



Differentiated HTS in PEPFAR COP/ROP23

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Key planning requirements for HIV testing services

Overarching HTS objective: establish a plan to close gaps and advance equity

HTS plans should recognize **3** key purposes of HTS: a) support **case finding** and linkage to ART initiation, b) support **reengagement** to HIV treatment services, and c) support linkage to person-centered, high impact **prevention** programming

All PEPFAR HTS programs should:

- implement a **status neutral approach**: all people are directly linked to services appropriate to their health needs (prevention or ART services) regardless of HIV status
- **coordinate with partner government programs to maintain quality case surveillance, eliminate duplicate records, and correctly distinguish records** for people who are new on tx from people who are reengaging in care or transferring sites
- include **strategic partnerships with communities and populations** that PEPFAR serves
- **consider introducing/scaling HIV self-testing**

Tool Considerations:

- Ensure target setting takes into consideration 1st and 2nd 95s gaps across populations and subnational geographies
- Ensure adequate resources (HRH, commodities) where HTS is standard of care (e.g., index testing, PMTCT settings, TB clinics)
- Ensure the most current commodity landed costs are utilized during the planning process
- Utilize the FAST beneficiary designation to the most granular level possible

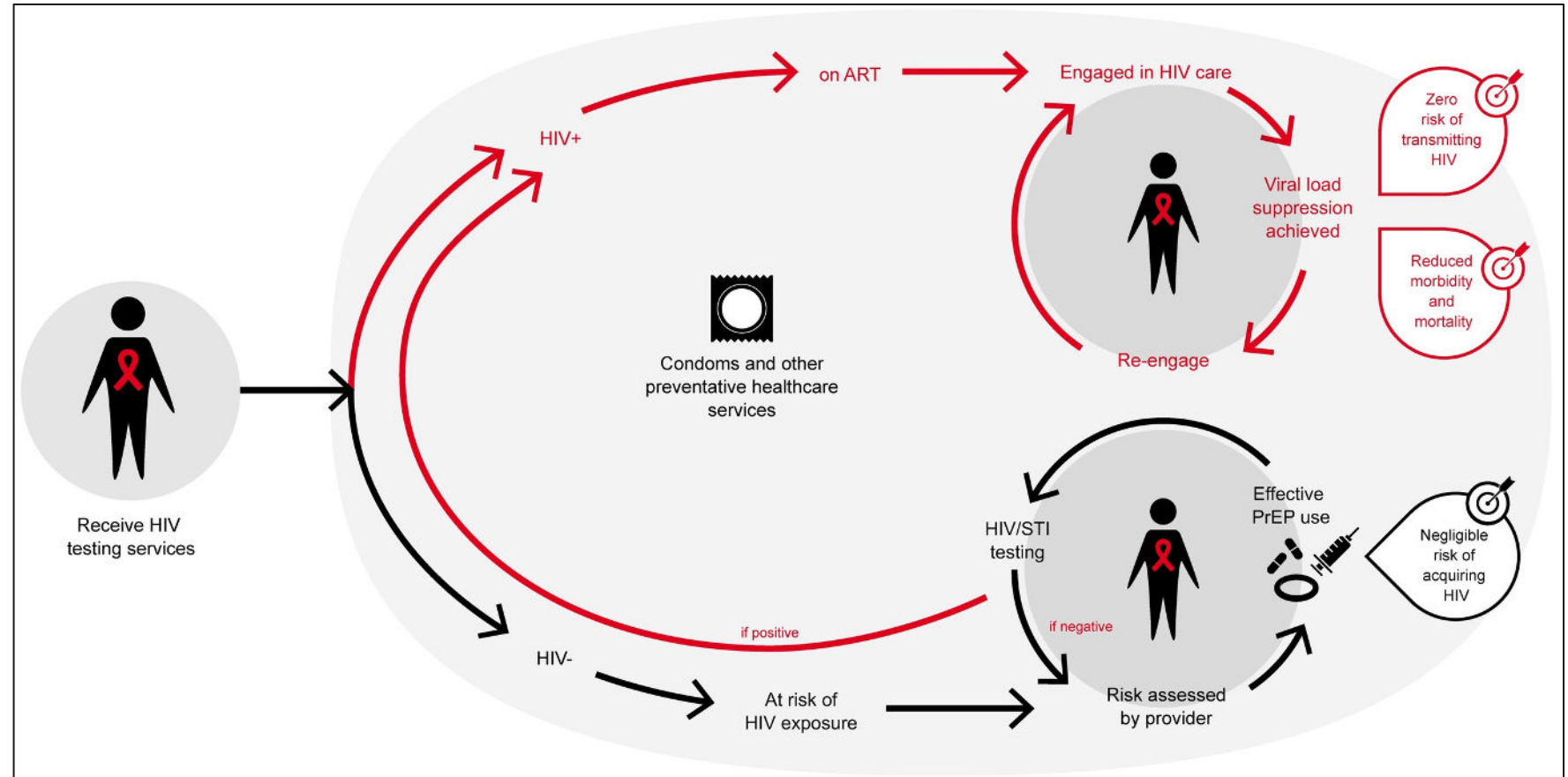


Increased Emphasis on Status Neutral Testing

3 purposes of HTS:

- i. Case finding
- ii. Re-engagement
- iii. Linkage to prevention services

An example of offering HIV testing services within a universal test-and-connect approach



What's New in HIV Testing Services Strategies

- Expansion of the retesting subsection to include guidance on the role of HTS in reengagement in care and treatment services
- Reinforcement that the PEPFAR target for ≤ 2 -month EID coverage is $\geq 95\%$
- Reinforcement of the critical role of offering safe and ethical index testing to 100% of eligible individuals
- Expanded guidance on HIV self-testing among adolescents, youth, and high-risk subpopulations
- Recommended screening approach for optimizing PITC
- Role of the community in ensuring quality HIV testing services
- Inclusion of new implementation resources for index testing of biological children and adolescents (<19 years) of PLWH through Clinical and OVC Partner Collaboration
