



**Global Health Security  
and Diplomacy**  
U.S. DEPARTMENT *of* STATE



**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief

# Sustaining the HIV Response: PEPFAR's Guidance on HIV Testing for Prevention and Treatment

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# 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.



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

# A Strategic Mix of Differentiated HTS is Necessary to Reach and Maintain Epidemic Control

## TESTING FOR CASE FINDING

The unequivocal prevention and life-saving benefits of ART necessitates testing strategies aimed at identifying undiagnosed PLHIV.

Facility-based testing provides earlier diagnosis, removes personal motivation to seek HTS, and reduces missed opportunities

## FACILITY BASED TESTING



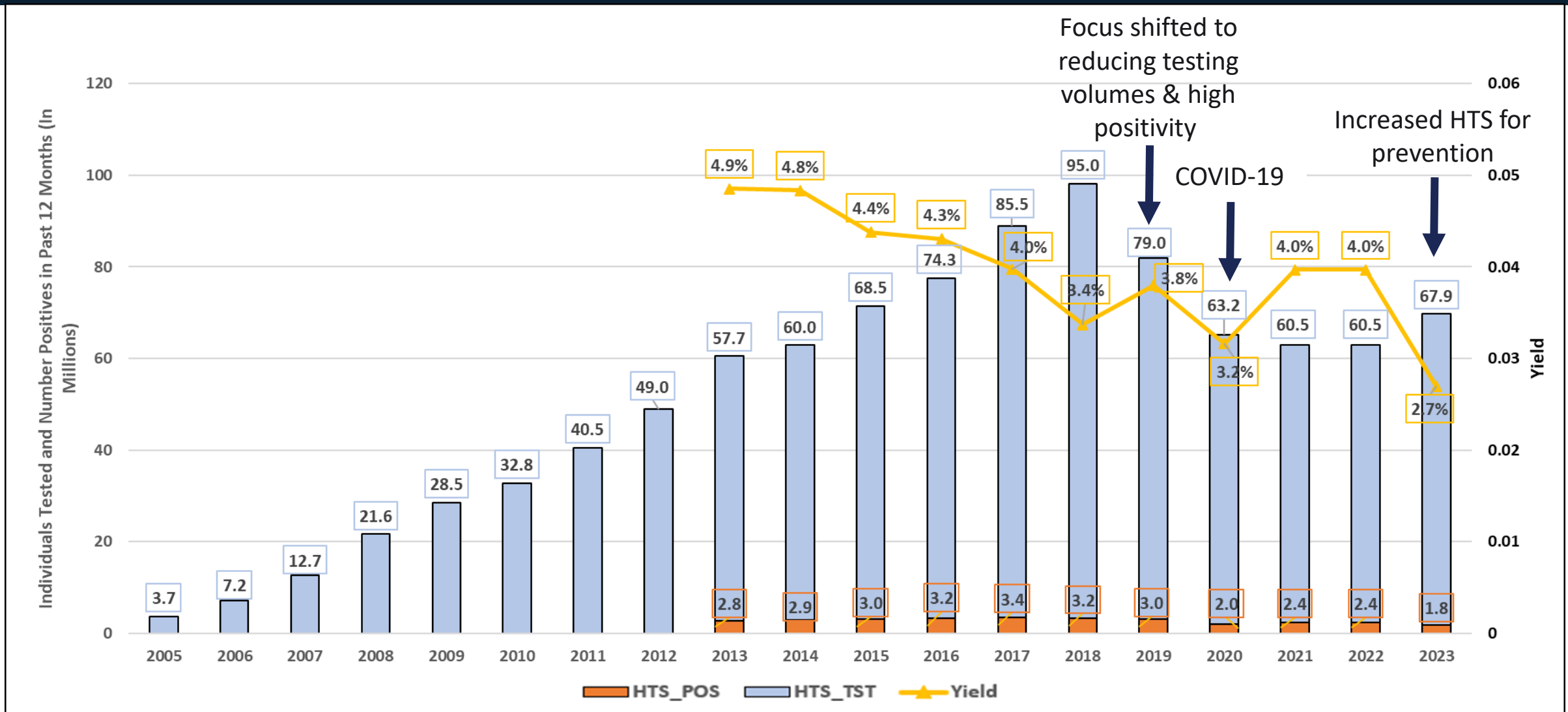
## TESTING FOR PREVENTION

Routine testing of individuals participating in prevention services (i.e. PrEP, ANC, DREAMS, VMMC) is critical for monitoring the impact of key interventions for preventing new infections and maintaining epidemic control.

