

Guidance for implementing status-neutral testing services

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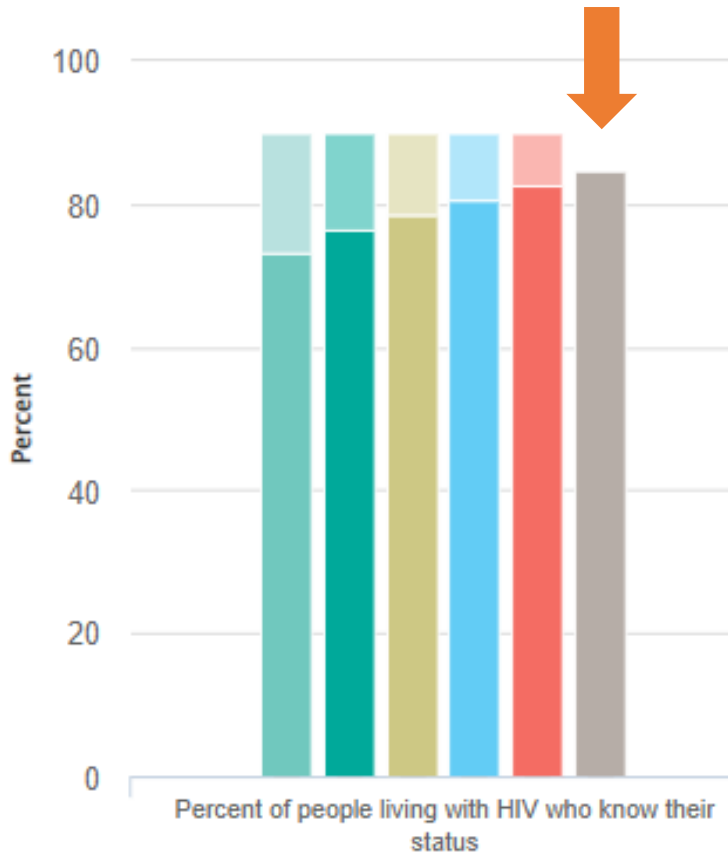
Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

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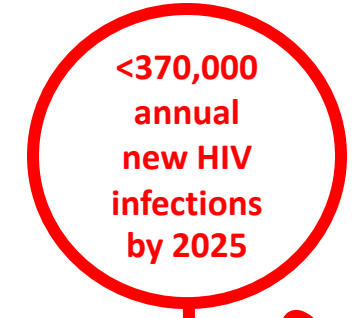


Understanding gaps: Who is missing? What is missing?

15% of all PLHIV remain undiagnosed globally



Maheu-Giroux 2021: [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(20\)30315-5/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(20)30315-5/fulltext); Eaton AIDS 2022; Fraser AIDS 2022



**Journey to 2030
95-95-95 + prevention**

~75% of HIV transmission in SSA context driven by those with established infection

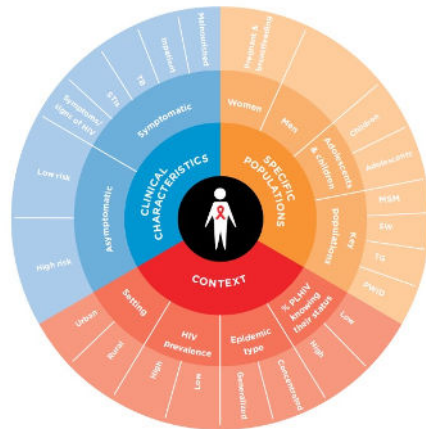
Strategic principles for HIV testing services

HTS approaches need to consider three dimensions for implementation:

1. **Mobilizing** and creating demand for testing
2. Testing **service delivery**
3. **Linkage** to post-test services



Approaches are then adapted based on the context, population and epidemic



	Mobilizing and creating demand	HTS implementation	Linkage to care
When	Continuous, intermittent or focused	Time of day and frequency	Time period for linking and frequency of monitoring
Where	Location of mobilization activities	Health facility, other facility, community	Location of linkage activities
Who	Who does the mobilizing? Who is the focus for messages and mobilization?	Who does the HIV testing? Who is the focus for testing?	Who supports linkage to prevention or ART initiation?
What	What package of services and demand creation interventions?	What HTS approach?	What linkage intervention?