- Updated approach to recommended routine pediatric inpatient department (IPD) in high HIV burden areas (e.g., prevalence $\geq 5\%$)
- Recommendations for demand creation activities for adolescent/youth HIV testing services
- New Guidance: Role of HIV testing in prevention services to maintain epidemic control

Guiding Questions to address HTS planning requirements

- Which populations and/or subnational geographies have the largest gaps to achieve the 1st 95?
- Do pediatric HTS targets adequately account for the anticipated (lower) testing positivity? And are the targets appropriately set to close 1st and 2nd 95 gaps?
- Are there adequate resources, including commodities and HRH, to meet HTS planning considerations?
- **How can the program strengthen a status neutral approach to HTS?**
 - **Which of the 3 purposes of HTS needs the most strengthening in COP/ROP23? How will the program strengthen the HTS objective that needs the most improvement?**
 - **What prevention services will be offered and delivered to individuals who test HIV seronegative?**
- How can HTS-related M&E systems be streamlined and strengthened to improve data utilization?
- How can the program strengthen partnerships with communities and populations served by PEPFAR HTS programs?
- In what areas can HIV self-testing be expanded – e.g., de-centralize HTS to youth and key populations? replace facility-based risk screening? used with PrEP programs to support PrEP re-initiation or continuation?

Select Modalities from Summary of implementation considerations for HTS modalities

HIV Testing Modality	Primary Purpose of Modality	Complexity / Cost to Implement	Estimated Positivity	Priority for Plan & Budget
Facility-Based Index Testing for Older Adolescents and Adults (≥15y)	Case finding	Medium	≥10%	Universal offer required
Community-Based Index Testing for Older Adolescents and Adults (≥15y)	Case Finding	High	≥10%	Universal offer required
Index testing of Biologic Children and Adolescents (<19 years of age) of persons living with HIV	Case Finding	High	Low (no predetermined positivity)	Universal offer required. Implementation catch-up plan required.
Social Network Testing	Case Finding	Low to medium	Similar to targeted testing for key populations	Strategic use for case finding



From FY 2024 PEPFAR Technical Considerations, Table 6.3.1 (<https://www.state.gov/wp-content/uploads/2023/02/FY-2024-PEPFAR-Technical-Considerations.pdf>)

