a year of serious challenges, 2014 was a year in which we
successfully addressed these challenges head-on.
We are pleased to say that the organisation is nothing short of transformed as we write this letter of introduction.

New additions to our management team have allowed us to bring integrity, smart ideas and hard work to tackle difficult historical problems. We have built systems and controls in response to organisational issues identified in early 2013, overhauled the management of the CIDRZ Central Laboratory and achieved re-accreditation with the National Institutes of Health Clinical Trials Networks, adapted our labour practices to ensure local compliance, become fully compliant with local tax authorities, recruited a merit-based Board of Directors well-versed in organisational governance, re-organised our HIV programmes and dramatically improved performance, obtained substantial new grant funding after achievement of organisational milestones with key donors, and built strong new research links with the University of California, San Francisco and Johns Hopkins University, to complement existing collaborations with the University of Zambia, University of Alabama at Birmingham, the London School of Hygiene and Tropical Medicine and others, along with many other achievements made possible by our talented and committed staff.

What does all of this mean? It means that we now have a strong foundation on which to fulfill our mission of delivering better health for Zambians. Although we collaborate with partners, we are now a completely independent Zambian organisation, with the management and governance needed to face future challenges and to thrive. In the pages that follow, you will see examples of our innovative and impactful healthcare, research, and training programmes. All of this work is done with the closest collaboration with our colleagues in the Government of the Republic of Zambia, whose lead we take, and whose vision for a healthier Zambia we share. Thank you for your support and interest in CIDRZ!

With best regards,
Charles and Izukanji

Dr Charles B. Holmes, MD, MPH  
Dr Izukanji Sikazwe, MBChB, MPH
The CIDRZ Mission:

To improve access to quality healthcare in Zambia through capacity development, exceptional implementation research, and impactful sustainable public health programmes.

A Zambia, and a region, in which all people have access to quality healthcare and enjoy the best possible health, including a life free of AIDS.
CIDRZ would not be able to contribute to the development of a strong, responsive and resilient local healthcare system without the close partnership of the Zambian Government.

Since inception, over 14 years ago, CIDRZ has been privileged to collaborate with Zambian health leaders at the District, Provincial and National levels so that we may work together to find effective programmes and interventions that are locally-relevant, culturally-appropriate, and most importantly, acceptable, affordable and sustainable to serve the Zambian people.

We ensure our healthcare services and programmes, logistic, infrastructure and technical support, and research activities align with the Zambian National Health Strategic Plans. We provide, or source partners to provide, training activities that support local capacity-building so that Zambians have the systems, skills and abilities required to implement their development policies and achieve their own economic, social, and environmental goals.

**CIDRZ’s Zambian Institutional Partners**

- Ministry of Health (MOH)
- Ministry of Community Development Mother and Child Health (MCDMCH)
- Ministry of Home Affairs
- Ministry of Chiefs and Traditional Affairs
- Ministry of Education
- Ministry of Gender
- Ministry of Local Government and Housing
- Cancer Diseases Hospital
- Medical Stores Limited
- National TB Programme
- University Teaching Hospital
- University of Zambia – School of Medicine
- Zambian Medicines Regulatory Authority
- Zambian Prisons Services
In 2004, CIDRZ received a PEPFAR/Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)-coordinated grant through its affiliated university for Project HEART. The story of partnership continued in 2011 when CIDRZ - as a newly minted independent local organisation - received its first-ever PEPFAR award as a Prime Recipient for the HIV Integration into Local Ownership (HILO) grant.

The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) programme coordinated through the Centers for Disease Control and Prevention (CDC) - Zambia has generously provided significant financial support to CIDRZ without which the organisation could not have contributed to efforts to mitigate the Zambian HIV/AIDS epidemic.

Thank you to the Government of the United States
HIV Integration into Local Ownership (HILO) - PEPFAR/CDC

Zambia’s rapid scale-up of HIV prevention, care and treatment services has been among the most successful programmes in Africa and CIDRZ has been privileged to serve as a key technical and implementing partner in this response.

Supported by PEPFAR, our HILO programmes are aligned to support Zambia’s strategic response to the HIV/AIDS epidemic, and our longstanding engagement with local communities and their health systems enable us to support Zambian priorities efficiently, holistically and respectfully. Partnering with the Ministry of Health and Ministry of Community Development Mother and Child Health, we integrate HIV programmes into primary healthcare settings, and build workforce capacity at all levels to ensure sustainable delivery of HIV services to all clients.

The primary aim of HILO is to ensure access to quality HIV care and services while progressively transitioning the anti-retroviral treatment (ART), Prevention of Mother-to-Child Transmission of HIV, voluntary medical male circumcision, tuberculosis, cervical cancer, pharmacy, laboratory and data management services we support through HILO to local ownership, ensuring that high-quality, cost-effective HIV-related services are increasingly country-owned and country-driven.

From Emergency Response to Proactive Strategic Planning: CIDRZ Responds to the Changing HIV Epidemic

Significant progress has been made in the fight to tackle HIV and we are now within reach of an AIDS-free generation: access to life-saving ART has been expanded, new infections are being averted, and losses in life expectancy have begun to reverse. In light of these advances, CIDRZ has shifted focus from emergency scale-up of HIV services towards a more comprehensive and sustainable approach of health service delivery by building a well-trained and healthy workforce, that functions within a comprehensive, well-supplied and sustainable healthcare system that is Zambia-owned and Zambia-driven. CIDRZ is committed to expanding and strengthening the quality of local health services for all Zambians. Here is how...
We Build Local Capacity:

CIDRZ has always invested in developing the capacity of the Zambian healthcare workforce. We train, and support the training of, personnel from all levels of the Ministry of Health and the Ministry of Community Development Mother and Child Health and also serve as an essential resource for the 336 public system health clinics we support. Our rotating teams of Technical Area Experts conduct joint site visits with Provincial and District Health Officers to provide mentorship and technical assistance to both healthcare facility and district staff.

