

# ZAMBIA COLLEGE OF PHYSICIANS NEWSLETTER

## CHRISTMAS EDITION, 2020



### VISION



Training physicians to deliver the highest quality care to patients



Building, protecting and strengthening the values of the profession

### MISSION



Lead the delivery of quality medical care, by setting standards for practice and promoting clinical excellence



Provide leadership, support and advocacy for the membership



Support physicians with CPD programmes and internationally recognised assessments



Continually raise clinical standards by developing guidelines and conducting audits

*Physicians of the highest calibre ensuring the best standard of medical care*



# Message from the President



Warm greetings to you all.

As we come to the close of 2020 and on behalf of the ZACOPH Executive Committee, I wish to express my sincere gratitude to all of you for your hard work and resilience shown during this difficult year. Despite the challenges brought on by the COVID-19 pandemic the College continued to deliver on its objectives. During the course of the year the College participated in various ECSACOP activities that include enrolment of new students, successful participation in the inaugural FCP Part I examinations, contribution to the virtual scientific conference as well as attending the clinical supervisor refresher course in Zimbabwe during the first quarter. Locally we joined the fight against COVID-19 by not only participating as frontline healthcare workers but also by donating PPE to three Hospitals namely Chilenje and Kanyama first level hospitals in Lusaka and Kalulushi General Hospital on the Copperbelt.

As we move forward into 2021, I wish to repeat the quote I gave at the AGM by Thomas S. Monson, “Our most significant opportunities will be found in times of greatest challenge”. Yes, 2020 has been a great challenge, however, it has brought with it significant opportunities not only in strengthening the health care system but also in self growth and development. Going forward let's build on these opportunities to fight the COVID-19 pandemic as well as to ensure that the objectives of our College remain in track.



Wishing you and your loved ones a restful and safe festive season!

**Dr. Edna Chikoye – Kasolo**  
President ZACOPH

# 1. ZACOPH ACTIVITIES UPDATE

## 1. 2020 Annual General Meeting

The ZACOPH 2020 AGM was successfully held on the 28th November at Sarovar hotel in Lusaka under the theme: *COVID 19 Pandemic: An Opportunity for Strengthening Occupational Health and Safety Services for Health Care Workers*. The meeting was held as a blended format of physical and virtual. The high lights of the meeting are as follows;

### 1.1 Keynote Speech

Dr Alex Makupe, the director clinical care and diagnostics at the Ministry of Health (MOH) and Chief medical superintendent at the University teaching hospital (UTH) graced the occasion with his presence and delivered the keynote speech and welcomed the theme of the meeting stating that it was timely and called on health care workers “to care for each other”. He also advised on the need for health workers to remain disciplined while executing their duties. Furthermore, he highlighted the opportunity presented by the COVID 19 pandemic in strengthening the health systems in the country by sighting the procurement of patient monitors, improvement in oxygen supply through rehabilitation of existing oxygen plants and procurement of oxygen concentrators. Although, he bemoaned the paucity of specialist physicians in the country, he was confident that the introduction of the specialist training programme would help close this human resource for health gap.



## Open Session Presentations

### 1.2 Occupational Health and Safety (OHS) Services for Health Care Workers

Dr Kingsley Ngosa the deputy director at occupational health and safety (OHS) institute delivered an insightful presentation on the following;

- ✓ The framework overseeing OHS in Zambia
- ✓ The organisation of OHS
- ✓ The aim of occupational health services
- ✓ The current state of OHS for health care workers (HCW).
- ✓ OHS needs for HCW during and after Covid 19 pandemic
- ✓ Key issues hindering implementation of OHS in Zambia
- ✓ Human resource for health and safety



Left to right Dr S. Chisele (ZMA President) Dr A. Makupe (Guest of honour), Dr E. Chikoye (President Zacoph)

The issue of health care workers not being eligible for compensation under the current act was extensively debated with participants agreeing this matter be addressed further through the Zambia Medical Association.

### 1.3 Experience Sharing of infection by COVID 19

Dr Abidan Chansa, the immediate ZMA President shared his experience of having been infected with the COVID 19 Virus in July emphasising the need for early diagnosis, psychological support and post recovery support including addressing the issue of stigma.