Select Modalities from Summary of implementation considerations for HTS modalities

HIV Testing Modality	Primary Purpose of Modality	Complexity / Cost to Implement	Estimated Positivity	Priority for Plan & Budget
HIV Self-Testing (HIVST)	<ol style="list-style-type: none"> Case finding Prevention Monitoring 	Low to medium (dependent on approach and HIV ST kit unit cost)	<p>For case finding: While not every HIVST outcome will be tracked, ascertained positivity should reflect treatment-adjusted prevalence populations or at least 1% if used for case finding.</p> <p>For prevention: No expected positivity as modality is not for case finding</p>	Strategic use for case finding; some prevention applications
Targeted Community	Case finding	High	5 – 10%	Context-specific, including accessibility to facility-based HTS during COVID-19



Key strategies for improving case-finding among men

Index testing

- Index testing → sexual partners of new and virally unsuppressed PLHIVs (PMTCT settings included)
- Partners of FSWs using the peer approach
- Use of expect elicitors
- Inform patients about integrated health package/messaging

HIV self testing

- Partners of women identified from all testing modalities
- Inc testing coverage & uptake in OPDs
- Sexual partners of FSWs, PMTCT
- MSM using social network strategies

Male friendly services

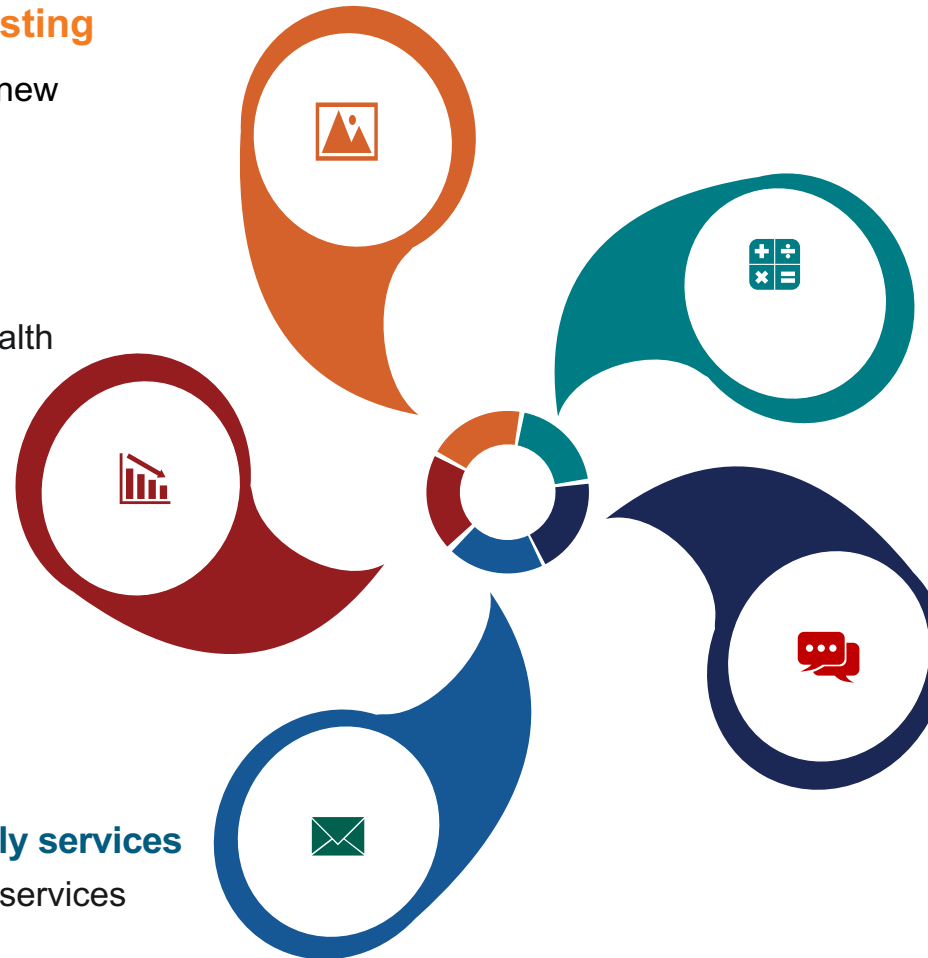
- After hour facility services
- Weekend clinics
- Famous walk

