Outline

- **Country background and context**
- Self-staging process
- Self-staging results
- Lessons learnt from the self staging
- Next steps and way forward
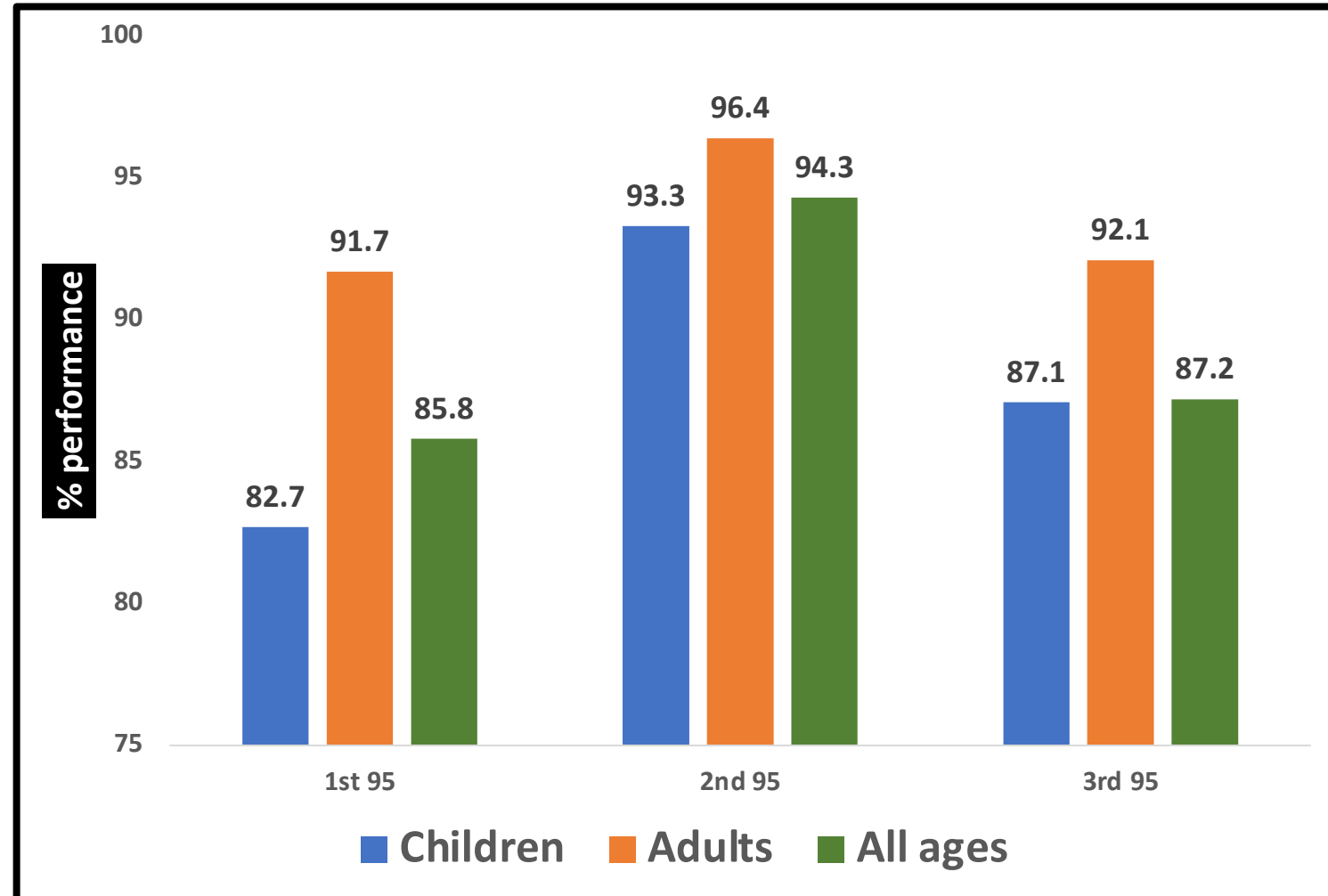
Background and Context 1/4