### 1.4 Caring for the Carer

Dr Samson Chisele the President of the Zambia Medical Association was in attendance and delivered brief remarks on behalf of ZMA concerning caring for the carer. Dr Dalal Naeem thereafter made a presentation on the ZMA programme being developed to care for the carers.



## 1.5 The Annual General Meeting Deliberations

Following the open session the meeting moved into the closed session of the AGM at which the first ZACOPH strategic plan-2021 to 2023 and the financial and procurement policies and procedures were presented and adopted. These documents will guide the operations of ZACOPH going forward.

### 1.5.1 Presentation of Achievement Awards

We congratulate the following 2020 recipients of the ZACOPH annual awards.

Maj.Gen. Dr. Chishimba Lumbwe for Life time achievement.

Professor Lloyd Mulenga, Dr. Francis Mupeta, Dr. Aggrey Mweemba, Dr. Chitalu Chanda, Dr. Chalomba Chitanika, Dr. Nyuma Mbewe, Dr. Mundia Mwitungwa, Dr. Bwembya Nkula, Dr. Joseph Phiri, Dr. Zubair Rakhda and Dr. Masuzyo Zyambo for their significant contribution in the Covid-19 response.



### 1.5.2 PPE Donation To Ministry of Health

Following the successful fundraiser by ZACOPH, PPE worth K66,800 was procured and donated on behalf of ZACOPH to the Ministry of Health. Dr Chitalu Chilufya the Minister of Health received the donation on behalf on government.



### 1.5.3 Linkages

Our partnership with the Aids Health Foundation continued and new linkages were forged with Path who invited ZACOPH to participate as a discussant at an Oxygen summit held in October. Additionally, an invitation was extended by the Hypertension Society of Zambia for ZACOPH to give the key note speech at an event commemorating the 2020 world hypertension day.

## 2. ECSACOP TRAINING ACTIVITIES UPDATE

### 2.1 2020 to 2021 Academic Year Enrolment

Five candidates were successfully enrolled in the programme in October. All were male with three enrolled at Ndola training site, one each at the University Teaching Hospital (UTH) and Livingstone General Hospital.

### 2.3 FCP Part I Examinations

The inaugural FCP Part I examinations were successfully held on the 15th of September in Lusaka. We congratulate the successful candidates.



### 2.4 ECSACOP Inaugural Virtual Scientific Conference

Due to the COVID-19 pandemic the ECSACOP AGM and scientific conference which had been scheduled to take place in Malawi was cancelled and in its place a virtual scientific conference focusing on COVID-19 was held. The conference which was opened by the ECSACOP President Prof. Innocent Gangaidzo was jointly hosted by the Malawi College of Physicians and the ECSACOP secretariat. Participants included The President of the Royal College of Physicians London, Prof. Andrew Goddard, Head of the WHO Country office Malawi, speakers from WHO and the Infectious Disease Institute of Uganda. One of the highlights of the conference was a research presentation by a second year trainee from Zimbabwe. Zambia was well represented with the country delivering five presentations and one facilitation. Congratulations to the Zambian team and in particular Dr Kondwelani Mateyo who represented ZACOPH on the ECSACOP scientific committee. The delegates were pleased with the level and quality of deliberations and called on the secretariat to hold such conferences regularly and further hoped that this would spur intra-continental collaborations.

# ZACOPH MEMBERSHIP NEWS



Dr Violet Jolezya Kayamba

We wish to congratulate Dr Violet Jolezya Kayamba, the immediate past treasurer of the Zambia College of Physicians (ZACOPH) who recently obtained her PhD in gastroenterology from the University of Zambia. Her PHD thesis looked at factors that influence gastric cancer development among Zambians and she also developed a novel strategy for early case detection that could be used in low-resource settings.

## Personal Life

Dr Kayamba completed her Bachelor of Science in Human Biology degree in 2003. She then proceeded to get the Bachelor of Medicine and Bachelor of Surgery degree in 2006 from the University of Zambia School of Medicine. In 2012, she obtained her Master of Medicine in Internal Medicine also from the University of Zambia School of Medicine. She is currently a clinician and lecturer in the Department of Internal Medicine.

