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HIV Testing Services for Prevention and Treatment

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Before PEPFAR...

In high HIV-burden countries in Africa...

- Average life expectancy was declining by **10-30 years**
- GDP was declining by 2.6% annually
- 29 million people infected with HIV had no access to treatment

...After PEPFAR

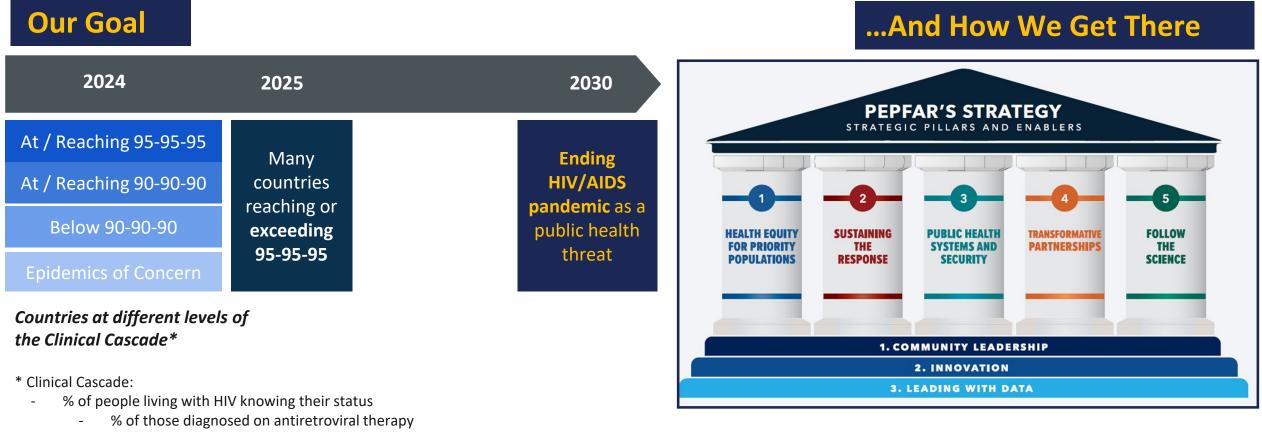
- ...20+ years and \$110 billion invested
- **25 million** lives saved helped to close the gap in life expectancy for PEPFAR-supported countries
 - 20.5 million people on treatment
- 5.5 million babies born HIV-free
- GDP / capita is 2.1% higher





The Future State of PEPFAR

PEPFAR's Strategy to end AIDS as a public health threat by 2030 supports country governments to integrate vertical HIV/AIDS programming more efficiently and effectively with the local health service delivery infrastructure as a path towards greater sustainability.



% of those virally suppressed

Steady Progress towards the 1st 95 Over the Past 5 Years

Of the **46** PEPFAR-supported countries, currently:

- 21 countries reached the 1st 90
- 11 countries reached or

exceeded the 1st 95

Note: The 46 represent 70% of PEPFAR-supported OUs/regions. This does not include Nigeria, Kazakhstan, Ukraine, among a few others.