Key Demographics

Total population: 18 million

PLHIV: 1.3 million

HIV prevalence (15+): 11%

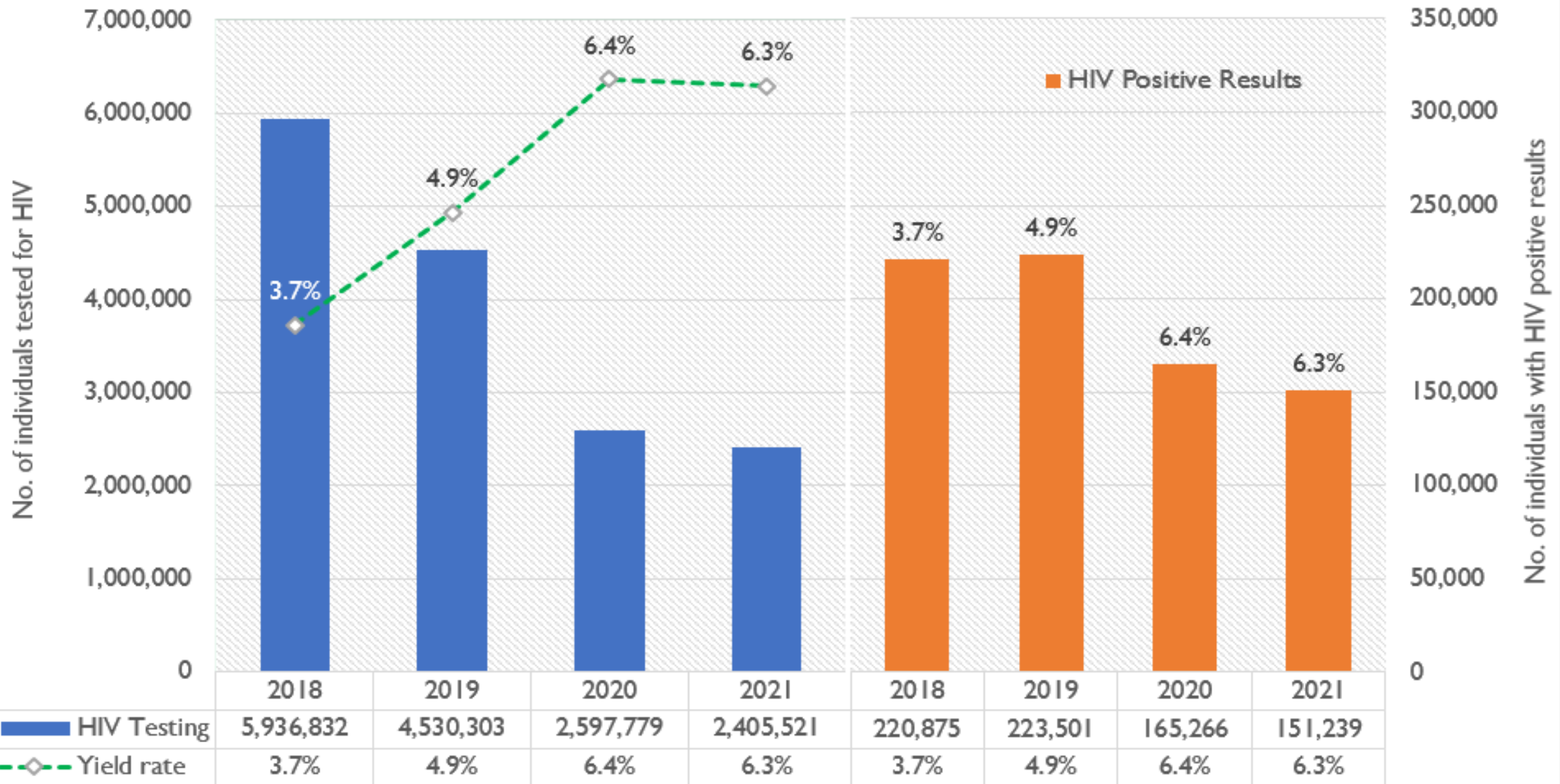## The National HIV Cascade (HMIS, May 2022)

% performance

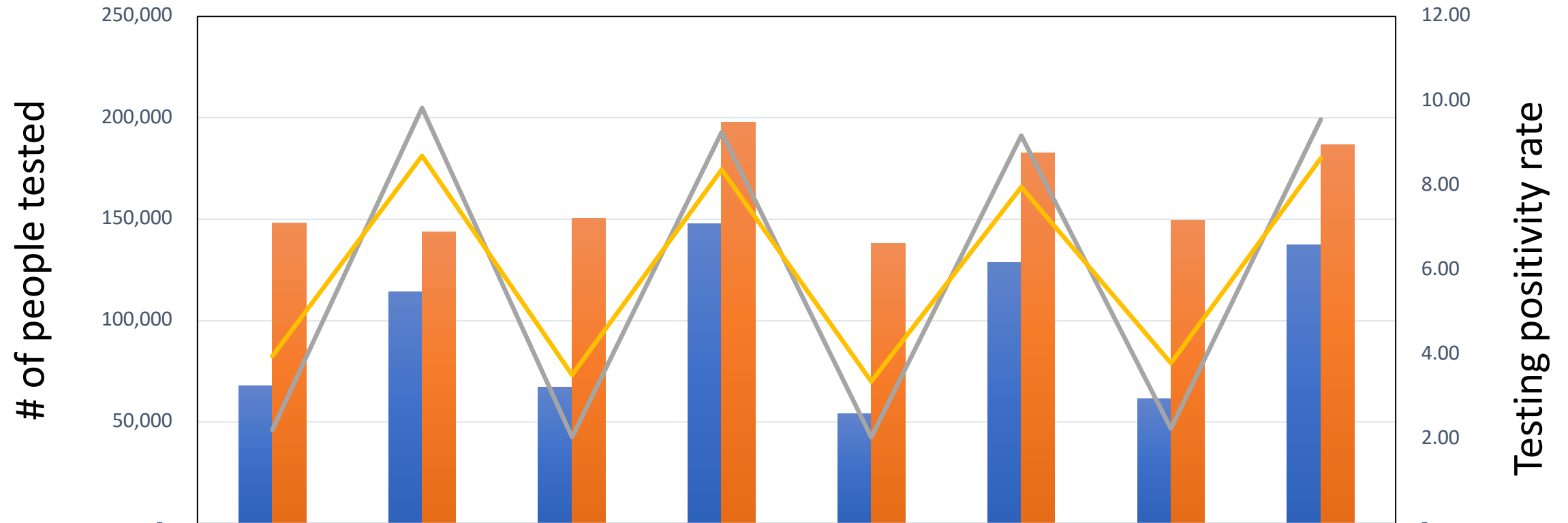|	1st 95	2nd 95	3rd 95
Children	82.7	93.3	87.1
Adults	91.7	96.4	92.1
All ages	85.8	94.3	87.2