Targeted community testing

- In communities with high ART unmet need for men (high impact zone) during TCT
- Further aided with index and recency testing.
- Testing men 15-39 years at specific workplaces
- Also In KP settings

Virtual platforms

- Social media campaigns on FB, WhatsApp, Radio
- Client centered services addressing barriers, men's deep concerns and desires, U=U messaging
- Supportive & empathetic virtual navigators that link men to confidential HTS, HIVST, ART etc



CommLink (LCM) Model to Overcome Linkage Barriers

**Before
CommLink**

- **17%-34%**



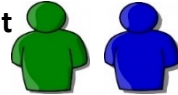
Community-based HIV Testing Services

- Homesteads, high-traffic venues, bars, etc.
- All HTS clients informed about CommLink

Appointed Treatment Navigation

- Call clients to ensure appointments are kept
- Orient clients to sequence and stations of care
- Stay with clients for the duration of the 1st visit to provide psychosocial and info. support

HIV+ Client



Expert Client (EC)

LCM Session 1

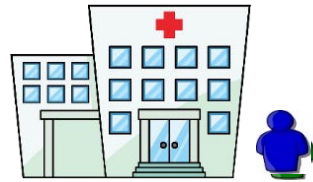
- Explains role and scope of CommLink
- Discloses status, Tx history, and conveys importance of early enrollment and ART

Nurse



Point-of-diagnosis Clinical Services

- Medical assessment, WHO staging, CD4 testing, TB and STI screening, CTX



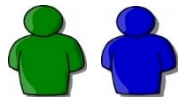
Transportation

- If requested and possible
- 1st visit only

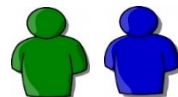


**After
CommLink**

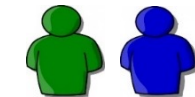
- **≥90%**



LCM Sessions 4-5 (if needed)



LCM Session 3



LCM Session 2

Telephone-based Support

- Weekly to bi-weekly calls, often initiated by clients
- Immediate support to address emerging questions, fears, side effects, barriers
- Appointment reminders for treatment navigation and index testing

Follow-up LCM Sessions

- Sessions conducted at healthcare facilities, homes, or other locations
- Often occurred at facilities during medical appointments
- Provide psychosocial, informational, and ART adherence support

Follow-up LCM Sessions (Cont.)

- Encourage, plan, and facilitate disclosure
- Support index testing for partners, family members, and associates
- Identify, and mitigate or resolve barriers to enrollment and retention in care
- Support other ECs on challenging cases

CROI 2023: Virtual Support for Online HIVST

Virtual Support Improves Client Experiences with an Online HIV Self-testing Service in India

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BACKGROUND

- HIV self-testing (HIVST) can help to efficiently reach vulnerable populations who are hesitant or unable to visit healthcare locations for testing, especially as more affordable tests become available
- In July 2021, we launched a novel web-based HIVST service in India which revealed high positivity (5%) and reached many first-time test takers
- Free HIVST kits were couriered to clients or picked up at select locations
- Virtual counsellors (VCs) were available to clients for pre/post-test counseling and assistance with using the kits, including interpreting and uploading results to the website, and linkage to appropriate services

OBJECTIVE

- To understand how to scale HIVST and maximize efficiency, we assessed barriers and facilitators of the experience through a brief online client survey

SURVEY METHODS

- All HIVST clients who agreed to be contacted later about their experiences were sent an automated WhatsApp message with a link to a web-based self-administered survey
- Links sent October 2021-August 2022
- Survey included basic demographics and their experiences with ordering, taking the test, reporting results, and interactions with VCs

RESULTS

Table 1. Process and client... Completed

Web-based HIV self-testing was easy and acceptable in India

Most individuals received help from a virtual counselor, suggesting virtual support might be necessary to maximize impact of self-testing