We Invest in Communities:

We value a community-centred approach and work to ensure that persons living with and affected by HIV and TB are included in our prevention, care and treatment efforts. Since the beginning, CIDRZ has been training and supporting community-based volunteers to provide culturally-appropriate health education both in healthcare facilities and the community, to promote healthy behaviour and positive living, and to follow-up clients who have missed appointments. These Peer Educators and Treatment Supporters are invaluable assets to clinic personnel and clients alike. Additionally, we work with the traditional infrastructure and liaise with Traditional Leaders, Faith-based institutions and Neighbourhood Health Committees to reach more people at the community level.
A HILO Success Story: Building Capacity in Midwives Improves Ante-natal Care and ART Uptake

In Zambia’s public sector health facilities, HIV-infected pregnant women are usually referred to separate HIV Prevention, Care and Treatment clinics to access ART care. However, these clinics are under-staffed and overwhelmed by the high demand and as a result, only a small proportion of pregnant women who need this healthcare actually access these services, thus delaying their initiation on the recommended ART. To address this critical issue, CIDRZ piloted an ‘ART in Maternal Child Health’ mentorship programme in 10 ante-natal care clinics. Midwives from the ante-natal clinics completed an intensive on- and off-site mentorship programme with CIDRZ Clinical Mentors. Upon completion, the mentored midwives reported feeling more confident in their ability to provide quality services to both HIV-infected and uninfected mothers, and there was a significant increase in the uptake of ART among HIV-infected pregnant women at their ante-natal care visits.

“We have been of great benefit to me as a healthcare provider as well as to my patients. Because I can now provide ART in the Maternal Child Health clinic my pregnant patients don’t have to wait a long time to be seen to receive their ART care. They are no longer ‘lost-referrals’ to the ART clinic.” -- Margaret Chitenge, Nurse Midwife
In 2013, the World Health Organization recommended that National PMTCT programmes begin providing lifelong anti-retroviral treatment (ART) to pregnant and breastfeeding women living with HIV, regardless of their CD4 T-cell count or their WHO AIDS Clinical Stage in a programme called OPTION B+.

Zambia adopted this strategy and beginning in 2014, CIDRZ through the PEPFAR/CDC-funded HILO Programme has been supporting the Ministry of Health and the Ministry of Community Development Mother and Child Health’s efforts to promptly roll-out Option B+ in health facilities across Zambia.

Working hand-in-hand with counterparts in the Ministry, Provincial and District Health Offices, in health facilities and with Neighbourhood Health Committees, we are building the capacity of new cadres of health workers to provide ART to all HIV-infected pregnant and breastfeeding women, and strengthening the health systems that make efficient delivery of these life-saving services possible.

- We trained 181 healthcare workers and 100 lay counsellors in Option B+ and the PMTCT minimum package
- Introduced the Option B+ programme into 115 facilities
- Supported initiation of 7,740 HIV-infected pregnant women on lifelong ART treatment

In 2014, we supported 336 facilities providing PMTCT services in 3 provinces. 100% of infants born to HIV-infected women received a virologic HIV test within 12 months of birth.
Voluntary Medical Male Circumcision - HILO PEPFAR/CDC

As a local organisation, our research and programme activities are driven by the priorities determined by the Zambian national health agenda.

The Zambian government recently expanded the Voluntary Medical Male Circumcision (VMMC) for HIV Prevention Programme, as the WHO recommends it for countries like Zambia with high HIV prevalence (12.5% UNAIDS 2013) coupled with low rates of circumcision as VMMC is a safe, effective prevention strategy to reduce the risk of sexual transmission of HIV. However, male circumcision is not widely practiced in some areas of Zambia and as a result uptake is low in several rural areas, especially in Eastern Province.

To tackle this we increased our engagement and sensitisation of rural traditional rulers and local leaders, and as a result we saw an increase of VMMC acceptance in Eastern Province, including some Chiefs who themselves ‘took the step’ to become circumcised and become MC Champions encouraging others to do the same. This approach enabled us to correct misconceptions and gain the trust of local leadership. In turn, community members trust the messages of their local leadership. This model was so successful in increasing male circumcisions that we replicated it with traditional leaders in other CIDRZ-served provinces with similar success.

The CIDRZ HILO - supported VMMC programme also is an active partner in the government-led National MC campaigns. In addition to providing actual services, throughout the year we supported sensitisation via rural radio call-in programmes, community awareness and mobilisation via megaphone and flier distribution, and gave awareness and Questions & Answers talks to students, teachers, and at workplaces.

In 2014, MC providers in 23 static & mobile clinics circumcised 19,951 men (105% of our target). Trained 12 government providers in surgical circumcision skills.
Community COMPACT: Community-Led HIV Prevention Programme

The PEPFAR/CDC-funded Community COMPACT Programme puts the community in charge of its HIV/AIDS response by identifying the drivers of infection and taking action to combat them.

Active in rural Kalabo in Western Province and over 870 km (600 miles) away in urban Kanyama, a congested shanty compound in the capital Lusaka - the focus of COMPACT is to increase the number of people who are aware of their HIV status and accessing HIV prevention, care & treatment. A key activity is to train Community Volunteers in HIV/AIDS basics, Prevention with Positives, and psychosocial & couples Counselling so they can support health facility-based Voluntary Counselling and Testing (VCT) departments and also take part in quarterly community-based VCT drives. In 2014, COMPACT Kanyama volunteers were trained in PMTCT, while Kalabo volunteers were trained in rapid HIV testing. Both groups received training on how to test vulnerable populations such as commercial sex workers (CSW) or men who have sex with men (MSM). Because of this and previous training, more counsellors were available this year and able to reach more community members during door-to-door outreach activities.

In FY14:
54,979 Adults and Children received VCT
(Includes 25,232 couples, 59 CSW, and 61 MSM)
359,118 Condoms distributed
114,462 Language-appropriate education materials distributed

Another COMPACT activity is to try to reduce barriers to care at the local health facilities by working with partners and stakeholders. In Kalabo, there are only two CD4-T cell testing machines in the entire district. HIV-infected clients identified in the field must travel long distances to the mission or district hospital for CD4 testing to learn of the health of their immune system and if they need to start ART. In some cases clients have waited at the facility for over a week and have to return home without seeing a clinician because their food has run out. Therefore, CIDRZ is working with the District Community Health Office in Kalabo to ensure that clients who test positive can have their CD4 T-cell count determined as quickly as possible.
Cervical Cancer Screening Programme

The PEPFAR/CDC and Pink Ribbon Red Ribbon - funded Screen & Treat Visual Inspection with Acetic Acid (VIA) programme features a nurse-led, low-cost, efficient & effective technique where nurses are trained to wash the cervix with a dilute vinegar, take a photo with a digital camera, and freeze any pre-cancerous lesions with carbon dioxide or nitrous oxide gas. Real time, remote digital consultation is available, and women with advanced lesions are referred to Loop Electrosurgical Excision Procedure (LEEP) clinics or tertiary centres for comprehensive care.

