HIV testing services: evolution and strategic directions

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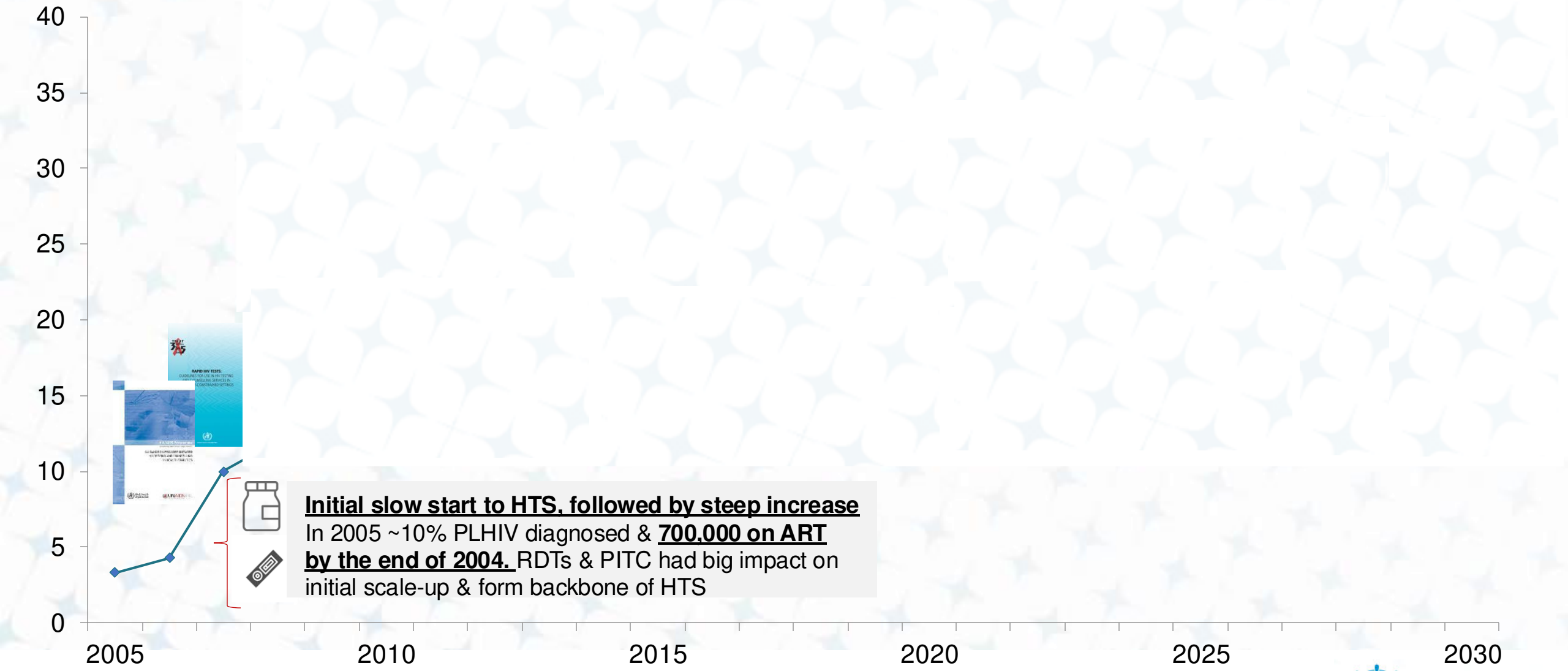
Evolution of HIV testing scale-up



Initial slow start to HTS, followed by steep increase
In 2005 ~10% PLHIV diagnosed & **700,000 on ART by the end of 2004.** RDTs & PITC had big impact on initial scale-up & form backbone of HTS

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Source: WHO forecast 2020; UNAIDS 2021; WHO 2005; CHAI 2015; WHO, UNICEF, PEPFAR, GFTAM 2018; GAM reporting 14 October 2020