As programmes review and strengthen status-neutral testing approaches, gaps will be identified across HTS policy and programme areas



Enabling environment

- Laws and policies
 - Task shifting
 - Age of consent: HIV testing, PrEP and SRH services
 - HIV self-testing
 - Community engagement

Service delivery

- Person-centred services
- Virtual interventions
- Focused demand generation
- Integration including in private sector
- Linkage & (re)engagement

Quality

- Delivering correct results
- Quality management systems
- PQed products
- Clear and up-to-date messaging delivered to testers (e.g. U=U)

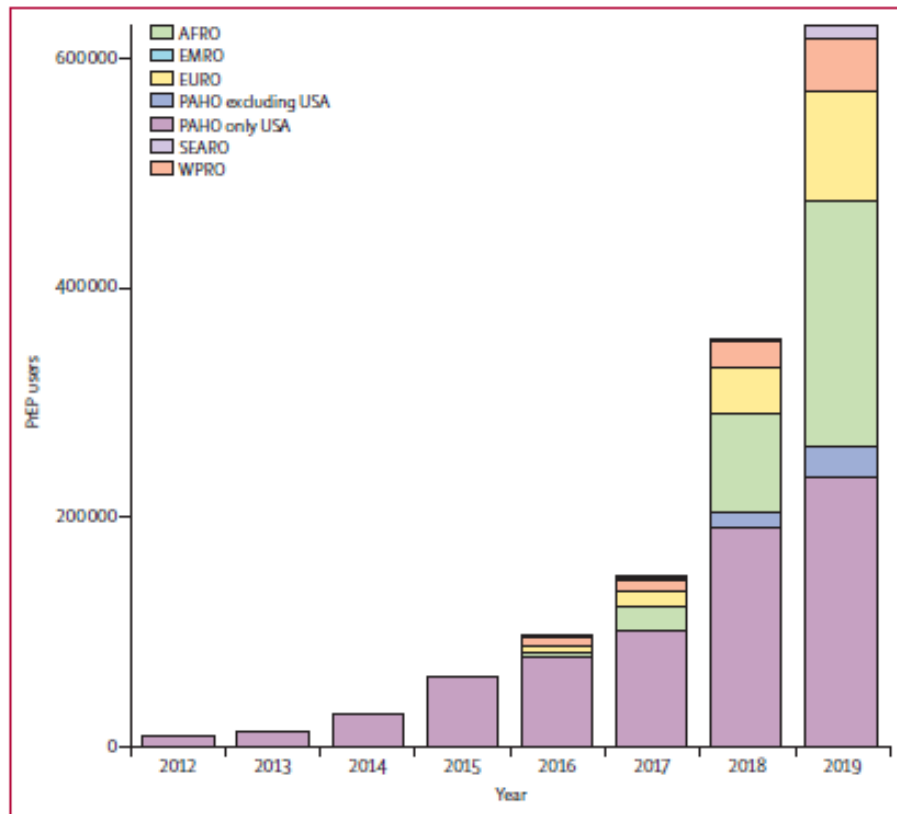
Supply

- Commodity planning and management
- Low cost & affordable
- Balancing simplification & innovation
- Sufficient funding