In Zambia, VIA Screening & Treatment prevents 1 DEATH from cervical cancer for every 46 HIV-infected women SCREENED

By September 2014, 168, 617 women have been screened at 33 screening sites or received treatment at 21 LEEP sites. Services are available in all 10 Provinces.

In FY14 in addition to clinics being refurbished and opened, cervical cancer screening sensitisation also reached new audiences in rural areas, at the mines on the Copperbelt, and with the visually-impaired community in Lusaka. As well as providing training to teams from other countries, a free DVD and Provider Training manual was developed and an e-learning platform launched. See more at el.acewcc.org.

In the Cervical Cancer Programme Pipeline for 2015

⇒ Continue to train staff and introduce new cervical cancer screening and LEEP services throughout Zambia
⇒ With funding from Susan G. Komen introduce breast cancer screening services
Saving Mothers Giving Life (SMGL)

Known locally as the Accelerating Maternal care Access Initiative (AMAI), this PEPFAR/CDC - funded programme aims to rapidly reduce maternal & neonatal mortality in the CIDRZ-supported Lundazi and Nyimba districts of the Eastern Province of Zambia.

**AMAI Phase 1** aimed to improve maternal and neo-natal outcomes by increasing the demand for and access to local quality obstetric care. This was done by sensitisation of key stakeholders, including health facility staff, and community members about the importance of early care-seeking in pregnancy and the benefit of health facility deliveries. In addition to better equipping local health facilities (left: 5 ambulances were purchased to serve Lundazi and Nyimba Districts), we supported **Community Health Workers** and **Clinic Support Workers** to spread health messages to seek early ante-natal care as well as to deliver at health facilities.

**AMAI Phase 2** began in July 2014 and monitored and evaluated existing SMGL interventions, as well as performed baseline assessments in a third underserved district, Chipata. After development of data collection tools to extract data from clinic registers and government Health Management Information Systems and training on best data collection practices, teams collected data on **31 SMGL indicators** including: the number of basic & comprehensive Emergency Obstetric and Neo-natal Care trained and equipped health facilities; the number of vaginal and caesarean deliveries; maternal complications and deaths, stillbirths and neo-natal deaths from over 109 health facilities in Lundazi and Nyimba ranging from small rural health posts to district hospitals. In Chipata, **47 health facility assessments** were done to quantify staff, infrastructure, and available maternal and newborn healthcare services.

🌞 **In the SMGL- AMAI Programme Pipeline for 2015**

- Purchase and distribution of basic Ante-natal care supplies
- Provide Emergency Obstetric & Neo-natal Care (EmONC) trainings for healthcare staff in Lundazi, Nyimba & Chipata districts
- Mentor **Training of Trainers (TOT)** participants for programme sustainability
- Sensitise Chipata district traditional leaders about SMGL activities
- Purchase and distribute incentives for community-based **Safe Motherhood Action Groups (SMAGs)**
- Print back-up Health Management Information System tools
This PEPFAR/CDC-funded programme supports the provision of high-quality, comprehensive, integrated health
services to the underserved population of Zambia’s Eastern Province through support of PMTCT activities
in 54 facilities in Chadiza and Lundazi districts; and TB activities in 43 facilities in Chipata district.

The aim is to build healthcare worker capacity & strengthen health systems that promote improved health, sustainability, and local
ownership. Working through the District & Provincial Health Offices, we provide technical support through on-site training, mentor-
ship, and supervision. We also establish Quality Assurance/Quality Improvement systems and conduct data quality audits.

In FY14, we trained 25 healthcare workers & 25 lay counsellors in PMTCT; and 126 healthcare workers, 9 lay counsellors,
42 traditional birth attendants and 56 classified daily employees in Option B+.

We also held 15 Option B+ ‘Community Conversations’ and provided blood draw, syphilis testing and infant HIV testing
supplies, cooler boxes, transport for CD4 T-cell count testing, and bicycles for mother-infant follow-up in the community.

We aim to eliminate paediatric HIV by enhancing implementation of Option B+
to provide lifelong ART to HIV-infected pregnant women.

“I am Precious Sakala of Chadiza, Eastern Province and a mother of two children. During my first pregnancy I
tested HIV-negative so I knew my baby was safe, but during my second I tested HIV-positive.
I couldn’t accept my status and did not take ART; and my twin babies died. During my third pregnancy, after
intense counselling from the healthcare workers, I finally accepted my HIV status. My hubby also asked to be
tested, and he was negative. When I reported to ante-natal care I was 5 months pregnant and had already
started ART. I was advised not to miss any doses so that I did not weaken my immune system. When my
baby son was born he was given Nevirapine syrup while I continued with my ART. I was instructed to give him
the syrup every day and also to exclusively breastfeed him for 6 months to try to prevent him getting HIV from me. He
was tested for HIV at 6 weeks, and 6, 12 and 18 months. Thankfully he was HIV-negative! These results made me ex-
tremely happy as it meant that I did not pass the HIV virus to my innocent baby. In order to help other women like me I
have started talking to women in my village about the benefits of counselling and testing, and also about adhering to
ART as it not only saves the lives of our unborn babies, but also benefits the mother’s health. I am eternally grateful to
the nurses and lay counsellors at Chanjowe clinic who made it possible for me to accept my status, to start medication
and so save the life of my unborn baby.”  -- Precious Sakala
Eastern Province - TB Programme

The goal of the Eastern Province TB Programme - also funded by PEPFAR/CDC - is to reduce morbidity & mortality by improving diagnosis and co-management of TB & HIV co-infected patients; and by reducing the spread of TB, particularly in HIV clinics.