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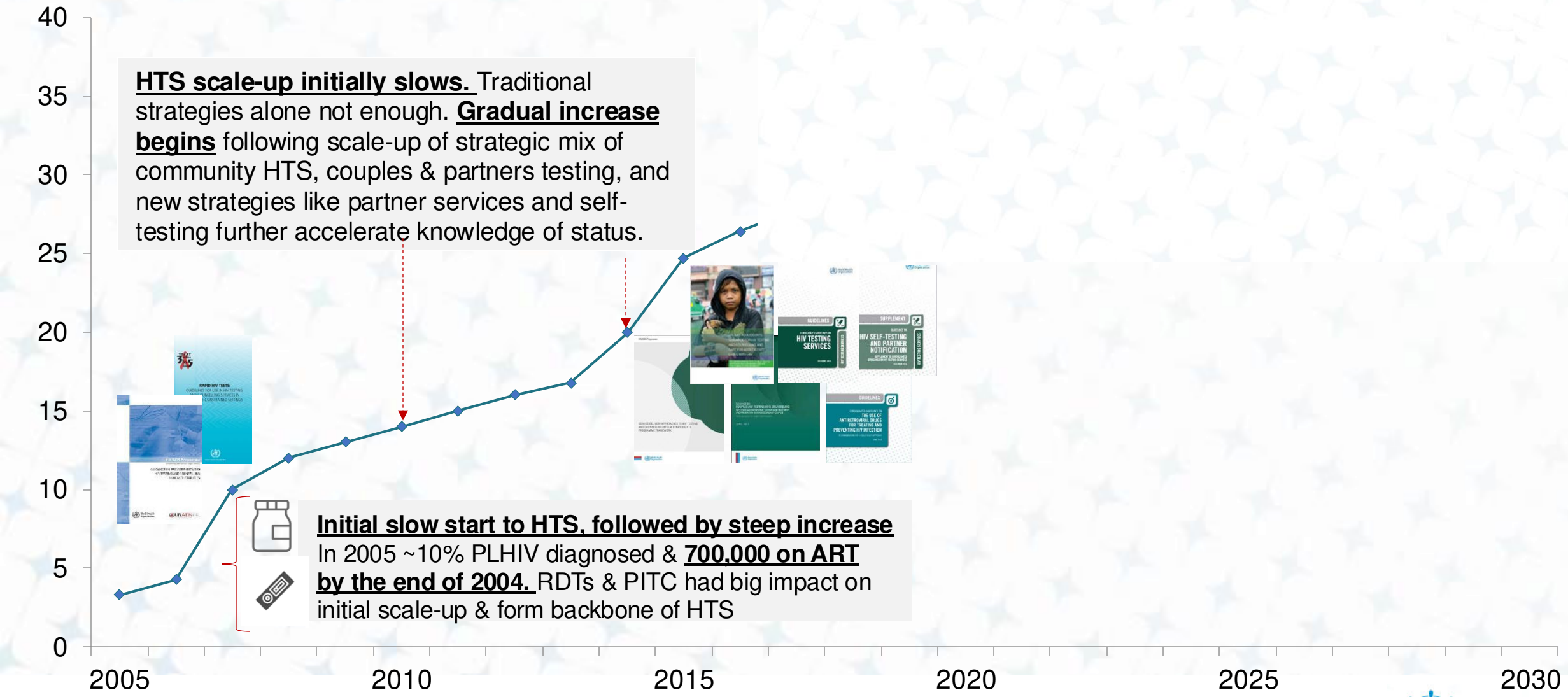

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Evolution of HIV testing scale-up

