



# Implementing Status Neutral HIV Testing Approach: Challenges and lessons learned

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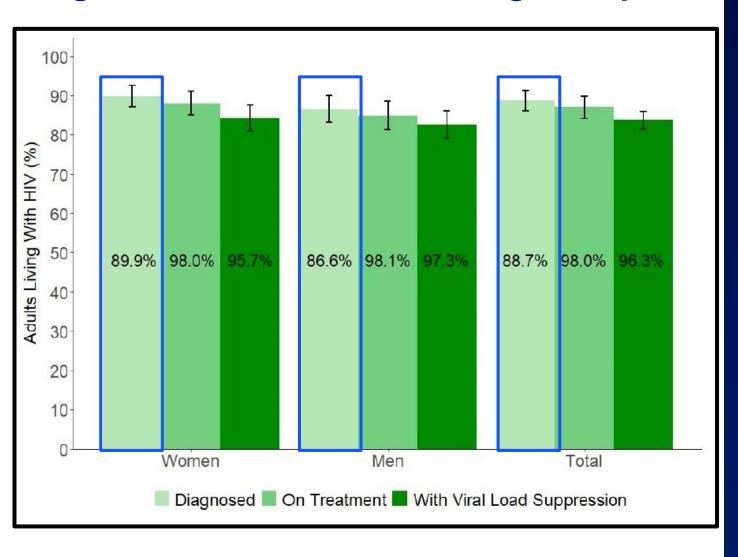


#### **Outline**

- Background and context
- A highlight of Zambia's dHTS Capability Maturity Model (CMM)
- Implementing Status Neutral Testing Approach in Zambia :
   (Process and proposed interventions)
- Lessons learned
- Challenges
- What is being done to mitigate challenges



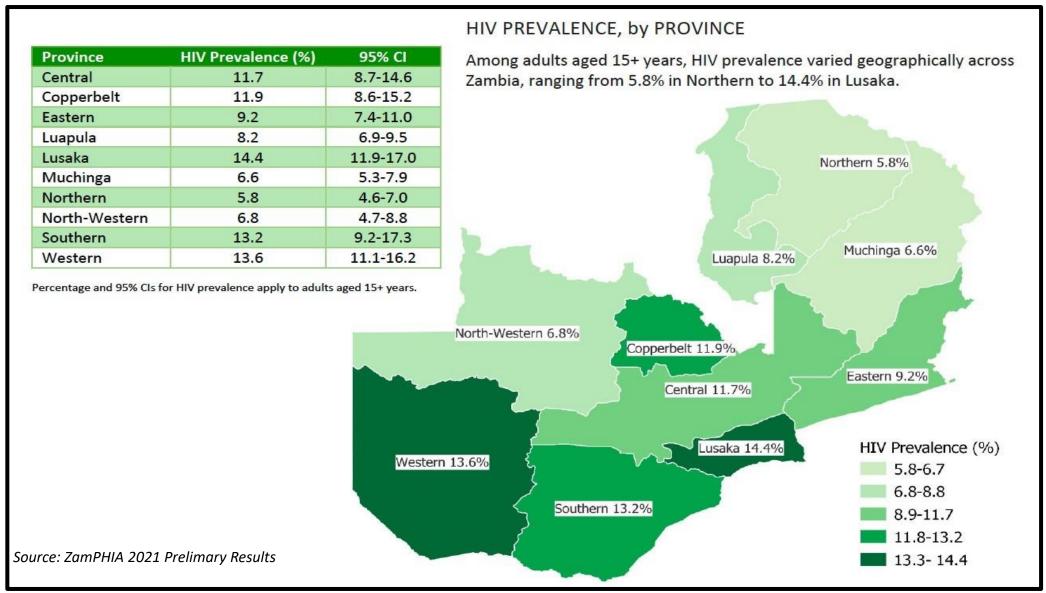
#### Background 1-Progress Towards 95:95:95 Targets; by Sex



- **88.7**% of adults (15+ years) living with HIV were aware of their HIV status:
  - 89.9% of women
  - 86.6% men
- 98.0% were on ART:
  - 98.0% of women
  - 98.1% of men
- **96.3**% had VLS:
  - 95.7% of women
  - 97.3% of men