Previously, an HIV-infected patient suspected of having TB was referred to the TB clinic and had to wait in another long queue to be screened. This lead to patients being “lost to referral” and meant that HIV patients with active TB might not be screened and receive treatment, risking their own health and spreading TB to others. The same was true for TB patients suspected of also having HIV infection. To integrate TB & HIV care and capacitate District health facility staff to provide holistic services we supported the training of Provider Initiated Testing and Counseling (PITC). This means that now HIV counseling & testing is available at the TB Corner, and TB screening is available in the ART & Maternal Child Health clinics. The Eastern Province TB Programme also focused on improving infection control procedures to reduce the airborne spread of TB, particularly in HIV Care & Treatment Clinics.

“My name is Moses N’gombe. I am 32 years old and am married and have three children. In May 2013, I developed a cough, fever, difficulties in breathing, night sweats and loss of appetite. I was admitted to the clinic because of the fever and was treated for malaria. But the fever did not stop, so sputum and blood was collected and I was diagnosed with both TB and HIV. This was the second time I suffered with TB; the first was in 2008. I was put on TB treatment – pills and injections for months - the nurses encouraged me to take the drugs every day and the community volunteers were also helpful. When I started treatment I weighed 38 kg (84 lbs) and after 3 months I was 50 kg (110 lbs). Though I was gaining weight, I still had problems so the nurse from the TB Corner took me to the ART Department and on the same day I was put on ART as well as continuing on my TB drugs. I finally finished my TB treatment in October 2014 and am still on the ART – I will take ART for the rest of my life. I thank the clinic staff for their hard work and the care they showed me, and I also want to thank the cooperating partners for the assistance rendered to health facilities that help our healthcare workers better manage patients like me so we can get healthy again and take care of our families. It is my prayer that they continue with the good works.” -- Moses N’gombe

TB Training
⇒ Infection control to 25 healthcare workers
⇒ PITC training to 25 Trainer of Trainers
⇒ Fixed sputum smear slide preparation for 25 Laboratory staff

TB Commodity Support
⇒ Distribution of HIV & TB Diagnosis and Treatment Guidelines
⇒ Printing of Diagnostic Algorithms
⇒ Provision of 20 cooler boxes, 5,000 sputum containers, and 20 bicycles for sample transportation to TB Diagnostic Centres
TB Plus-Up 3 I’s strategy of Intensified Case Finding, Isoniazid Preventive Therapy, & Improved Infection Control

In 2014 we implemented this CDC-funded initiative in 29 health facilities and 8 prisons in 4 provinces. This laboratory ‘hub’ and clinic or prison based ‘satellite’ model uses Gene Xpert MTB/Rif TB testing (top right) to improve accuracy; decrease time to TB diagnosis thereby enabling earlier patient initiation on TB and ART treatment; decrease the number of patients lost to follow-up; and ultimately provide better TB treatment outcomes. TB Plus-Up will end in 2015.

TB Op-X: Optimizing Clinical Outcomes in HIV-Infected Adults & Children Using Xpert MTB/Rif in Zambia

Another CDC-funded initiative has been implementation of the Xpert MTB/Rif diagnostic capability in HIV-infected patients at 3 peri-urban sites in Chongwe and Kafue districts. Identifying concurrent TB and HIV infection is important as it can shorten time to initiate necessary TB and ART treatment, thereby improving a patient’s clinical outcome. This implementation study is comparing the performance of Xpert MTB/Rif to the existing standard of care of culturing sputum for TB - the ‘gold standard’ - for TB diagnosis.

In addition, lipoarabinomann or LAM (left) is being tested for accuracy and utility as a novel point-of-care TB diagnostic test that uses urine instead of sputum. Results are expected in late 2016.
Prisons Work

In 2013, we implemented the successful and high profile WHO-funded TB REACH TB and HIV Screening in Zambian Prisons Programme which highlighted the extremely high prevalence of both TB and HIV in Zambian prisons and the threat this posed to community public health outside prison walls. This experience helped us source additional funding from the European Union to build capacity within the Zambian Prisons Services.

This 3-year Zambian Prisons Health Systems Strengthening (ZaPHSS) project aims to capacitate the Zambian Prisons Service Health Directorate to plan, manage, and implement improved and sustainable health services in Zambian Prison facilities. This project is being conducted in 11 prisons and includes conducting a qualitative study to better understand inmate health and access to health care, as well as creating facility-based Prison Health Committees of inmates and prisons staff and training them on health needs assessment, peer education, TB and HIV screening, and monitoring and evaluation.

In the TB Programme Pipeline for 2015

⇒ With funding from GlaxoSmithKline and Aeras, prepare to conduct the international multi-centre protective immunity TB Vaccine Clinical Trial, TB-018
⇒ With funding from Global TB Alliance for TB Drug Development, prepare to conduct the Shortening Treatment by Advancing Novel Drugs (STAND) multi-centre international clinical trial to test a treatment-shortening, novel drug combination including an investigational new drug, PA-824. Both of these studies will start in mid-2015 and will help build capacity in both our laboratory and clinical staff.
Programme for the Awareness and Elimination of Diarrhoea (PAED)

The Ark and Comic Relief - funded PAED Programme is a comprehensive, sustainable and scalable diarrhoea prevention and treatment programme designed to decrease post neo-natal Under-5 child mortality in Lusaka Province.

After a successful pilot in Lusaka Province and training 561 frontline health workers on the Improved Management of Childhood Illnesses (IMCI), we worked through the Ministry of Community Development Mother and Child Health to successfully roll-out the Rotarix™ oral rotavirus vaccine nationally in November 2013 as part of the national Expanded Program for Immunisation (EPI).

In June 2014, CIDRZ PAED hosted the 8th African Rotavirus Symposium in Livingstone, the first time this scientific event was held in Zambia.

Over 130 leading researchers and scientists from 35 countries -- 28 from across Africa -- attended to discuss current research results and epidemiological trends of the rotavirus. A total of 70 abstracts were accepted and 35 oral presentations were made during the 2-day symposium.