Community-based HTS needs to be focused on populations less likely to access health facilities and highest incidence.

## COMMUNITY BASED TESTING

# PEPFAR Trends in HTS, Case Identification, and Positivity, 2005-2023\*



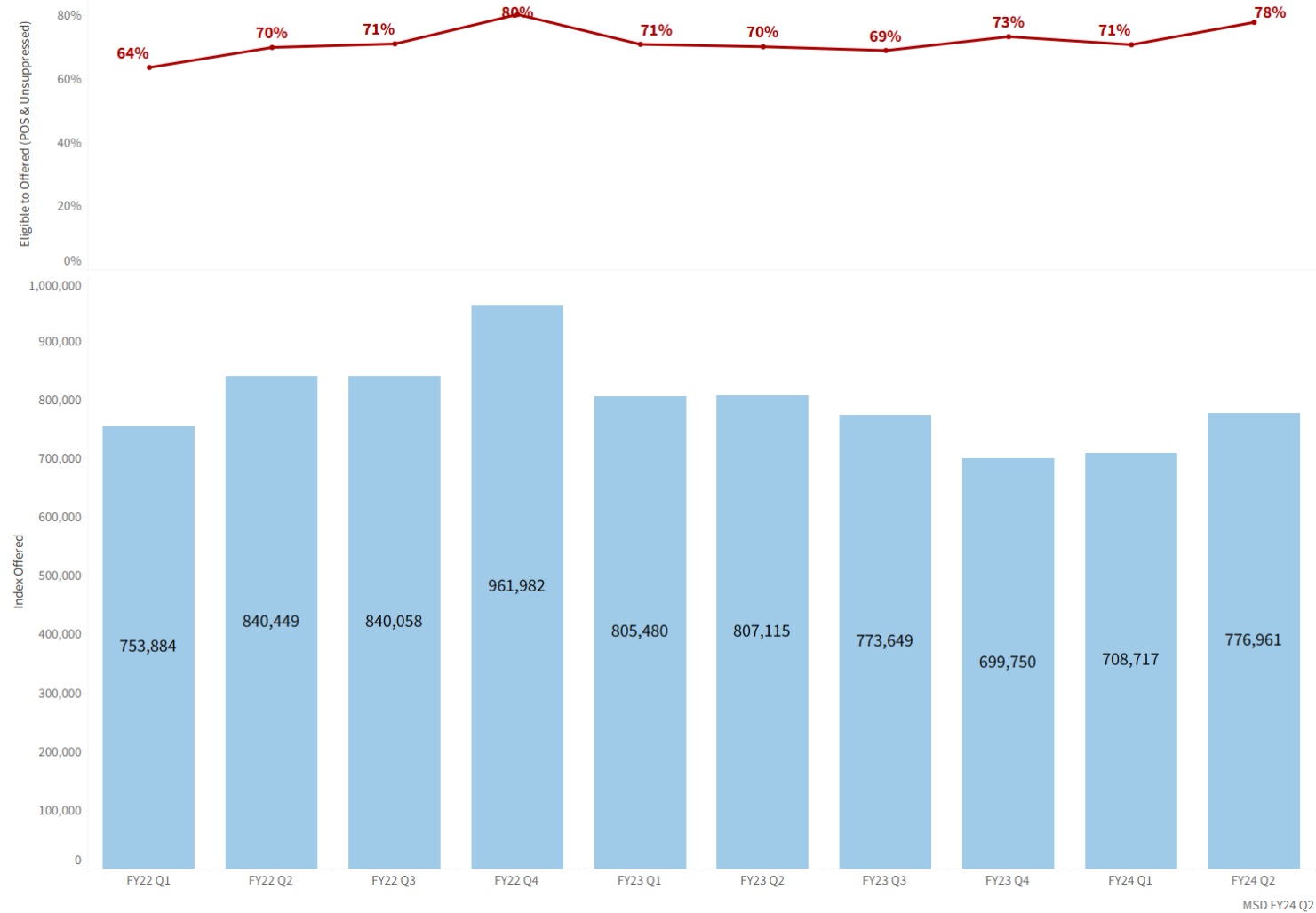
# PEPFAR Continues to Improve the Quality of Index Testing Services and Expand the use of Social Network Strategies