Use of available data to learn, optimize & improve

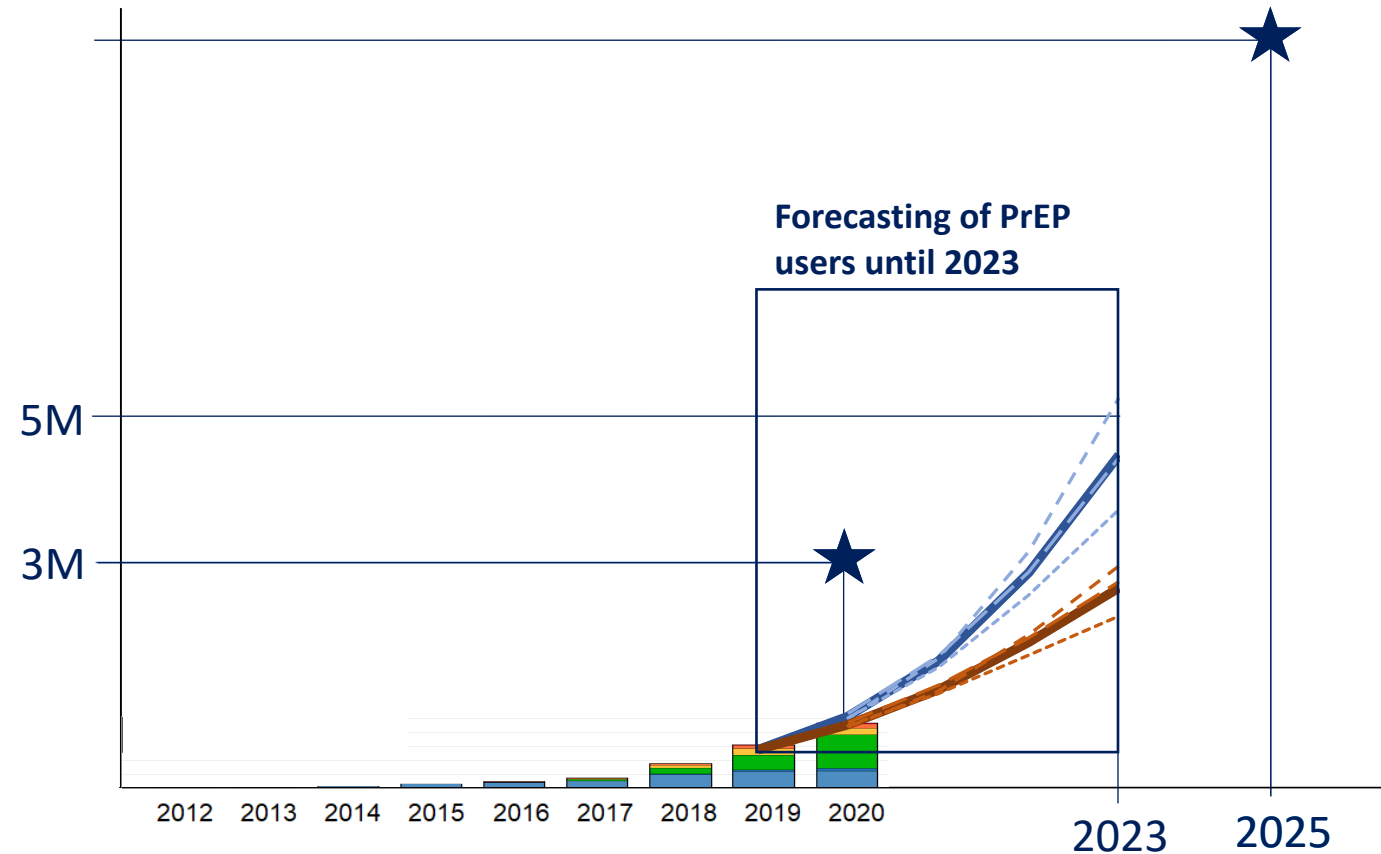
Simplified PrEP guidance needed to reduce barriers and support expanded service delivery

Where we are:



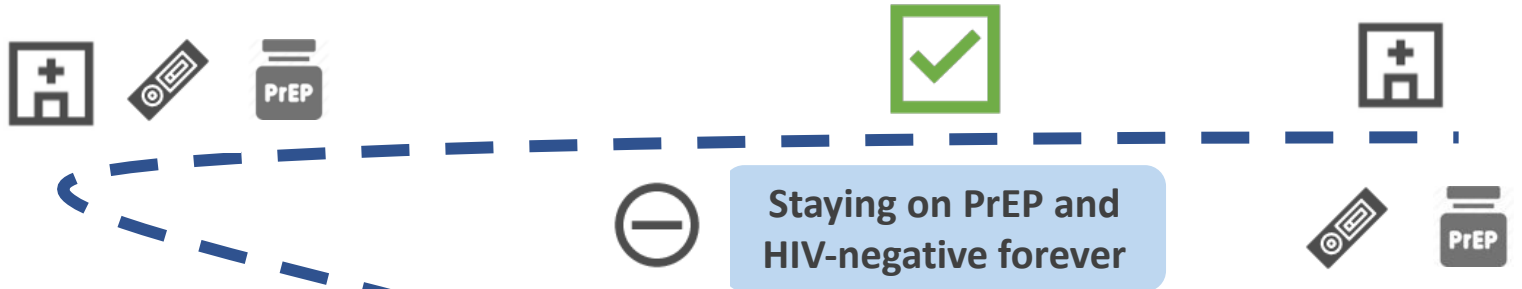
Numbers of people who received oral PrEP at least once (PrEP users) per year by WHO region