As a physician and gastroenterologist with almost a decade of clinical research experience in Zambia, Dr Kayamba is building a cancer research team in Zambia with support from established international and local collaborators to better understand the occurrence of gastrointestinal cancers in sub-Saharan Africa (SSA). She has obtained research grants for gastrointestinal cancer studies including the CRDF global Beginning Investigator Grant for Catalytic Research (BIGCat) award, the University of Zambia-Vanderbilt Partnership (UVP) for HIV-Nutrition Research Training Fellowship, the Fogarty Global Health Fellowship and the AIDS International Training, Research Programme funds for post-MMed early career investigators and most recently the Organisation for Women in Science of the developing World early-career fellowship which she currently holds.

In 2016, she was recognized as one of the up-coming cancer research leaders in Africa having been selected to be part of the International Agency for Research on Cancer (IARC) “50 for 50” initiative fostering leadership on cancer research. In 2019 she was awarded the African Cancer Leadership Institute award, which was also intended to encourage cancer research leadership. She is the country representative and member of the steering committee of the African Oesophageal Cancer Consortium initiated by the National Cancer Institute, Bethesda, Maryland and IARC, Lyon. The consortium has membership from over eight African countries. Dr Kayamba has previously been invited to speak at various international symposia on oesophageal cancer and other medical subjects.

She is currently the president of the Zambia Association of Gastroenterology and Nutrition (ZAGAN) and since taking over office, the association has scored many achievements including affiliation to the World Gastroenterology Organisation and the Commonwealth Paediatric Association for Gastroenterology and Nutrition (CAPGAN). In 2017, ZAGAN hosted the 15th CAPGAN annual conference attended by both Zambian and international delegates. Additionally, she is one of the directors of the Tropical Gastroenterology and Nutrition Group (TROPGAN), which is the only gastroenterology research group in Zambia. Within TROPGAN, she heads the gastrointestinal cancer research section, having produced over 26 peer-reviewed publications most of which she is the first author.

Dr Kayamba served two consecutive terms as treasurer of ZACOPH and was part of the Zambian team that co-hosted the inaugural AGM and scientific conference of East Central and Southern African College of Physicians (ECSACOP). She is a founding fellow of ECSACOP.

Dr Kayamba is married and is a mother of two boys. She takes her responsibilities as wife and mother very seriously and has over the years developed strategies to strike a good balance between her personal life and career development. Dr Kayamba enjoys cooking, gardening and music. She is one of the singers at the Lusaka Music Society. In addition, she enjoys traveling, familiarizing herself with natural wonders and learning about interesting historical events around the world.

# Congratulations to the New Neurologists



ZACOPH warmly congratulates Drs Stanley Zimba, Mashina Choma, Lorraine Chishimba, Melody Asukile for qualifying as adult neurologist as well as Dr Nfwama Kawatu and Dr Kafula Lisa Nkole as paediatric neurologists.

## Medical Updates: COVID-19 PANDEMIC

### One Year of Covid-19 Infection: Where Are We?

The emergence of COVID-19 in late December 2019, in Wuhan Province of the China has resulted in the largest pandemic in recent history. Globally over 76 million cases and 1.7 million deaths have been reported as of 22nd December 2020, with the African continent contributing 1.7 million cases and over 59,000 deaths. In Zambia, over the same period 18,881 cases and 370 deaths have been recorded.



Several countries in Europe and the Americas- including the United States of America are currently experiencing what has been termed the Second wave- case load and deaths matching or even passing that seen during the first experience of Covid-19 in the earlier part of the 2020. None the less a few countries on the continent namely South Africa, Morocco, Algeria, Kenya, Uganda, have begun reporting increasing cases suggesting possible start of the second wave.

In Africa the anticipated disaster from Covid-19 as suggested by various predictive modelling- e.g. from the Imperial College, has not materialised. This has been attributed to several factors- population make up- more younger people, less burden of identified co factors- obesity, Diabetes etc, limited inter and intra country travel to mention a few.