PEPFAR recommends offering **index testing** services to **100% of newly diagnosed and virally unsuppressed**

Programs are continuing to **expand blended index testing, using social network strategies (SNS)**, among KPs and other priority populations.



PERCENT ELIGIBLE (POS & UNSUPPRESSED) WHO WERE OFFERED INDEX TESTING SERVICES



# HTS Approaches to Close Gaps Among Priority Populations



## CHILDREN

- Strengthen **index testing** for biological children of index clients
- **PITC** at high yield/volume entry points
- Expand **caregiver & lay-assisted HIVST** when other testing methods fail
- Use lay screeners to administer validated **peds screening** tools at priority settings



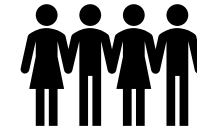
## ADOLESCENTS

- Strengthen **index testing** for biological children of index clients
- Expand **HIVST** through youth-friendly platforms
- Advocate for **supportive policies** to lower age of consent
- Expand **peer-based network approaches**
- **PITC** at adolescent corners, family planning, etc.
- **Demand creation** activities for adolescent/youth HIV testing services



## MEN

- In the 1st half of FY24, 50% of newly diagnosed men identified through facility testing (**OPD, VCT, inpatient**)
- In the 1st half of FY24, 27% of newly diagnosed men were identified through **index testing**
- **HIVST** via peer distribution or distribution through partners
- **Testing** in high-burden settings
- **Social network testing** (e.g., men who purchase sex)
- **Demand creation** activities



## KP

- **VCTs/Drop-in Centers**
- **HIVST** via peer distribution or distribution through partners
- Expand **network-based approaches** (SNS, RNR, EPOA) to reach more KP who don't access services
- **Index testing**
- **Community-based testing** (venues/mobile testing)
- Leverage online **social media** and information communication technology (ICT) platforms to reach broader range of KPs.