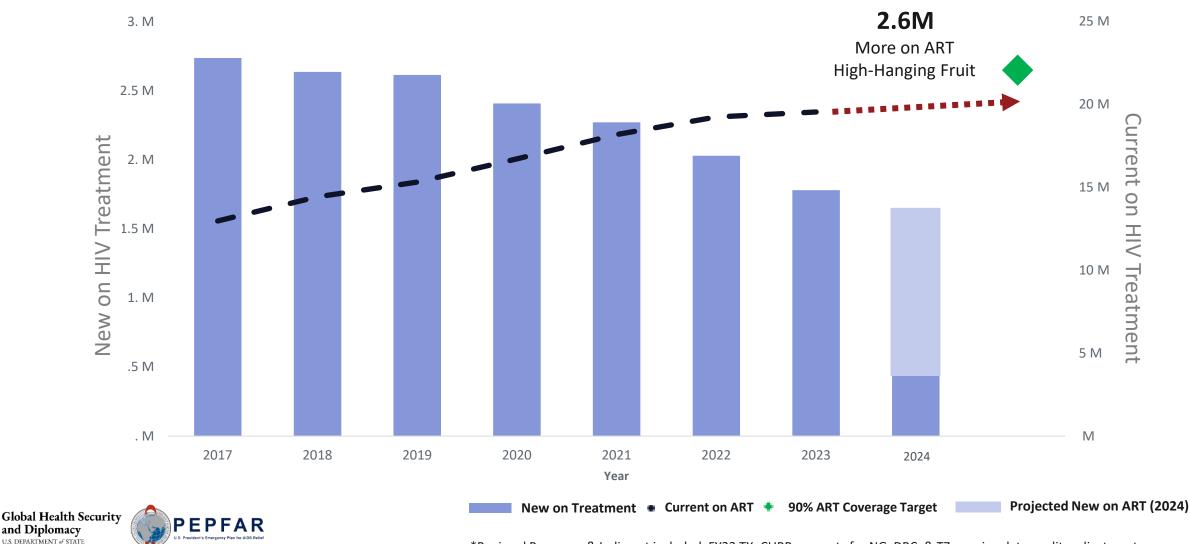
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Thailand										90%
Benin										91%
Nepal										92%
Nicaragua						90%				92%
Burkina Faso									90%	93%
Cameroon									90%	96%
Guatemala									90%	97%
Burundi								90%	91%	92%
Tanzania								90%	92%	96%
Uganda						90%	91%	91%	91%	91%
Zambia						91%	92%	92%	93%	94%
Malawi						91%	92%	92%	94%	96%
Namibia						91%	93%	93%	94%	95%
Jamaica					90%	91%	94%	96%	94%	93%
South Africa					90%	92%	93%	94%	94%	95%
Zimbabwe					90%	93%	94%	95%	96%	97%
Botswana					91%	95%	96%	96%	97%	97%
Lesotho				93%	95%	96%	96%	95%	94%	94%
Kenya			90%	92%	94%	94%	94%	94%	94%	95%
Eswatini		90%	93%	95%	97%	97%	98%	97%	96%	97%
Rwanda	91%	90%	91%	92%	93%	94%	94%	95%	95%	95%

2023 UNAIDS Estimates/15+

Reaching the 2025 Targets Will Require *Sustaining* the 20M+ Clients on Treatment While *Accelerating* to Close the Remaining Gaps

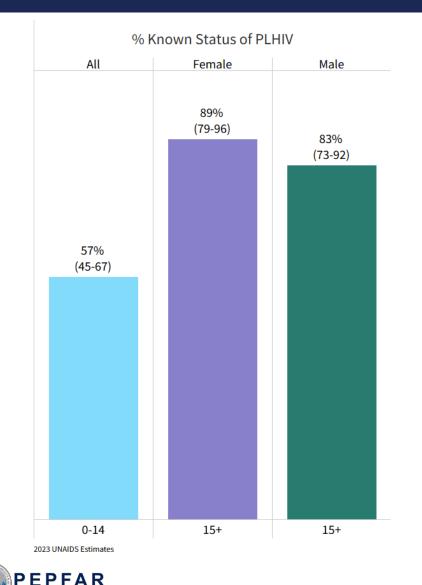
PEPFAR ART Treatment New and Current Levels (Bilateral OUs)

Source: PEPFAR MER Structured Dataset (MSD) FY24Q2 TX CURR



*Regional Programs & India not included; FY23 TX_CURR accounts for NG, DRC, & TZ ongoing data quality adjustments

Children lag in Progress Towards the 1st 95



The Global Alliance to End AIDS in Children by 2030





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PEPFAR Operational Considerations: Caregiver- and Lay Staff/Volunteer-Assisted Testing with HIV Self-testing (HIVST) Kits for Use in Children and Young Adolescents Aged 2-14 Years