## Latest Developments:

✓ **Roll out of Covid- 19 Vaccines:** So far three types covid vaccines have completed phase 3 of the trials with 2 already receiving clearance from the regulatory authorities in the USA and Europe. Both vaccines are mRNA type of vaccines and are being rolled out to the high-risk populations including Health workers. The World Health Organisation working with partners like GAVI has formed a consortium- through the COVAX facility to provide 20% of the populations in underdeveloped countries with the Covid-19 vaccine. In Zambia, the next step is to ensure vaccine deployment preparedness- considering the challenging needs related to storage.

✓ **Emergence of a novel variant of Covid -19:** As we went to press, the United Kingdom and South Africa reported new variant mutant strains of Covid-19 namely: SARs-Cov VUI-202012/01 or lineage B.1.1.7 and SARS-Cov-2 mutant virus, 501.V2 respectively. In the case of the UK, this strain is now the predominant covid-19 virus circulating in London and the South East of England. It spreads about 70% more rapidly and increases the R or reproduction number by 0.4 percent compared to the initial strain of Covid-19 although scientists do not expect it to cause more severe disease or be resistant to the vaccine. Travel restrictions to and from the UK have been put in place by several countries to allow for more scientific information as well as stem the spread of this strain beyond the UK.

✓ **Update on Covid- 19 drug treatment:**  
The WHO has issued an updated therapeutic Living Guidance (<https://apps.who.int/iris/bitstream/handle/10665/337876/WHO-2019-nCoV-therapeutics-2020.1-eng.pdf>) on drug treatment for Covid-9 as follows:  
Hydroxychloroquine : Strong recommendation against administering hydroxychloroquine or chloroquine for treatment of COVID-19. This recommendation applies to patients with any disease severity and any duration of symptoms.

Lopinavir/ritonavir : Strong recommendation against administering lopinavir/ritonavir for treatment of COVID-19. This recommendation applies to patients with any disease severity and any duration of symptoms.

✓ **How can Zambia prepare for the second wave of COVID-19?** A recent article by Impouma et al., 2020 suggests that countries focus on three (3) interventions in addressing resurgence: Empower communities as Central actors; Assess the risk of continued spread at subnational level to inform tailored interventions and plan for the worst-case scenario- anticipate where health system capacity may be overwhelmed, and develop contingency plans aimed at improving and adjusting testing strategy and capacity.

A blue poster with yellow borders. At the top right is a stylized illustration of a coronavirus particle. The text is in white and yellow. It says: 'Be READY for #coronavirus', 'WHO is giving advice on how to protect ourselves & others:', 'Be SAFE from coronavirus infection', 'Be SMART & inform yourself about it', 'Be KIND & support one another', 'Learn more about #COVID19 & share with your loved ones: [www.who.int/COVID-19](http://www.who.int/COVID-19)'. At the bottom are the logos for the United Nations and the World Health Organization.

Be **READY** for #coronavirus

WHO is giving advice on how to protect ourselves & others:


Be **SAFE** from coronavirus infection

Be **SMART** & inform yourself about it

Be **KIND** & support one another

Learn more about #COVID19 & share with your loved ones: [www.who.int/COVID-19](http://www.who.int/COVID-19)

 **United Nations**

 **World Health Organization**

! Covid 19 remains a significant threat to the continued delivery of health services in Zambia and therefore all of us are called upon to do whatever we can to educate the community by fighting COVID 19 myths and ensuring that we practice what we preach or advocate for namely: regular handwashing, masking, physical distancing and ensuring that we share correct information. **Stay Safe!**

## A Message of Hope From a Patient Living with Sickle Cell Anaemia In Chileshe Stephen Mwansa's Own Words



I was diagnosed with SCD when I was 6 months old in June, 1989... Presented with swollen fingers. With care and every day taking Folic Acid and weekly anti-malaria tablet, nicknamed the Sunday pill, so my siblings can remember that I take it- it was a celebration.

