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Towards 95-95-95 and beyond: *Using the updated dHTS Decision Framework to close gaps and optimize HTS strategic mix*

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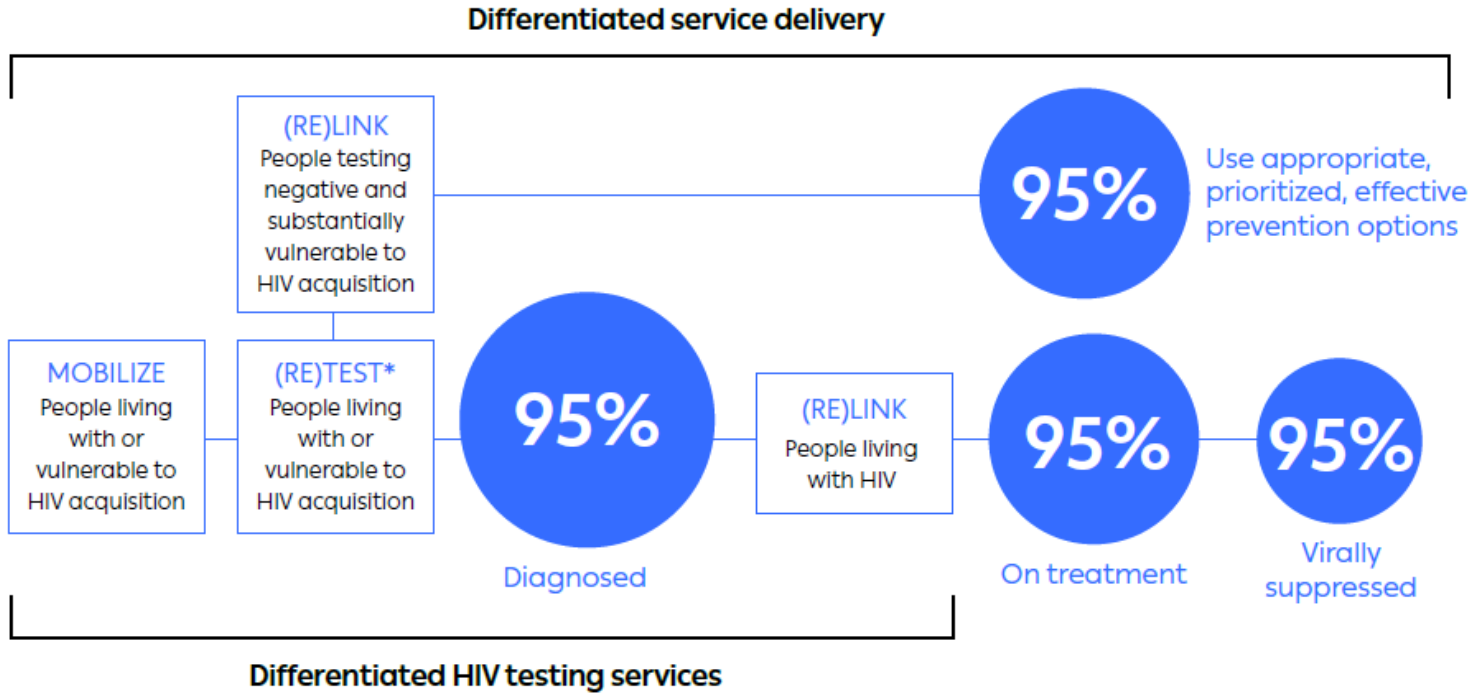
Closing the dHTS gaps along the road towards…..

Figure 1: Differentiated service delivery is applicable across the HIV care continuum