■ Children ■ Adults ■ All ages

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HTS services are coordinated at National level under the HIV prevention programme

- dHTS services are coordinated through a unified HIV TWG which also coordinates other DSD services such as Differentiated ART services

- The country implements differentiated HIV testing through a mix of HTS models and approaches including:
  - o PITC and CITC
  - o Partner testing services
  - o Index testing of biological children
  - o HIVST (including workplace champions, University Activations, Social network testing)

- HTS is provided at both facility and community levels

	2018	2019	2020	2021	2018	2019	2020	2021
HIV Testing	5,936,832	4,530,303	2,597,779	2,405,521	220,875	223,501	165,266	151,239
Yield rate	3.7%	4.9%	6.4%	6.3%	3.7%	4.9%	6.4%	6.3%

Tested vs. positives by age for the year 2021

	Q1, (15-24)y	Q1 (25-49)y	Q2 (15-24)y	Q2 (25-49)y	Q3 (15-24)y	Q3 (25-49)y	Q4 (15-24)y	Q4 (25-49)y
Male tested	67,893	114,346	67,212	147,723	54,282	128,554	61,572	137,458
FemalesTesting	148,231	143,705	150,477	197,879	138,081	182,811	149,401	186,583
Male HIV Positive rate	2.22	9.84	2.05	9.27	2.05	9.18	2.25	9.56
Female HIV Positive rate	3.96	8.70	3.52	8.37	3.36	7.97	3.80	8.64

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The CMM self-staging process-1/2

- Zambia has been part of CQUIN since 2018, and has conducted several Differentiated ART (DART) Capability Maturity Model (CMM) staging
- Zambia MOH accepted CQUIN's request to perform an dHTS CMM staging pilot
- We leveraged the DART experience to conduct HTS staging

Preparations for the pilot included

- Reviewing the CMM ahead of the pilot
- Prior gathering of all documents relevant to the staging process
- The in-Country mock self – staging

The Self-staging process 2/2

- Staging meeting was held in Lusaka on 6th September 2022.
- Hybrid meeting that lasted for 8:40 hours
- Technical and financial support from ICAP CQUIN
- Attended by MOH, and implementing partners
  - CHAI
  - CDC
  - PEPFR
  - NPLWHIV (Civil Society)

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Self Staging results

		Testing Approach Coverage		
	Quality of Laboratory Testing Services	Quality of Clinical Testing Services		
	Linkage to Treatment	M&E of dHTS		
Procurement & Supply Chain	Meaningful Community Engagement	dHTS Training		Impact
Financing & Resource Allocation	SOPs	Implementation and Scale-up Plan	Linkage to Prevention	dHTS Coordination
Strategic Model Mix Policy	Linkage Policies	Optimizing Testing Policies	Population Coverage	Private Sector Oversight

Most mature domains   **Least mature domains**

Most mature domains:
- Procurement and Supply chain
- Financing and resource allocation
- Strategic model mix policy

More efforts will target the following least mature domains
- Private sector oversight
- HTS coordination
- Impact

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Lessons learnt from the self staging

✓ Self staging gave insight into some of the gaps that we previously weren't aware of:
- *e.g.*, low level of engagement of private sector in HTS

✓ Self staging assisted in highlighting which components are doing well, and those that require improvement:
- Dashboard display with spot on visuals

✓ Self staging created a platform for stakeholders to brainstorm on what needs to be done to improve performance

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Next steps and way forward

The CMM staging results informed action planning to address key gaps:

- **Private sector engagement**
  - The program is now devising ways of engaging the private health facilities that are offering HTS.

- **M&E of HTS and quality of clinical testing**
  - Planning to start conducting data quality audit for HTS

- **dHTS coordination**
  - Plans are underway to create an independent dHTS TWG

Thank you!