I have clinic No. 1 card at Mutti Clinic (special doctor for me being Dr. Dorothy Kasonde). I was not treated special but normally with my mum's special mother's eye on me for observation. My parents were also blessed with my sister who had Asthma. We used to compete... This month it's me in hospital, next month it's my older sister... It's great to have strong God-fearing parents, however, there was one time when I was critically ill and received a blood transfusion. Otherwise, I have been one of the healthier children in our home. Why so?

I learnt to say, I was not feeling well early enough to control going into crisis. Very obedient to what the doctor told my mother for me to follow: Keep warm, drink lots of water, control pain by taking pain killers as per instructions. If pain is not controlled, it is a sure way of going into crisis. Be clean to avoid infection, report any new ill feelings no matter how unimportant it may be. To me, everything is an emergency. To cut the story short, for 27 years, I lived on 5-7 HB of blood count. In 2017, my mother discovered an antioxidant food supplement which in one month brought my HB to 11.1 and have kept it there till now. It has been my daily supplement from that time. Since its not medicine, I take together within a good balanced diet.

What I value more than anything is my family, as I wouldn't be where I am today without their love and support. The best out of all this, is blood boosting in that, I feel great and I have moved to have my own place and managing myself... Yes, I am just like anybody else and contribute to economic development of my country through my work as a graphics designer.

Stay safe and continue to be strong.





## The Knowledge Corner

For this newsletter we focus on tobacco smoking cessation as one of the strategies for Non-Communicable Diseases (NCDs) control.

### Physicians' Role in Tobacco Control Within the Context of Non-Communicable Diseases in Zambia Prof. Fastone Mathews Goma

Non-communicable diseases (NCDs) have become major causes of death in the general population (1) and are projected to increase by 27% in the next ten years in Sub-Saharan Africa, compared to 17% globally (2). Tobacco use is a major risk factor for the most common NCDs such as cardiovascular disease (CVD), obstructive pulmonary disease (COPD), lung and other cancers. Additionally, smokers are more likely to develop severe Covid19 infection.

Tobacco use (active and passive) in Zambia remains high among both adults and adolescents. While the prevalence of tobacco use in adult men seems to be going down (26.5% in 2015 to 24% in 2017) that of women is on the increase (4.6% in 2015 to 7.8% in 2017) (10). The smoking prevalence among adolescents aged 13–15 years was 24.9% for boys and 25.8% for girls in 2013 (11).

Tobacco use among people living with HIV (PLWH) is a phenomenon of grave concern with an estimated 24% of AIDS-related deaths attributable to smoking (4). Tobacco use among PLWH contributes to increased rate of progression from HIV to AIDS, poorer outcomes in HIV-associated opportunistic infections, increased risk of developing NCDs, such as CVD and cancers, and poorer adherence and response to ART (1,7,8). Overall tobacco smoking is associated with a two-fold increase in mortality in PLWH (9). Consequently, PLWH who smoke lose on average 12.3 life years compared with PLWH non-smokers – more than twice the number of years lost to HIV infection alone.



Tobacco cessation efforts are therefore particularly critical in Zambia(3). Efficacious treatment strategies with integrated cessation services are needed to reduce tobacco-related co-morbidities and coinfections. Among the strategies being advised by the World Health Organisation (WHO) in the M-POWER approach to Tobacco Control is to “OFFER help to quit tobacco use”. This remains primarily a responsibility of the health workers. Indeed, cessation has major health benefits in men and women of all ages, including decreasing the risks for cancer, cardiovascular disease, and COPD (12). The International Tobacco Control (ITC) Zambia Survey of 2012-2014 (13) reported that 92% of the tobacco users stated that the advice given to them by a health worker made them think seriously about quitting and 87% of them said they would support total ban on tobacco use if government offered cessation services. This is significant because more than 76% of the smokers interviewed desired to quit tobacco use (26% within 6 months and 50% in the near future). However, only 44% of them who presented to health facilities were asked about tobacco use, only 9% of them had ever heard of medications used for treatment of tobacco dependence and only 4% of them had ever used these treatment medications (13).

