

## INVESTIGATION OF DISEASE AND THE SPREAD OF AIDS IN ZAMBIA AND MEDICAL SUPPORT OF THE PATIENTS

*Nemchenko A.S., Podkolzina M.V.*

National pharmaceutical university, Kharkiv, Ukraine

**Introduction.**In 2013, over 54,000 adults and 12,000 children became newly infected with HIV in Zambia. At its height, HIV prevalence in Zambia was 14.5%, and as of 2013 is still high at 12.5 %.

**Purpose of the study.**Investigation of disease and the spread of AIDS in Zambia and medical support of the patients.

**Methods of research.**Historical, biographical, statistical.

**The main results.**Determined that one in every eight people in the country are living with HIV, and life expectancy is just 58.1 years. However, this is a considerable increase from the 2012 life expectancy of 49.4 years, partly thanks to improved access to antiretroviral treatment.

In the last 10 years, Zambia has seen an increase in the number of organisations providing HIV testing and counselling, and referral to centres providing continuum of care including the management of opportunistic infections and antiretroviral therapy (ART). In Zambia, ART is initiated in patients according to the Zambian National HIV Treatment Guidelines. The recommended adult protocols include first, second and most recently, third line regimens. At the Livingstone General Hospital, third line therapy is not yet available and all patients move to Lusaka's University Teaching Hospital. It is important to note that in the Zambian ART care system, health care staff and ART centres are accredited by the Health Professional Council prior to offering HIV care. This accreditation process involves training of health personnel in standardised ART care protocols as well as inspection of health facilities to ensure they meet minimum standards for ART care. However, due to high turnover of trained staff, situations exist where health personnel that are not well versed in ART care provide the service, hence lowering the quality of care.

**Conclusions.**Antiretroviral therapy, is primarily provided through the public health sector, but the treatment of AIDS unavailable third line drugs. The priority strategy for ART is to ensure universal access to treatment, care and support. However despite progress in increasing access to HIV treatment in the country, system and structural challenges in delivery of ART services still exist and include human resource constraints.

### References

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