Where we need to go:



Sources: Schaefer et al. Lancet HIV 2021:
[https://doi.org/10.1016/S2352-3018\(21\)00127-2](https://doi.org/10.1016/S2352-3018(21)00127-2)

How we sometimes think about a person's PrEP



Quarterly
refills and
visits

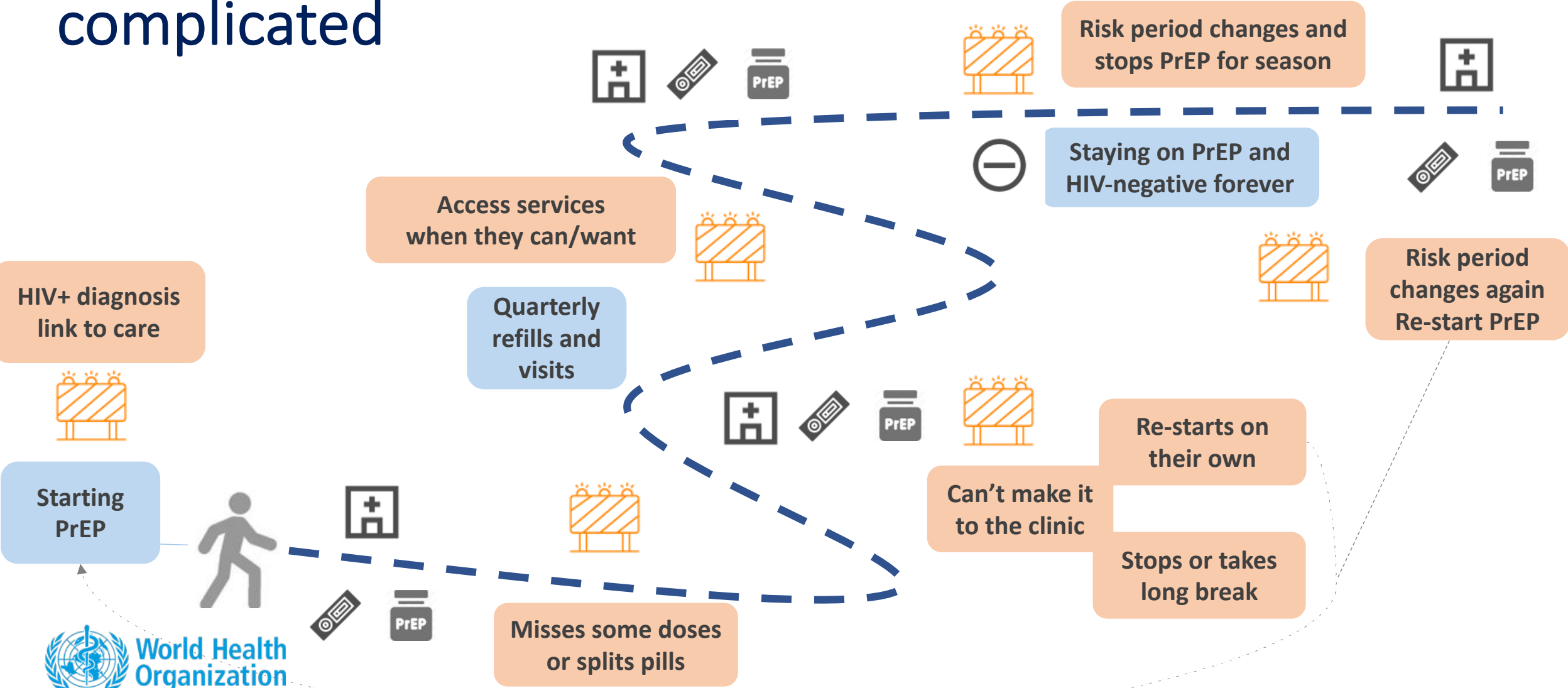


Starting
PrEP

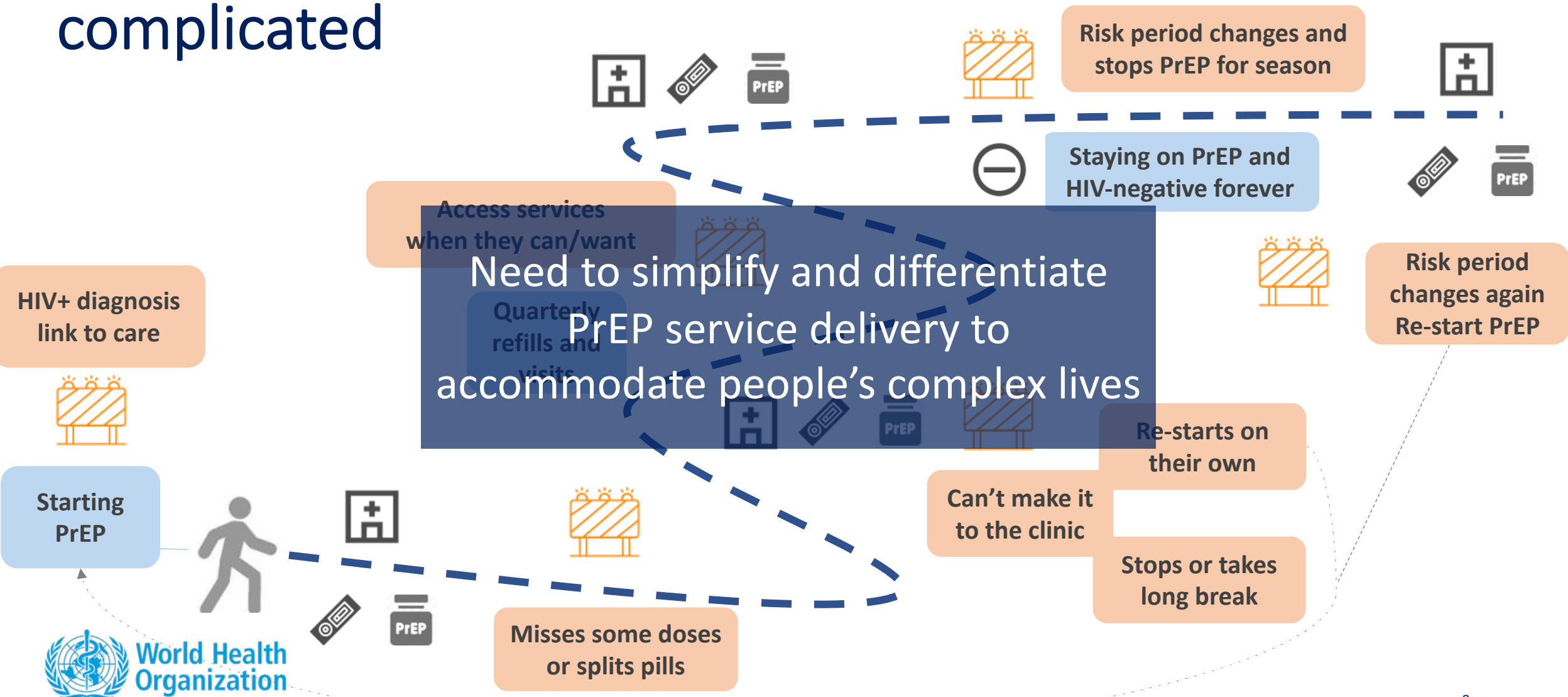


*Happily
Ever After*

In reality: People's lives and PrEP journeys are more complicated



In reality: People's lives and PrEP journeys are more complicated

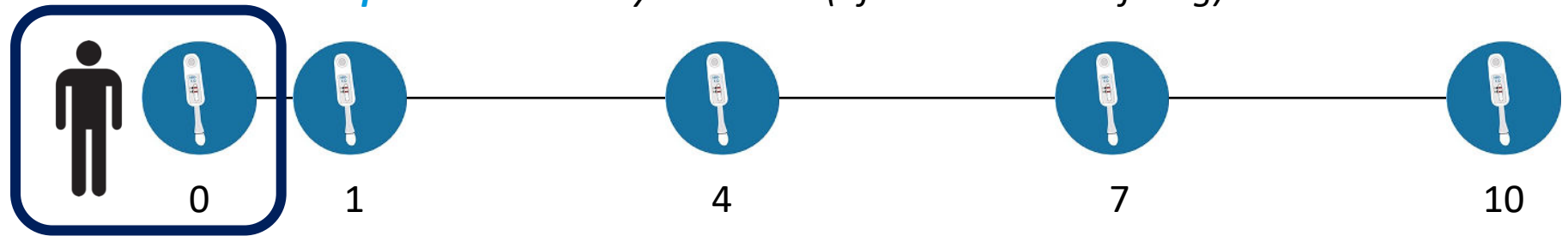


WHO guidance on HIV self-testing for PrEP delivery