“The African Rotavirus group began as a simple training grant which has provided critical data on the burden of rotavirus disease in Africa leading to the rollout of vaccination programmes in more than 14 countries in the region. This 8th African Rotavirus Symposium organised by CIDRZ provided the first documentation of the impact of these vaccines and so was really a highlight of many years of training, support and investment.” – Dr Roger I. Glass, Director of the Fogarty International Center and NIH Associate Director for International Research.
The Komboni Housewives: A Behavioural Change Campaign

PAED also launched a Lusaka Province-wide behaviour change campaign and research study to promote the prevention, management and treatment of childhood diarrhoea. Partnering with the London School of Hygiene and Tropical Medicine, funded by Ark and Comic Relief, the Komboni Housewives (gossiping “Compound Housewives”) was an innovative and educating ensemble of women, accompanied by popular Zambian musician Afunika that conducted community events, radio programmes and contests that trained parents and caregivers in the proper technique and times for hand-washing with soap, the importance of exclusive breastfeeding up to 6 months of age, and the correct method to constitute and use Oral Rehydration Salts (ORS) and oral Zinc to treat childhood diarrhoea. Our PAED’s Komboni Housewives initiative advocated for a Zambian company to produce Zinc locally, thus improving access and price competition for this life-saving commodity. An evaluation of the campaign impact is ongoing.

In the PAED Pipeline for 2015

- With funding from Ark and Comic Relief, complete the PAED Programme Monitoring and Evaluation
- With support from the ELMA Vaccine and Immunizations Foundation, strengthen the vaccine cold chain at the District and Health Facility levels so that life-saving vaccines can reach every child in Zambia, including those that live in distant rural areas
In July 2014, CIDRZ and WaterAid Zambia - both implementing partners - joined the Ministry of Local Government and Housing, and funders UNICEF and DFID, to celebrate an important milestone in the 3 Million People Sanitation Programme. This Community-Led Total Sanitation (CLTS) programme promotes improvement in community-wide sanitation in rural Zambia through providing awareness to promote the end of open defecation. After appropriate sensitisation, the community itself must truly take the lead in this accomplishment by constructing latrines and ‘tippy tap’ hand-washing stations supplied with soap, or ash, to attain WASH Open Defecation Free (ODF) status in order to reduce diarrhoeal disease and improve general well-being of the community.

The celebration of 1,000,000 New Sanitation Users was held in tiny Mupapa Village in Kafue district just outside of the capital Lusaka. The Mupapa village effort towards attaining ODF status was triggered by a Community Champion in August 2013 and the village was verified to be ODF - status in March 2014. Villagers like Josephine Aisam (below right with her new latrine and tippy tap) were ecstatic to be recognised as a model village and chosen to host the celebrations. The Honourable Deputy Minister of Local Government and Housing Nicholas Banda presented an ODF certificate to the Village Headman (above). At the event, 15-year old Catherine Isam expressed her joy at finally having a latrine that provided privacy, and how shameful it was before when she and members of her household practiced open defecation. She wholeheartedly encouraged other villages to emulate Mupapa’s achievement!

In the WASH Programme Pipeline for 2015

⇒ With support from DFID through UNICEF continue to improve Water, Sanitation and Hygiene through Community-Led Total Sanitation (CLTS) and initiate School-Led Total Sanitation (SLTS) in CIDRZ-responsible districts in Lusaka Province.
Better Health Outcomes through Mentoring and Assessment

The BHOMA 1 Project - in the 6th year of funding from the Doris Duke Charitable Foundation under the Population Health Initiative and Training African Health Initiative - is a collaboration with MOH, MCDMCH and Zambart focusing on 5 rural districts of Lusaka Province. The overall aim is to accelerate a shift from disease-specific to sustainable, integrated primary healthcare programmes that strengthen health systems and achieve measurable significant health improvements. Another aim is to increase use of evidence-based health delivery and health systems planning by supporting implementation research. In 2014 the BHOMA 1 team completed implementations at 40 rural clinic sites by setting up sustainable electronic data systems with over 1 million individual patient visit records entered. Clinic staff received ongoing mentoring and supportive visits, and 500 volunteers in 20 facilities received trainings in safe motherhood through ‘Community Conversations.’

BHOMA 2 Project

In 2013, Comic Relief provided funding for 20 existing BHOMA sites to focus intensively on implementation of adapted best practices for maternal newborn care packages at the community and clinic level. Titled BHOMA 2, this project is promoting establishment of community-led and community-owned maternal support activities as well as implementation of incentive-based traditional birth attendant activities to improve Ante-natal care attendance, facility deliveries and family planning use.

In the BHOMA Programme Pipeline for 2015

⇒ Scale-down mentoring support to BHOMA 1 sites
⇒ Collect and map BHOMA 2 baseline implementation data around Sexual Reproductive Health (SRH) issues affecting target communities; conduct sensitisations and ‘Community Conversations’ to address barriers to access of SRH care services
Engaging the Community

Central to CIDRZ healthcare programme and research activity is engaging the community and key stakeholders through the traditional social infrastructure.

After all required Government, Ministry and local and international Ethical approvals have been received, our health and research programmes must sensitise the relevant health facility staff, local government ward counsellors, and other key stakeholders through face-to-face or small group meetings.

However, sensitising the general community is done Zambian style. First, is the rhythmic pounding of the African drums to attract attention interspersed with energetic traditional dancing and singing. This may be followed by a humorous skit or song to demonstrate the message, and end with a health talk or small group sessions to allow for questions and answers. Formal events with dignitaries may follow the same style, but may also include brass bands, flag-off marches, speeches, ribbon-cutting, and much pomp and ceremony.

When engaging the community it is very important to respect the Zambian social infrastructure and ensure that the local Traditional Chief or Chieftainess, the Indunas (Advisors), Village Headmen, Traditional Marriage Counselors, and Traditional Health Practitioners are also sensitised on the purpose of the programme/research or health message.