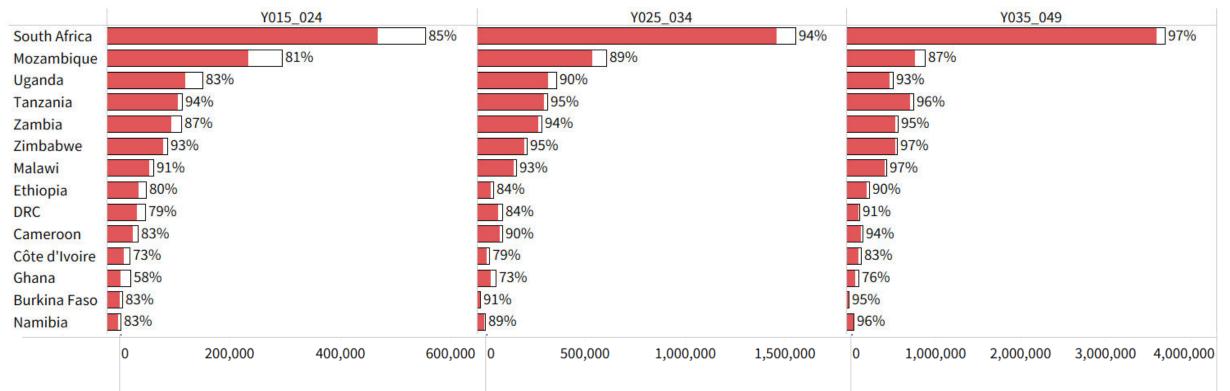
Countries with the Largest Burden of Undiagnosed Men

Estimated Number of Undiagnosed Men Living with HIV by Country





Progress on the 1st 95 for Youth (15-24), Adults (25-34) and Adults (35-49)





PEPFAR has increased HIV testing among youth 15-24 years with increases in case identification in the last three quarters



MSD FY24 Q2

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PEPFAR's Youth Initiative aims to address HTS barriers and expand testing access among youth

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Galvanize youth leadership & voices in PEPFAR-supported countries to *promote innovation* and *improve HIV prevention, case finding*, and treatment outcomes



Establish a youth advisory council to galvanize youth leadership and programming

Support efforts to *address access barriers* to HIV services

- Implement practices at scale that improve access to HIV services among youth
- Fund and strengthen capacity of <u>civil society</u> to support efforts



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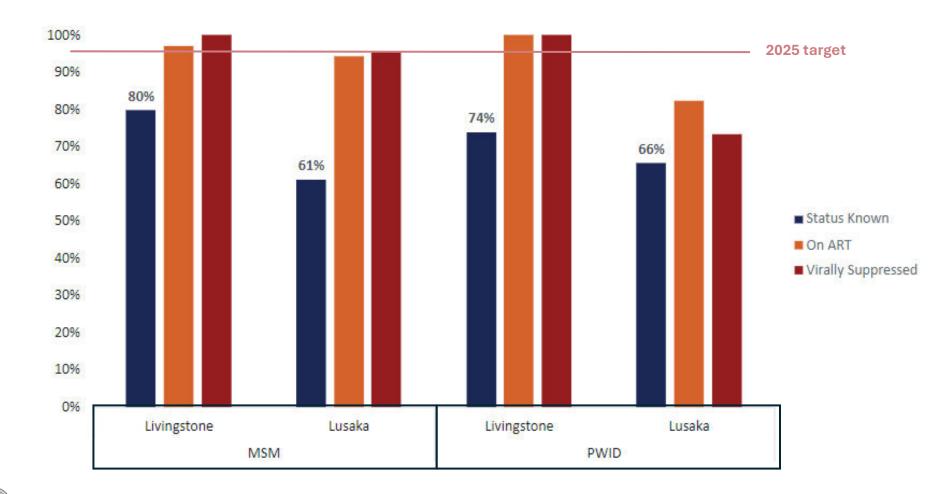
Engage partners/stakeholders to sustain and accelerate the youth initiative

• Develop strategic partnerships to leverage ongoing PEPFAR investment and amplify global communication messaging



Inequities in Progress Towards 1st 95 Among MSM and PWID in Zambia

Results from Zambia's PEPFAR-funded biobehavioral survey







Expanding HIV Testing Services for Prevention and Treatment



- **HTS support HIV diagnosis** (case finding) and linkage to treatment for PLHIV who have not yet been diagnosed.
 - Strategically implement case-finding approaches to **maximize case detection**, these strategies should be **tailored to the population(s)**.
 - Safe and ethical HTS in all modalities.
- HTS are often an important step in re-engagement to HIV treatment services.
 - Leveraging HTS is accepted and should be planned for as an essential and effective linkage strategy.
 - PEPFAR should work with partner governments to maintain quality case surveillance, eliminate duplicate records, and correctly distinguish records for people who are new to treatment from people re-engaging in care or transferring from one care site to another.



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• **HTS are an entry point for prevention services**, providing a key opportunity for referral to person-centered, high impact prevention programs for individuals who are HIV seronegative.

Thank you



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