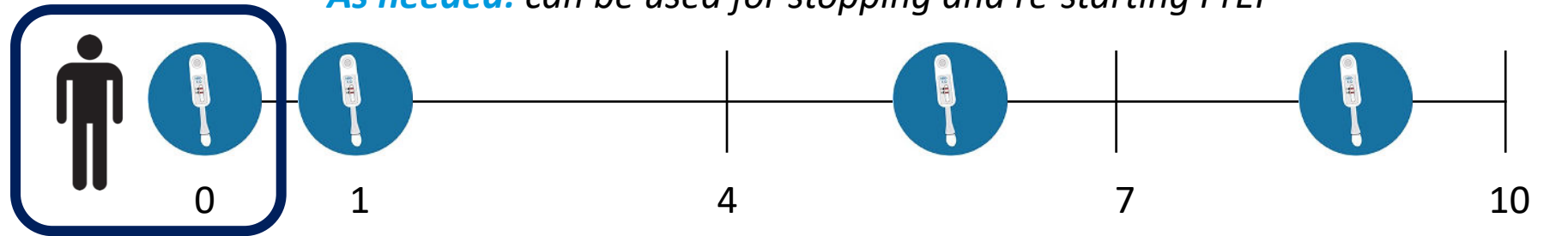
HIVST for PrEP initiation

HIVST for PrEP continuation

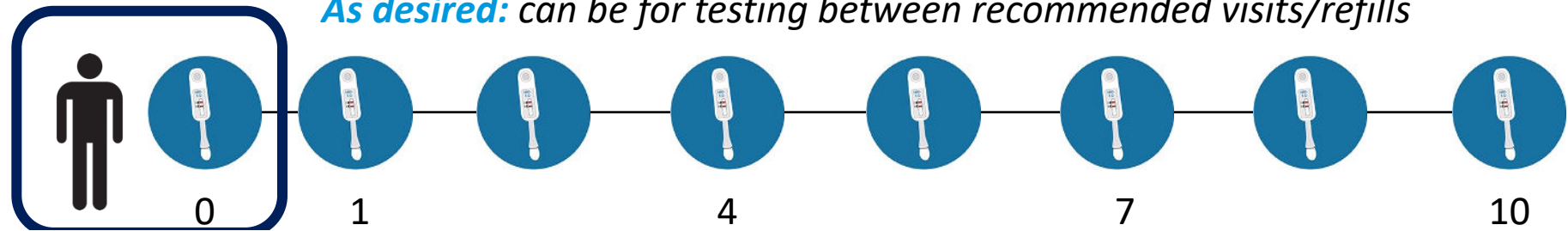
As prescribed: every 3 months (often linked to refilling)



As needed: can be used for stopping and re-starting PrEP



As desired: can be for testing between recommended visits/refills



Months since PrEP initiation

Slide adapted, courtesy of Katrina Ortblad

Differentiated and simplified pre-exposure prophylaxis for HIV prevention

update to WHO implementation guidance
TECHNICAL BRIEF



Source: WHO 2022
<https://www.who.int/publications/i/item/9789240053694>

HIVST for PrEP: work across HTS policy and programme areas



Enabling environment

- Laws and policies
 - Review and align age of consent: HIV testing, PrEP and SRH services
 - HIV self-testing
- Community engagement

Service delivery

- Person-centred services
- Virtual interventions
- Integration including:
 - FP
 - ANC
 - STI
 - Pharmacies

Quality

- Correct results
- PQed products
- Clear and up-to-date messaging delivered to testers (e.g. HIVST to support correct use)

Supply

- Commodity planning and management
- Lower-cost options considered and adopted
- Sufficient funding