# Reaching Priority Pops with HTS: Diagnostic Gaps Remain (PEPFAR OUs)

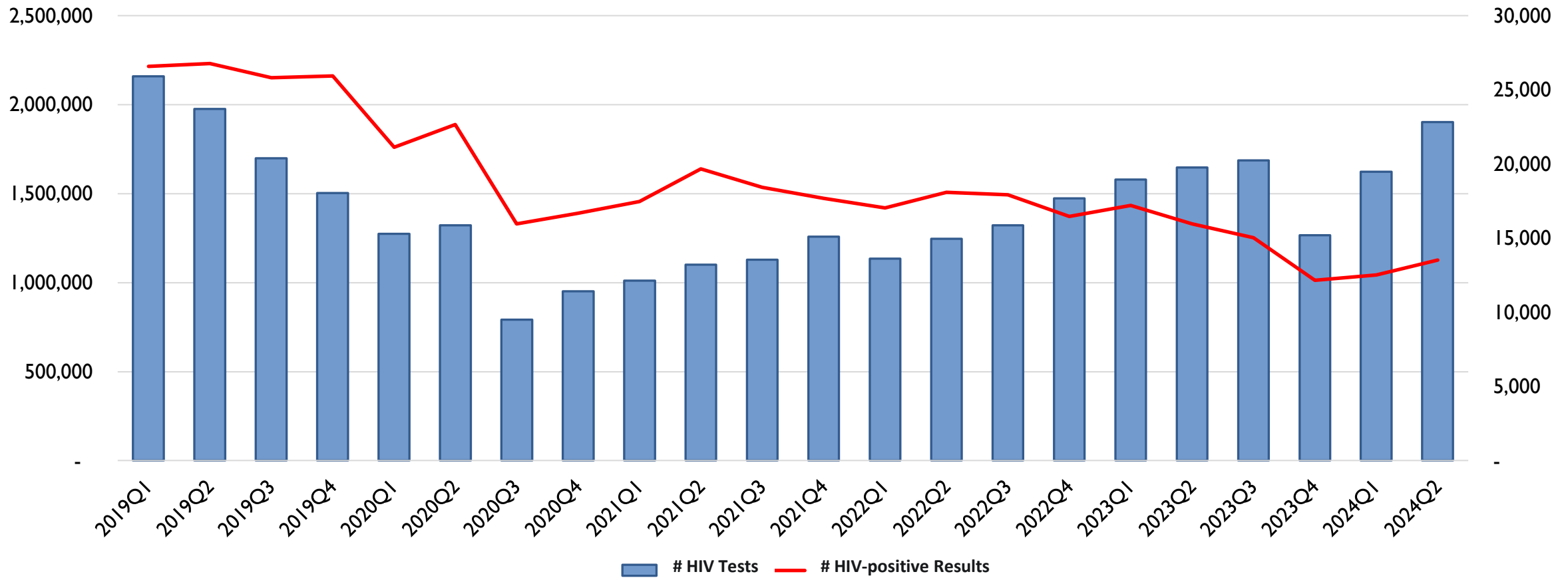
- **Key Populations** - targets for KP are being met or exceeded in 15 operating units (OUs)
- **AGYW (Female 10-24)** – 24 OUs met or exceeded testing and case finding targets for adolescent girls and young women
- **Men (15+)** - 17 OUs are achieving or exceeding testing and case finding targets for men (not shown)
- **Children (<15)** – have the largest gap in target achievement with only 7 OUs meeting targets for testing and case finding and 12 OUs far from achievement

|                        | Key Pops |      | AGYW |      | Pediatrics |      |
|------------------------|----------|------|------|------|------------|------|
|                        | HTS      | POS  | HTS  | POS  | HTS        | POS  |
| Global                 | 53%      | 37%  | 72%  | 82%  | 37%        | 22%  |
| Angola                 |          |      | 51%  | 49%  | 97%        | 31%  |
| Asia Region            | 83%      | 42%  | 147% | 44%  | 114%       | 69%  |
| Botswana               | 63%      | 36%  | 100% | 75%  | 24%        | 3%   |
| Burundi                | 103%     | 61%  | 81%  | 145% | 550%       | 25%  |
| Cameroon               | 63%      | 37%  | 117% | 60%  | 29%        | 18%  |
| Cote d'Ivoire          | 52%      | 49%  | 67%  | 157% | 31%        | 32%  |
| Dominican Republic     |          |      | 139% | 119% | 523%       | 167% |
| DRC                    | 41%      | 35%  | 80%  | 104% | 57%        | 91%  |
| Eswatini               | 47%      | 27%  | 66%  | 39%  | 116%       | 79%  |
| Ethiopia               | 58%      | 50%  | 55%  | 124% | 63%        | 29%  |
| Haiti                  | 53%      | 52%  | 61%  | 60%  | 56%        | 27%  |
| Kenya                  | 69%      | 46%  | 50%  | 72%  | 60%        | 50%  |
| Lesotho                | 122%     | 33%  | 66%  | 111% | 43%        | 25%  |
| Malawi                 | 76%      | 63%  | 70%  | 112% | 119%       | 47%  |
| Mozambique             | 51%      | 33%  | 46%  | 98%  | 30%        | 28%  |
| Namibia                | 44%      | 35%  | 5%   | 22%  | 29%        | 13%  |
| Nigeria                | 28%      | 17%  | 59%  | 33%  | 28%        | 6%   |
| Rwanda                 | 94%      | 82%  | 77%  | 125% | 21%        | 25%  |
| South Africa           | 70%      | 59%  | 123% | 75%  | 50%        | 30%  |
| South Sudan            | 63%      | 60%  | 73%  | 55%  | 23%        | 14%  |
| Tanzania               |          |      | 100% | 95%  | 19%        | 16%  |
| Uganda                 |          |      | 115% | 119% | 257%       | 95%  |
| Vietnam                | 48%      | 42%  | 204% | 40%  | 17%        | 21%  |
| West Africa Region     | 64%      | 59%  | 84%  | 79%  | 57%        | 36%  |
| Western Hemisphere R.. | 190%     | 156% | 103% | 51%  | 33%        | 25%  |
| Zambia                 | 116%     | 68%  | 67%  | 159% | 37%        | 48%  |
| Zimbabwe               | 98%      | 57%  | 87%  | 86%  | 15%        | 18%  |