 # PLHIV Diagnosed (Millions)

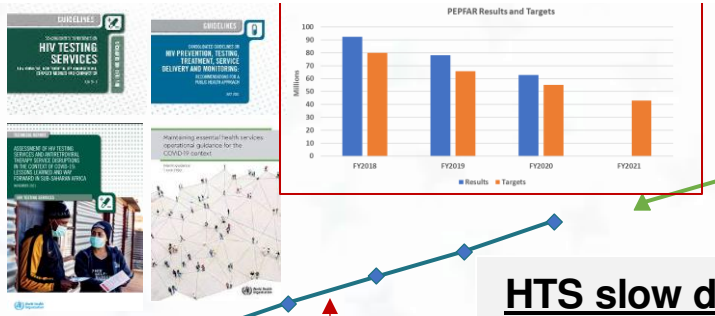
40
35
30
25
20
15
10
5
0

2005
2010
2015
2020
2025
2030

Target 2025

2030

HTS scale-up initially slows. Traditional strategies alone not enough. **Gradual increase begins** following scale-up of strategic mix of community HTS, couples & partners testing, and new strategies like partner services and self-testing further accelerate knowledge of status.



HTS slow down with decreased targets as countries achieving 90-90-90 & ART coverage high. Key gaps remain.

HTS priorities for 2030:

- Maintain core testing & integration to reduce long-term increase in costs
- Expand self-testing, network testing, workplace/male-friendly testing, virtual interventions
- Scale-up needs within targeted prevention & re-engagement.

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Future of testing requires mix of strategies

Co-authored HTS strategy with key stakeholders
MOH, WHO, PEPFAR, BMGF, IAS


PLOS MEDICINE

The future of HIV testing in eastern and southern Africa: Broader scope, targeted services

Grimsrud et. al.

"HTS programs use a strategic mix of modalities focused on people most likely to have undiagnosed HIV, those who are not on ART, and people who are more vulnerable to HIV acquisition"

"HTS programs should not reduce the volume of HIV testing. Rather HTS programs should broaden the scope of testing to encapsulate both prevention and treatment objectives and prioritize services to the people at the highest risk of HIV"

Ten Themes for the future of HTS

1. Broaden understanding of testing for prevention and treatment
2. Realize the potential of HIV self testing (HIVST)
3. Continue prioritizing facility-based HTS
4. Scale targeted testing to reach untested
5. Reframe retesting among those previously diagnosed as an opportunity for essential (re)engagement
6. Involve communities and invest in community-led monitoring
7. Integrate person-centered HTS into primary healthcare services that prevent, diagnose, and treat a full range of health conditions
8. Expand use of virtual interventions and digital tools to support HTS
9. Reframe retesting among those previously diagnosed but not currently on antiretroviral therapy *ART) as an opportunity
10. Regularly update strategic mix of differentiated HTS

Slide adapted from PEPFAR HTS TWG, Liz Manfredini, Grimsrud 2023 PloS Med

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Challenges to realizing the future of HTS that we want

- **Testing programmes looks different because HIV epidemiology is different**
  - HTS positivity declining due to successful programming and ART scale-up
  - Re-testing within re-engagement is growing and welcome back services need support
  - HTS to enable prevention more important – as well as integration and broader public health aims (e.g. triple elimination)
  - Some strategies to overly focus testing have slowed progress to global goals and led to delayed case finding and missed opportunities

- **Efficiencies, financial sustainability and considering short-term & long-term**
  - HTS costs make up small portion of overall programme budgets, but pressures to find efficiencies are growing
  - First test in a programmes drives overall HTS costs – efforts to reduce commodity costs are moving
  - Local/regional production may offer long-term benefits but requires substantial investment upfront
  - HTS infrastructure now supports broad public health approach, multi-disease efforts and were essential to successful pandemic responses
  - Modest short-term savings for donors can lead to large long-term costs for countries and is being carefully navigated

- **Quality testing is a priority**
  - Quality testing is growing priority to prevent misdiagnosis which is high cost
  - AI and approaches to advance QMS with limited resources and multi-disease tools

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Realizing the future of HTS that we want

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Realizing the future of HTS that we want