Use of available data to learn, optimize & improve

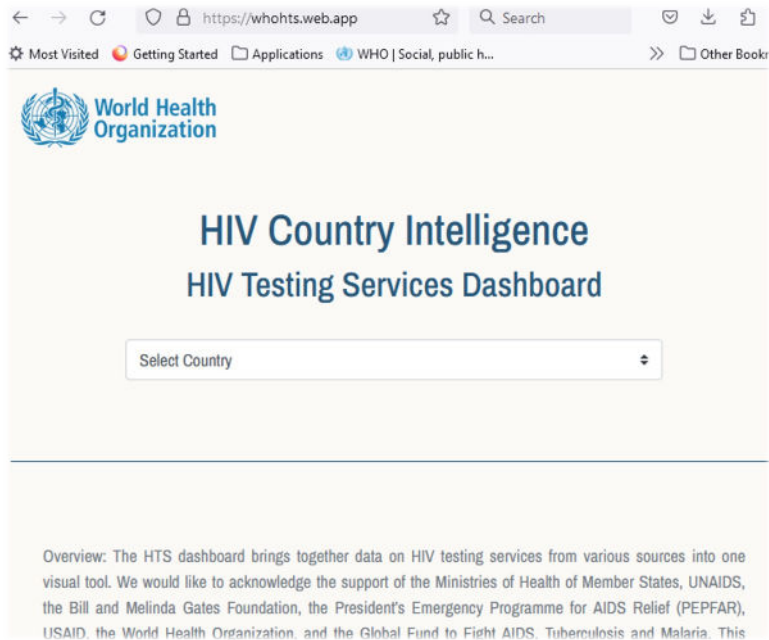
Conclusion



- Enormous achievements in HIV testing
- Challenges remain: 15% of PLHIV remain undiagnosed, gaps in linkage and reengagement in care, prevention services have not been adequately scaled
- There is a need to balance case-finding, engagement, reengagement and prevention investments according to goals
- There is no one-size-fits-all approach, a strategic mix of approaches and modalities is needed, work will take place across domains
 - Enabling environment: age of consent, task shifting, self-care
 - Service delivery: person-centered services & integration
 - Quality: correct results, U=U messages
 - Supply: innovation, planning & management, financing
- Evidence, experience and guidance for the way forward are available
- Ongoing monitoring and engagement with communities is essential

For more information on HIV testing services

WHO HIV testing dashboard



<https://whohts.web.app/>

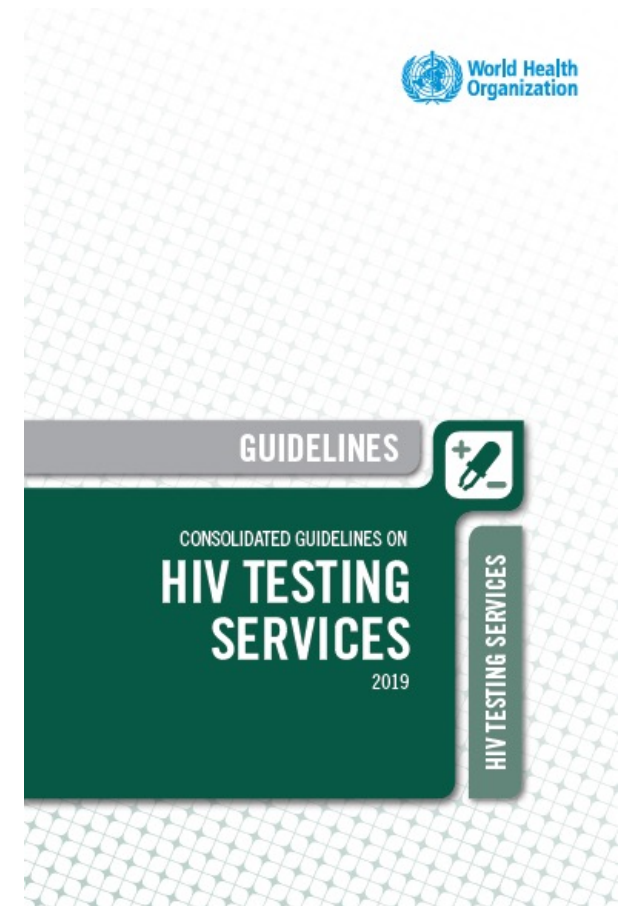
WHO HIV testing info app



<https://itunes.apple.com/us/app/who-hts-info/id1359010276>

<https://play.google.com/store/apps/details?id=com.whohtsinfo>

WHO HTS guidelines



<https://apps.who.int/iris/handle/10665/336323>

Acknowledgements

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All other partners for permission to use slides

For more information on HIV testing services

WHO HIV Testing Services
Dashboard

WHO HIV Testing Services
Info App

WHO HTS GL

Questions?

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