■ HTS & POS >40% ■ HTS <40% & POS >40% ■ HTS >40% & POS <40% ■ HTS <40% & POS <40%

# Pediatric HIV testing overall has increased among children 1-14 years

Pediatric (1-14 years) HIV Testing and Case Identification in PEPFAR-supported Sites, FY19-FY24Q2

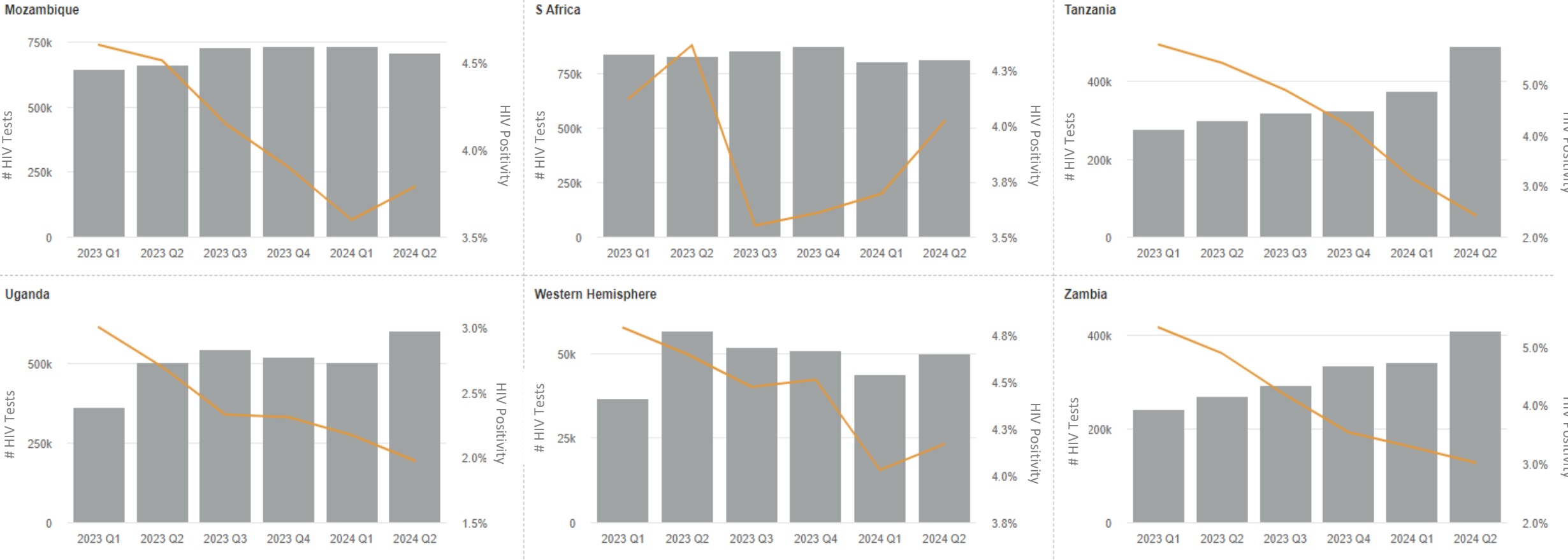


Source: PEPFAR MER Structured Dataset (MSD), FY24Q2.