Figure 1. Client experiences with HIVST service

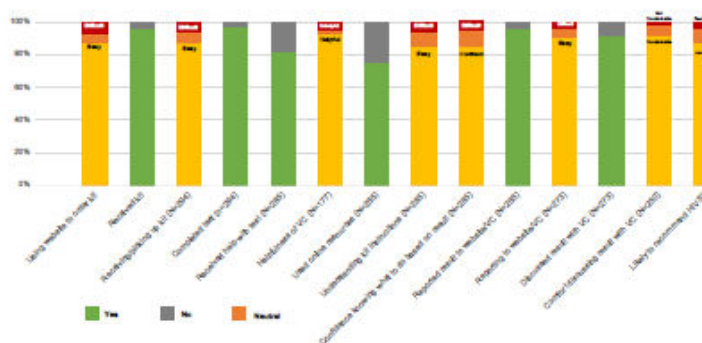
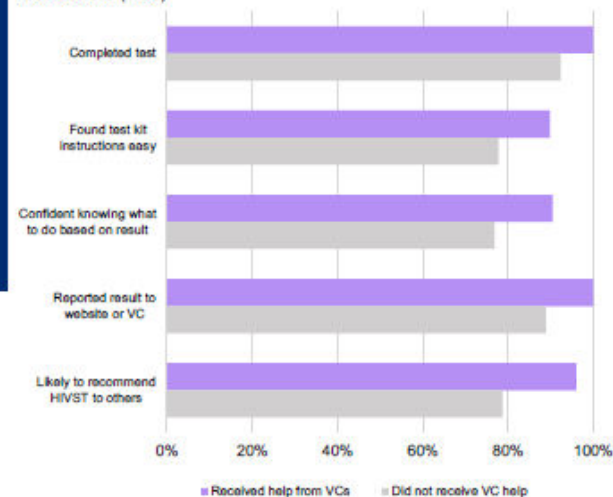


Table 2: Experiences with HIVST service, continued

	n (%)		n (%)
Where test completed (N=285)		Online resources used (N=215)*	
Own Home	175 (61.4)	HIVST website	123 (57.2)
Workplace/office	59 (20.7)	WhatsApp	106 (49.3)
Home of relative or friend	37 (13.0)	YouTube/Facebook/Instagram	73 (34.0)

Figure 2. HIVST experiences by whether clients received help from virtual counselors (VCs)



Completed test outcome among those that received the test kit (N=285 total, N=177 with VC help, N=108 no VC help). All other outcomes among those that completed the test (N=285 total, N=177 with VC help, N=108 no VC help). All comparisons statistically significant at p<0.05.

CONCLUSIONS

- Nearly all clients were able to easily and confidently order, receive, and use HIVST kits from a web-based service
- Most had interactions with a VC who effectively facilitated the process
- Online platforms and virtual support by trained counselors could improve efficiency, uptake, and



Our Goal: Seeking Health Equity for All

EQUITY APPROACH FOR COP 23.

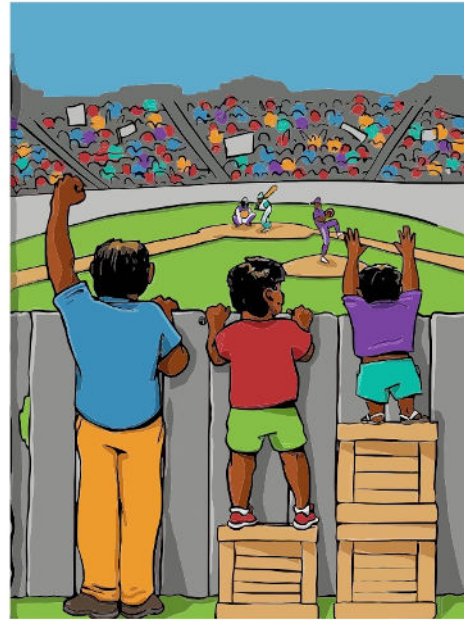
COP Guidance defines this approach as an intentional practice that takes action to tailor services and to eliminate inequities by prioritizing, engaging, and empowering populations who have had historical, contemporary, or cultural injustices.



REALITY



EQUALITY



EQUITY



JUSTICE

Thank you!