After a sensitisation event for traditional rulers in Eastern Province the Voluntary Medical Male Circumcision (VMMC) programme saw an increased acceptance of circumcision in the entire province, with some Chiefs becoming MC Champions and undergoing the procedure themselves! Sensitising the Faith-based community and Neighbourhood Health Committee members is also very important as their involvement assists in raising awareness, and promoting the health programme and the desired behaviours, because the public better trust the messenger and thus the message.
Research: A Core Component of Our Mission

We conduct high-quality, clinical trials & implementation science that follow Good Clinical Practices (GCP) and the UNAIDS/AVAC Good Participatory Practices (GPP). We have dedicated research regulatory affairs, data management & analysis, quality control & assurance, research pharmacy & lab departments. Every study receives all necessary local & international ethical and regulatory approval prior to initiation, and undergoes annual ethical review. All research staff has current Human Subjects Protection certification.

Because of our strong focus on programme implementation, integration & evaluation, many of our studies seek to directly improve the provision and uptake of healthcare services, using culturally-relevant, resource appropriate strategies. We collaborate with District & Provincial Health Offices and working together raise healthcare provision to new standards.

Knowledge generated during healthcare service delivery inform research questions, and results of research studies directly inform programmes. CIDRZ has conducted numerous influential studies, and this work has been enhanced by our relationship and engagement with local and international policymakers.

We strive to bridge the gap between research and policy, allowing CIDRZ to inform clinical practice and promote evidence-based strategies locally, regionally, and globally.

CIDRZ research activities range from small diagnostic and pharmacokinetic trials, to behavioural studies, to individual & multi-site clinical trials, to multi-district or multi-country evaluations.

CIDRZ is committed to answering key research questions relevant to Zambia.
As of September 2014, CIDRZ has 40 research studies in planning, enrollment or follow-up.

❌ Our U.S. National Institutes of Health-funded Clinical Trials Unit takes part in international multi-site clinical trials as part of the International Maternal, Pediatric, Adolescent AIDS (IMPAACT) Network, and the HIV Prevention Trials Network (HPTN).

✔️ We also take part in the U.S. National Institute of Allergy and Infectious Disease - funded International Epidemiologic Databases to Evaluate AIDS (IeDEA) research consortium which addresses unique and evolving research questions in HIV/AIDS that are unanswerable by single cohorts. By pooling large data sets data can be generated which address high priority research questions in a more timely and cost efficient manner. We take part in the pooled regional analysis for ART, and have sub-awards for hepatitis and malaria research.

✔️ We are involved in the U.S. National Institute of Child Health and Human Development-funded Global Network for Maternal and Child Health and have completed over 10 field studies.

✔️ We also manage 6 observational databases.
More About Our Research

Key NEW Research Project

Better Information for Health in Zambia (BetterInfo)

This Bill & Melinda Gates Foundation supported grant award aims to systematically gain a better understanding of why some patients enrolled in anti-retroviral treatment (ART) care stay in care, while others are ‘lost’ from care.

**It is estimated that 25 - 40% of patients enrolled in ART care may be lost-to-follow-up.**

The ‘BetterInfo’ study will trace lost patients, learn of their outcomes, and more importantly, why. It will provide more accurate estimates of patient outcomes at both the clinic and provincial levels which will help the Government of the Republic of Zambia to make informed decisions about HIV care service programmes and facilities to better meet the needs of ART patients so that they stay in life-saving care. Study staff will use best practices when tracing ‘lost’ patients to protect their privacy and confidentiality, and patients that have stopped receiving care will be encouraged to resume.

**BetterInfo will be conducted in 30 sites in Lusaka, Western, Southern & Eastern Provinces over 29-months.**

The study involves dynamic stakeholder engagement including guidance by a local and international Advisory Committee of scientists and government officials and quarterly meetings with Neighbourhood Health Committees at the sites. BetterInfo is lead by CIDRZ Principal Investigators, Dr Charles Holmes and Dr Izukanji Sikazwe, and Dr Elvin Geng of the University of California, San Francisco.

In the Research Pipeline for 2015

- New collaboration with HIV Vaccine Trials Network (HVTN) to conduct a **Phase 1 HIV vaccine trial** to evaluate the safety and immunogenicity of a candidate HIV Clade C vaccine in healthy, HIV-uninfected adult participants
- New collaboration with AERAS TB Vaccine Network to conduct TB - 018, a Phase 2b trial of a Protective Immunity TB Vaccine
- New collaboration with TB Alliance - Global Alliance for TB Drug Development to conduct the Phase 3 STAND trial to evaluate the efficacy, safety and tolerability of a treatment shortening regimen for TB
Select 2014 CIDRZ Publications


Holmes, Charles; Pillay, Yogan; Mwango, Albert; Perriens, Jos; Ball, Andrew; Barreneche, Oscar; Wignall, Steven; Hirnschall, Gottfried; Doherty, Meg C. **Health systems implications of the 2013 WHO consolidated antiretroviral guidelines and strategies for successful implementation.** AIDS: March 2014 Volume 28 p S231-S239 doi: 10.1097/QAD.0000000000000250 PMID: 24849483.


Training: A Core Component of Our Mission

Training is central to almost every healthcare programme & research study we conduct. Some examples are increasing the knowledge and skills of community-based counsellors to provide door-to-door VCT and Couples Counselling at the grassroots level in our PEPFAR/CDC-funded Community Compact programme; updating frontline health workers on how to correctly manage childhood diarrhoea as part of the rotavirus vaccine scale-up programme; training research staff on how to correctly administer informed consent to research volunteers following Good Clinical Practice (GCP) guidelines; and mentoring District nurse-midwives, laboratory technicians and pharmacy personnel in our PEPFAR/CDC-funded HILO programme.

In addition to project specific training, CIDRZ staff also received training on Finance, ICT and ERP systems as well as extracurricular health messages linked to celebrations of World Health Days & commemorative days. This year there were events featuring the importance of blood donation followed by a blood drive, cervical cancer prevention and screening, handwashing with soap, and a TB Knowledge Fair.

CIDRZ hosts a Weekly Research Meeting where Lusaka-based healthcare and research members hear local & international experts present on their areas of expertise. Key presentations in 2014 were delivered by:

- Dr Paul Kelly, London School of Hygiene and Tropical Medicine
- Dr Edward Hook, University of Alabama at Birmingham
- Dr Omar Siddiqi, Harvard Medical School
- Dr Samuel Zuercher, Infectious Disease Institute of the University of Bern
- Dr Elvin Geng, University of California, San Francisco

CIDRZ researchers also come together at bi-weekly Analysis Meetings and Journal Clubs.
Public Health & Research Training Opportunities

CIDRZ HIVCorps Public Health Fellowships
This fellowship provides a valuable field training opportunity for Zambian and expatriate students and early-career public health professionals through one-year long attachments in programme implementation & management, clinical trials research, clinical care quality improvement systems, data management & analysis, implementation science, or public health communications.