# HTS among men is stable or increasing with varying positivity in countries with the largest numbers of undiagnosed men

Number of Men (15+ years) Tested and Newly Identified across 6 PEPFAR-supported Countries and Regional Programs, 2023-2024Q2

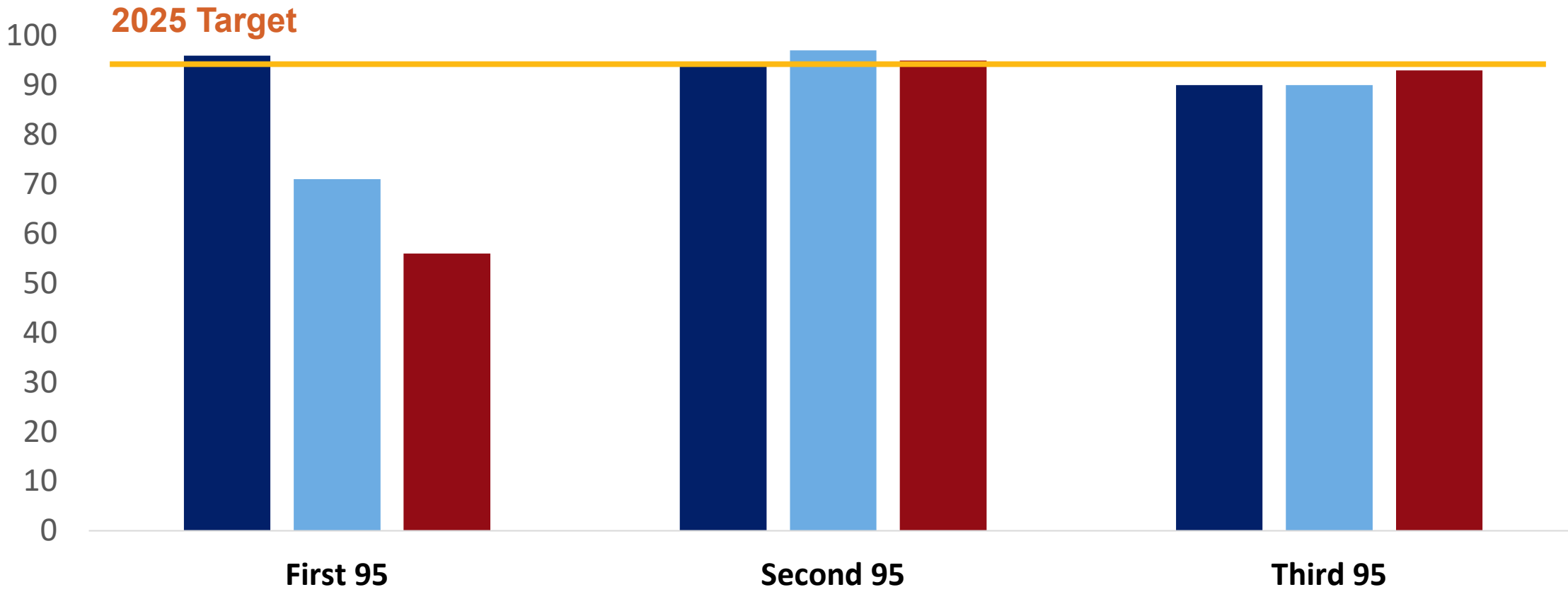


Source: PEPFAR MER Structured Dataset (MSD), Panorama, Clinical Cascade: Global, HTS\_TST, TST POS, and positivity, FY24Q2.

# Inequalities in Progress Towards the 1<sup>st</sup> 95 in Zimbabwe among MSM and TGW

## Zimbabwe (2019)

■ All Adults    
 ■ Men who have sex with men    
 ■ Transgender women and queergender individuals





# Thank You



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