Due to the addictive properties of nicotine, quitting smoking is difficult, thereby making smoking a leading behavioral health problem requiring either or both counseling and pharmacotherapy to improve abstinence rates (4). There are multiple evidence-based cessation strategies that have been widely tested and found effective within the general population in high-income countries, including clinic-based tobacco cessation interventions such as physician-delivered tobacco cessation advice (18), group therapy (19), individual counseling (20), self-help materials (21), telephone counseling (22), and nicotine replacement therapy (23).

It is advised that tobacco use be re-instated on the hospital records as a vital sign and every person presenting to a health facility be asked for tobacco use. Those who use tobacco must be offered cessation services. The first among these is the psychotherapeutic brief intervention using Motivational Interviewing Techniques. In less than 5 minutes, the health worker establishes tobacco use and motivates for tobacco use cessation. It is desirable that the FAGERSTROM TEST for nicotine dependence is done for each tobacco user to determine the level of addiction. Those who are highly dependent on nicotine would need pharmacotherapy which includes nicotine-replacement therapy (NRT) (5), bupropion sustained release (SR),<sup>6</sup> and varenicline<sup>7,8</sup>. These have been reported to increase smoking-cessation rates by up to 2-fold.

However, there are peculiar problems with the Zambian smokers. The first is the high use of Mentholated cigarettes in Zambia which is recorded at 40% of the smoking population (13). It is suggested that light smokers of mentholated cigarettes, may need higher doses of NRT to abstain from smoking because mentholated cigarette smokers may actually have increased exposure to nicotine with each inhalation as an attempt to enhance the cooling and local anesthetic effects of menthol. This effect seems to be achieved through larger puffs, deeper inhalations, and holding breaths for longer periods of time. The use of NRT, bupropion SR, and varenicline have been found to significantly improve cessation rates by relieving cravings and nicotine withdrawal symptoms.

The gains of smoking cessation especially among PLWH are huge. Smoking cessation could decrease the risk of mortality by 16%, the risk of CVD by 20% and the risk of non-AIDS-defined cancers by 34%(16). Increased duration of smoking abstinence is associated with decreased HIV-related symptoms and decreases risk of CVD (17).

The medical infrastructure built around NCD treatment, including regular contact between NCD patients and health professionals, provides natural entry points for such sustained tobacco use cessation interventions. However, existing evidence suggests that smoking cessation is more difficult among PLWH as compared to the general population. Unique challenges identified in past research, which has been limited and restricted mainly to PLWH in high-income countries, include higher rates of depressive symptoms and mental health issues, greater abuse of alcohol and other illegal substances, lack of awareness about tobacco's effects on HIV treatment, lower interest in quitting, and lower adherence to treatments (27-32). Existing evidence points to the need for treatments that are tailored to meet these complex medical and psychosocial factors, including increased support for depressive symptoms and co-dependencies and more personalized social support. These barriers are likely to be even greater among PLWH in sub-Saharan Africa given the large burden of HIV/AIDS, other competing health priorities, and lower access to care. Moreover, adaptations need to be informed by the diverse cultural and social contexts in which PLWH live in rural sub-Saharan Africa, where, to date, only a handful of tobacco cessation intervention studies have been conducted, all in South Africa (12).

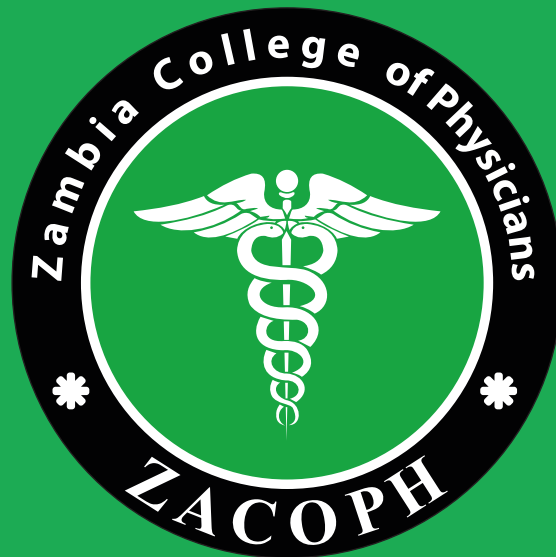


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