Global Health Corps Fellowship Programme
CIDRZ is a site for this international programme for promising early career public health professionals. The emphasis on ‘paired’ local and international trainees enhances the bi-directional exchange of knowledge and encourages future collaboration.

Fogarty Global Health Fellowship
Through a competitive process, pre- and post-doctoral trainees are provided 12 months of dedicated Fogarty/U.S. National Institutes of Health-support to gain international research experience. Mentored by senior investigators in Zambia, trainees work in the areas of HIV, TB, maternal-child health, primary healthcare, childhood immunisation, and reproductive health screening, among others.

Doris Duke International Clinical Research Fellowship
Expatriate medical students explore international clinical research careers through exposure to one-year long attachments. Under CIDRZ mentors, fellows gain experience in various steps of clinical and epidemiologic research, including study concept development, project implementation, and results dissemination.

Cervical Cancer Research Capacity Initiative
In collaboration with U.S. and Zambian institutions, CIDRZ has developed a multidisciplinary cancer research training programme with U.S. National Cancer Institute funding to build research capacity within the Lusaka-based University Teaching Hospital and Cancer Diseases Hospital through individualised mentorship and grant support for seed projects in various fields of epidemiology, nutrition, pathology, gynaecologic oncology, radiation oncology, and virology.

Short-term CIDRZ Internship Attachments
We accept applications from Zambian under- or post-graduate students seeking one to six month long placements on a case-by-case basis including a range of technical (e.g., laboratory, study implementation, pharmacy) and administrative (e.g., accounting, human resource, ICT) disciplines.
Training and Dissemination Events

8th National Anti-Retroviral Technical Update Meeting

Harmonised, Integrated and Simplified Quality HIV Care

Every year CIDRZ HIV/AIDS Clinicians, Pharmacists and Programme Managers take part in the National ART Technical Update either through collaboration with MOH and MCDMCH colleagues to organise the event, to make presentations, and/or to attend. This year’s update included eight CIDRZ presentations as well as a Civil Society Plenary chaired by CEO Dr Charles Holmes and Dr Jonas Mwale of CDC–Zambia (left).

Pharmacy Research Conference

Promoting Pharmacists’ Involvement in Quality Research to Improve Health

With the support of ABBVIE Pharmaceuticals, the CIDRZ Pharmaceutical Services Department staff (left) convened a conference for local public and private sector pharmacists and technicians to provide updates on ART and prevention of drug resistance as well as to train on the role of pharmacy-related research. This training conference is intended to become an annual event.

TB Programme Dissemination

Presentations were made by CIDRZ TB Project Managers and Coordinators (right) to multiple Ministries, Zambian regulators, partners, NGOs, TB stakeholders, and the media. The event was officially opened by the Hon. Deputy Minister of Health and closing remarks were delivered by the National TB/Leprosy Control Programme Manager, Dr Nathan Kapata (left).
Key Organisational Updates

Successful Implementation of Sage X3 ERP

A big accomplishment in 2014 was the successful implementation of the Sage X3 Enterprise Resource Planning (ERP) business system; CIDRZ is the first NGO in Zambia to do so! In the past, CIDRZ ran AccPac for accounting, PURIDIOM for web-based procurement processing, and LIMS for lab tests, but these programmes could not exchange data amongst themselves, thus slowing decision-making, reporting and increasing risk of error. Implementation of ERP has increased transparency and accountability as users can now view the workflow process to see how their task is progressing. Now, performing financial transactions is streamlined with automated workflows and controls built in. Implementation of ERP included initial and refresher staff training as well as the production of one-page training guides and tools.

In 2015 we look forward to introducing a Human Resource Self-Service Portal where staff will file time sheets, submit performance assessments and access leave forms and payslips online.

CIDRZ Celebrates National Labour Day

May 1st is important for the Zambian workforce, so it was with pleasure that in Zambia’s Independence Jubilee year CIDRZ took part in this annual event under the theme ‘Zambia at 50: Creating Decent Work and Promoting Socio-Economic Justice for National Development’.

CIDRZ was the only health NGO represented at the event. Thirty staff volunteered to walk behind the CIDRZ banner in the National march-past and Presidential Salute event. The following day staff gathered at the CIDRZ Head Office in Lusaka for a ceremony and lunch to honour the 39 CIDRZ Labour Day employee awardees who received certificates, a gift voucher and a photo with the Board of Directors Chairman. The categories of CIDRZ staff awards were: Most Outstanding, Most Innovative, Most Cost-Efficient, and Most Improved and Committed Employees.
Fundraising Campaign

In late 2014, CIDRZ launched the first-ever fundraising campaign with the target of raising USD 2.5 million.

Left: CEO Dr Charles Holmes

In this initiative we chose to partner with Accordia Global Health Foundation, an organisation dedicated to building Africa’s permanent capacity for health leadership and innovation through the establishment and support of sustainable African Health Institutions such as CIDRZ. Secure donations may be made through the Accordia website and being a 501 (C) (3) organisation, individual donors may receive a U.S. Internal Revenue Service deduction, if desired. (http://www.accordiafoundation.org/).

Although CIDRZ has a very successful record of winning and executing competitive grant awards, as a newly independent organisation we also require non-grant or ‘unrestricted’ revenue. A reserve of this nature will provide CIDRZ with the financial flexibility we need to be able to act quickly on innovative ideas and strategic opportunities, to continue to develop our laboratory and other infrastructure so that we may expand our programmes to serve more Zambians, to provide professional development training for our staff, and to continue our work and training to build the next generation of Zambian public health leaders.

To date the campaign has centred on social media call-to-action activities and small hosted events where CEO Charles Holmes, and other dedicated supporters such as Mary Fisher speak and show our film CIDRZ: Bringing Hope and Health in Zambia (https://www.youtube.com/watch?v=6q-tYLbM6Ws) which features employee, health advocate and woman living with HIV, Susan Chirwa sharing her CIDRZ story.