#### **Background 2- HIV Prevalence by Province**



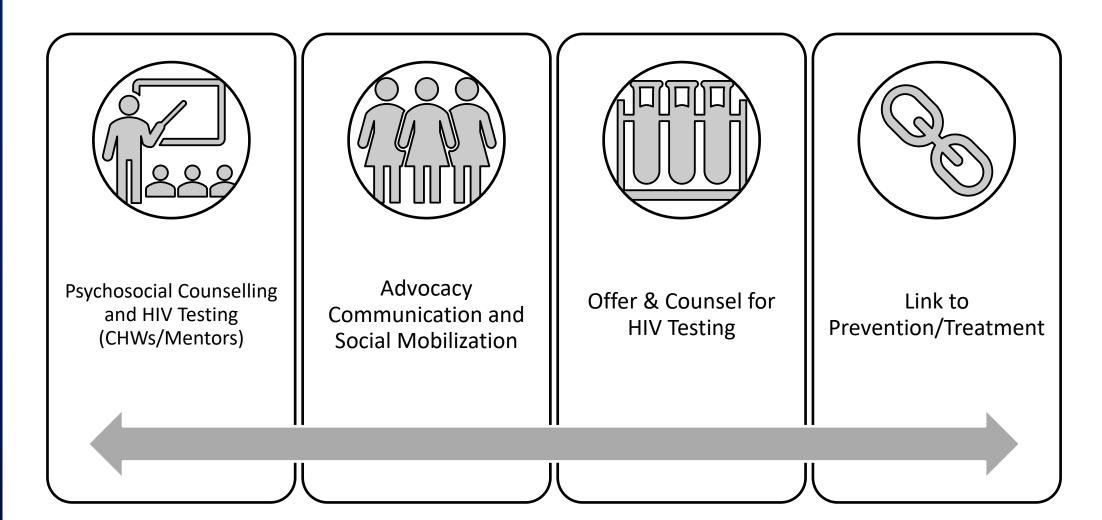
#### Zambia's dHTS CMM dashboard – 2023

			Policy: Optimizing HIV	
			Testing	
			Clinical Services	
	Financing and Resource		Coordination	Impact: Knowledge of
	Allocation		Coordination	HIV Status
	Linkage To Tx 1: Timely	Proficiency Testing	EQA/IQC	Impact: Linkage to
	Linkage	roncicity resting	Laniac	Prevention
	Meaningful Community	dHTS Training	Scale Up Plan	Impact: Linkage to
	Engagement	dirio rialling	Scale Op Flair	Treatment
	Policy 3: Linkage	Linkage To Prevention	M&E	Linkage Tx: Confirm/
		and Other Services		Verification Testing
Policy: Strategic Model	Procurement & Supply	Sops	Population Coverage	Private Sector
Mix and	Chain Management	<b>З</b> ОРЗ		Engagement
Most mature domains	Least mature domains			

- 6 domains are mature on the dHTS CMM dashboard
- More efforts are being made to attain maturity for most domains
- National guidelines to include linkage to prevention



#### Implementing of Status Neutral-1:The processs



## Implementing of Status Neutral-2: CMM gaps related to Status Neutral

No	Domain gap	Proposed Intervention
1.	Linkage to prevention	<ul> <li>Revision of the guidelines to include linkage of high-risk</li> <li>HIV negative people to prevention</li> </ul>
2.	Monitoring and Evaluation	<ul> <li>Enhance data collecting tools to track high risk negative people and demonstrate prevention of services offered</li> </ul>
3.	Knolwdge of HIV status	<ul> <li>Country still below the first 95%, scale up testing approaches that promote identifying hard to reach populations</li> </ul>
4.	Clinical services	<ul> <li>Advocate for increased commodity allocation and train health care workers in status neutral approach</li> </ul>
5.	Private sector engagement	<ul> <li>Stregthen collaboration with the private sector via inclusion in the TWG</li> </ul>

#### **Lessons learned**

- Prevention services need to be readily available to prompt uptake
- Commodities to support the approach should be accessible
- Trained HCWs to provide services without stigma
- Support RoC who want to re-engage into care via HIV testing



#### Challenges

- Limited commodities to scale up status neutral approach
- Weak linkage systems between HTS and prevention services
- HTS Data collecting tools do not include information on prevention services
- Inadequate knowledge among HCW on status neutral approach

#### What has been done to mitigate challenges

#### Activities Conducted

- Conducted visits to implementing sites to appreciate how services are offered
- Stakeholder engagement to exchange and learn on implementation
- Held a review meeting to include status neutral approach in the HTS implementation plan

#### Next steps

- Desk review to look at what data collection tools are available, and work towards harmonizing all the tools.
- Plan to review and harmonize the training materials
- Develop policy guidelines and standardized SoPs







### Thank you!