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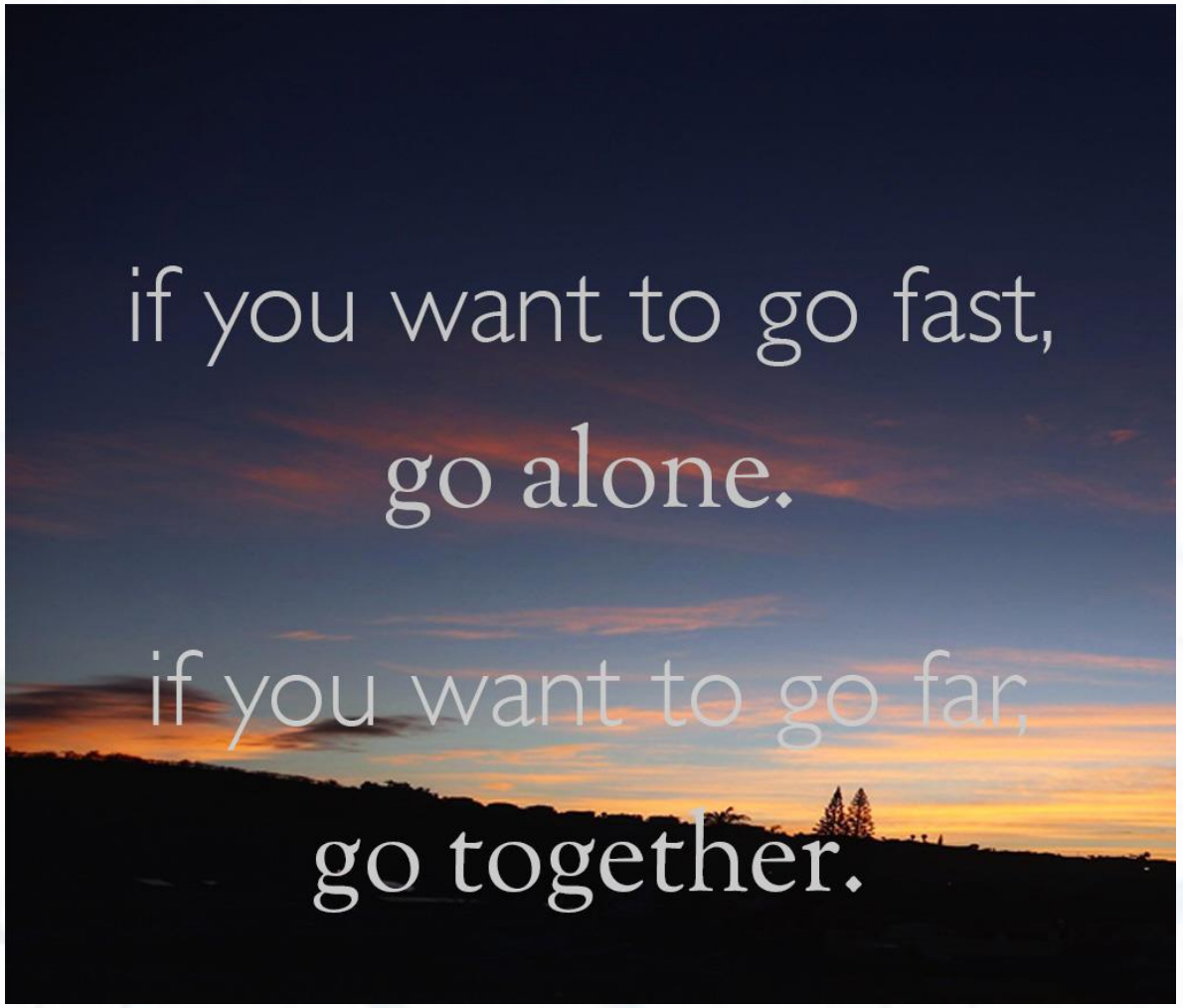
Realizing the future of HTS that we want



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