Left: Mary Fisher, AIDS advocate, artist, author and longtime CIDRZ supporter

Our aim is for CIDRZ to be a long-term resource to the country of Zambia, one that will create knowledge, build the capacity of future health leaders and save and improve more lives.
During FY 2014 CIDRZ focused on recruiting skilled and experienced Board members, and building robust internal management structures and governance systems/controls to anchor organisational functioning. Success was achieved and CIDRZ now has:

- A reconstituted Board with subcommittees of Audit and Finance, Investment, and Scientific and Programmatic Performance
- A strong Internal Audit Department led by a Certified Internal Auditor and Fraud Examiner
- Implemented a Financial and Operations Enterprise Resource Planning (ERP) system to streamline organisational processes

In September 2013, CIDRZ signed Ministry of Justice approved Memorandums of Understanding with the Ministry of Health and Ministry of Community Development Mother and Child Health as well as reached an agreement with the Zambian Revenue Authority to ring-fence historical tax liabilities and become fully tax compliant regarding Pay-As-You-Earn source deductions for all employees. Other notable accomplishments were the closing of both the 2013 and 2014 books with unqualified audits by top auditing firms.

CIDRZ manages over USD 34 million worth of grant awards ranging from U.S. Federal to Private Foundations.

Notable accomplishments this year was winning 10 new grant awards totaling over USD 6,325,000 with 4 awards from new funders: M-A-C AIDS Fund, Elma, the National Cancer Institute, and the HIV Vaccines Trials Network.
Thank You to Our Donors and Partners

Without the collaboration, confidence and generous support of our donors and partners, CIDRZ would not be able to contribute to improving health in Zambia. We thank you!

AIDS Clinical Trials Group
Abataka Zambia
ABBVIE Pharmaceuticals
Accordia Global Health Foundation
Aeras
Ark
Bill & Melinda Gates Foundation
Bush Institute
Canadian International Development Agency
Cancer Diseases Hospital (Zambia)
Centers for Disease Control and Prevention
Cervical Cancer Research Capacity Initiative
Churches Health Association of Zambia
Columbia University ICAP
Comic Relief
Delft
DFID
Doris Duke Charitable Foundation
Doris Duke International Clinical Research Fellowship
ELMA Vaccine and Immunizations Foundation
European Union
Fogarty Global Health Fellowship

GlaxoSmithKline
Global Advocacy for HIV Prevention - AVAC
Global Health Corps
Groundwork Initiative for Global Health at MIT Sloan
HIV Prevention Trials Network
HIV Vaccine Trials Network
International Epidemiologic Databases to Evaluate AIDS
International, Maternal, Pediatric Adolescent AIDS Clinical Trials
International Initiative for Impact Evaluation 3ie
Japan International Cooperation Agency JICA
Johns Hopkins University
London School of Hygiene and Tropical Medicine
MAC AIDS Fund
Mary Fisher
Max M & Marjorie S Fisher Foundation
Ministry of Chiefs and Traditional Affairs
Ministry of Community Development Mother and Child Health
Ministry of Education
Ministry of Health
Ministry of Home Affairs
Ministry of Housing and Local Government

National Cancer Institute
National Institute of Allergy and Infectious Disease
National Institute of Child Health and Human Development
National Institutes of Health
Pink Ribbon Red Ribbon
Susan G. Komen
TB Alliance - Global Alliance for TB Drug Development
UKAID
United National Children’s Fund
United States Agency for International Development - USAID
U.S. President’s Emergency Plan for AIDS Relief
University of Alabama at Birmingham
University of North Carolina at Chapel Hill
University Teaching Hospital (Zambia)
Vanderbilt University
WaterAid Zambia
World Health Organization
Zambian AIDS Related Tuberculosis Project
Zambian Prisons Services
Zambian Center for Applied Health Research and Development
Abbreviations and Acronyms

AIDS - Acquired Immunodeficiency Syndrome
AMAI - Accelerating Maternal care Access Initiative
ART - Anti-Retroviral Treatment
BHOMA - Better Health Outcomes through Mentoring and Assessment
CDC - Centers for Disease Control and Prevention
CLTS - Community-Led Total Sanitation
EGPAF - Elizabeth Glaser Pediatric AIDS Foundation
EmONC - Emergency Obstetric and Neonaatal Care
EPI - Expanded Programme on Immunisations
ERP - Enterprise Resource Planning
GCP - Good Clinical Practices
GPP - Good Participatory Practices
GRZ - Government of the Republic of Zambia
HILO - HIV Integration into Local Ownership
HIV - Human Immunodeficiency Virus
HSP - Human Subjects Protections (Ethics)
ICT - Information, Communication and Technology
IMCI - Improved Management of Childhood Illness
LAM - Lipoarabinomann
LEEP - Loop Electrosurgical Excision Procedure
MC - Male Circumcision
MCDMCH - Ministry of Community Development Mother and Child Health
MLGH - Ministry of Local Government and Housing
MOH - Ministry of Health
MOHA - Ministry of Home Affairs
NGO - Non Governmental Organisation
NIH - National Institutes of Health
ODF - Open Defecation Free
ORS - Oral Rehydration Salts
PITC - Provider-Initiated Testing and Counselling
SLTS - School-Led Total Sanitation
SMAG - Safe Motherhood Action Group
SMGL - Saving Mothers Giving Life
SRH - Sexual Reproductive Health
TB - Tuberculosis
TOT - Training/Trainer of Trainers
PEPFAR - U.S. President's Emergency Plan for AIDS Relief
PMTCT - Prevention of Mother to Child Transmission (of HIV)
UNZA - University of Zambia
UTH - University Teaching Hospital
VCT - Voluntary Counseling and Testing
VIA - Visual Inspection with Acetic Acid
VMMC - Voluntary Medical Male Circumcision
WASH - Water, Sanitation and Hygiene
WHO - World Health Organization
ZAMRA - Zambia Medicines Regulatory Authority
ZaPHSS - Zambia Prisons Health Systems Strengthening
Centre for Infectious Disease Research in Zambia (CIDRZ)

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