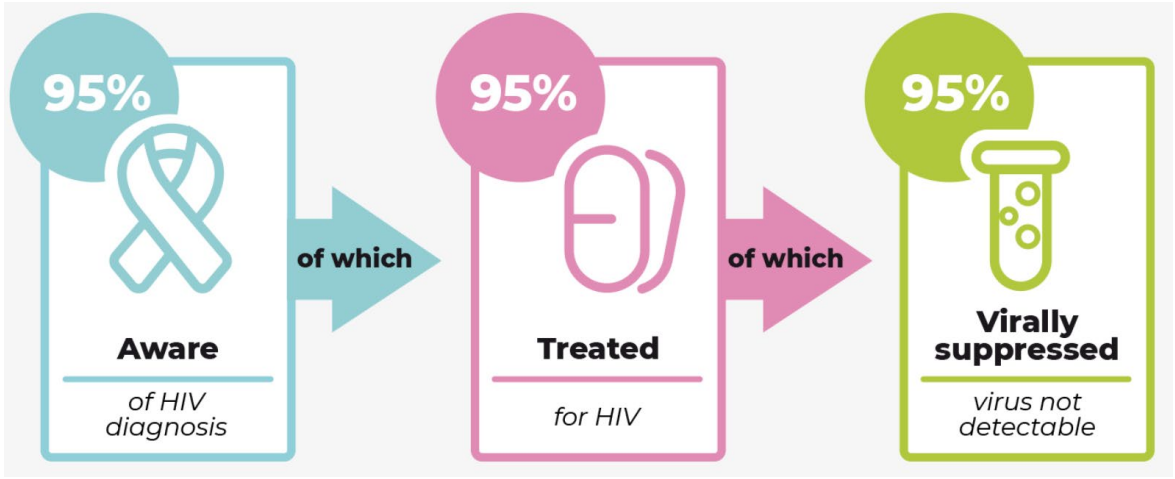


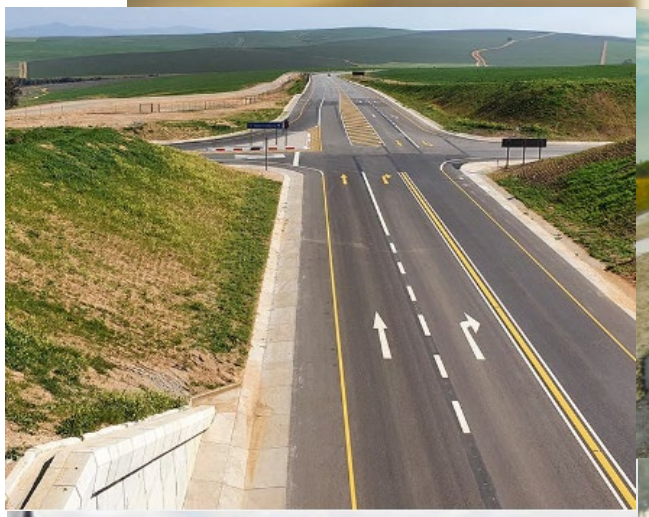
* (Re)test broadly indicates the need to retest people (a) previously testing HIV negative where retesting is recommended by WHO at specified frequencies, (b) for people who have not linked to treatment services and want further confirmation of their HIV status to support linkage and (c) for people who have disengaged from care who prefer to re-engage through HTS.

Differentiated HTS strategic mix to close the gaps in reaching people who:

- **Remain untested**
- **Are not linked to treatment services**
- **Are disengaged from treatment services**
- **Are vulnerable to HIV acquisition → for linkage to prioritized, appropriate, effective prevention services**

The strategic mix road looks different for different contexts…..





- Close to or reaching 95s across populations
- Close to or reaching 95s but not in all populations
- Not close to reaching one or more 95s

Building or adapting the dHTS models within the strategic mix requires short and medium-term prioritization to CLOSE GAPS and BUILD sustainable HTS models for continuation once the gaps are closed

Long-term priorities:
Focus on fewer effective HTS models to identify higher-risk, newly infected or disengaged individuals for sustained impact post-gap exposure

4 Exceeding and maintaining 95s

3 Close or reaching 95s

Medium-term priorities:
Invest in systems that can be maintained over the longer period with less resource and partner support

2 Close or reaching 95s

Short-term priorities:
Invest in building HTS systems that can be maintained over the longer period with less resource and partner support

1 Not close to reaching 95s overall or in specific population/s

Short-term priorities:
Focus on larger, temporary investments to close testing gaps

2024 update

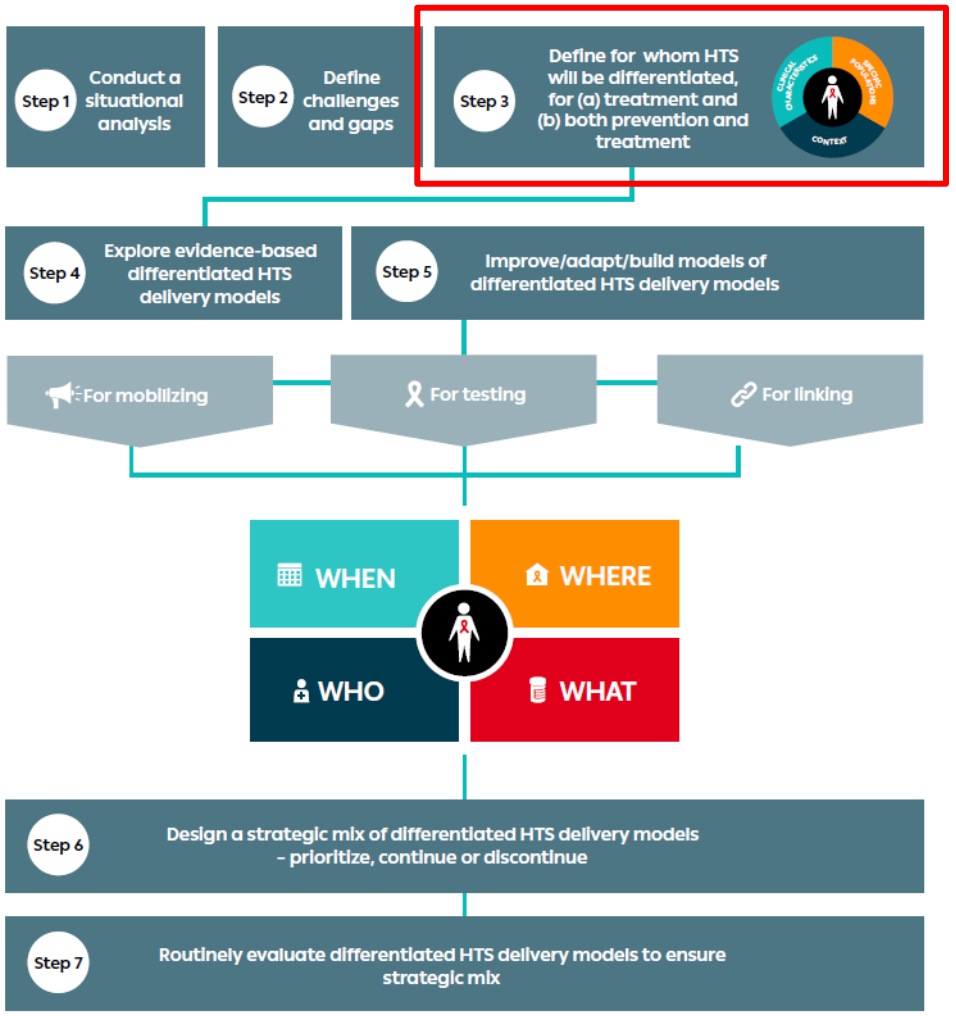
A practical tool to optimize the strategic mix to:

- **CLOSE THE GAPS**
- **PLAN BEYOND 95-95-95**

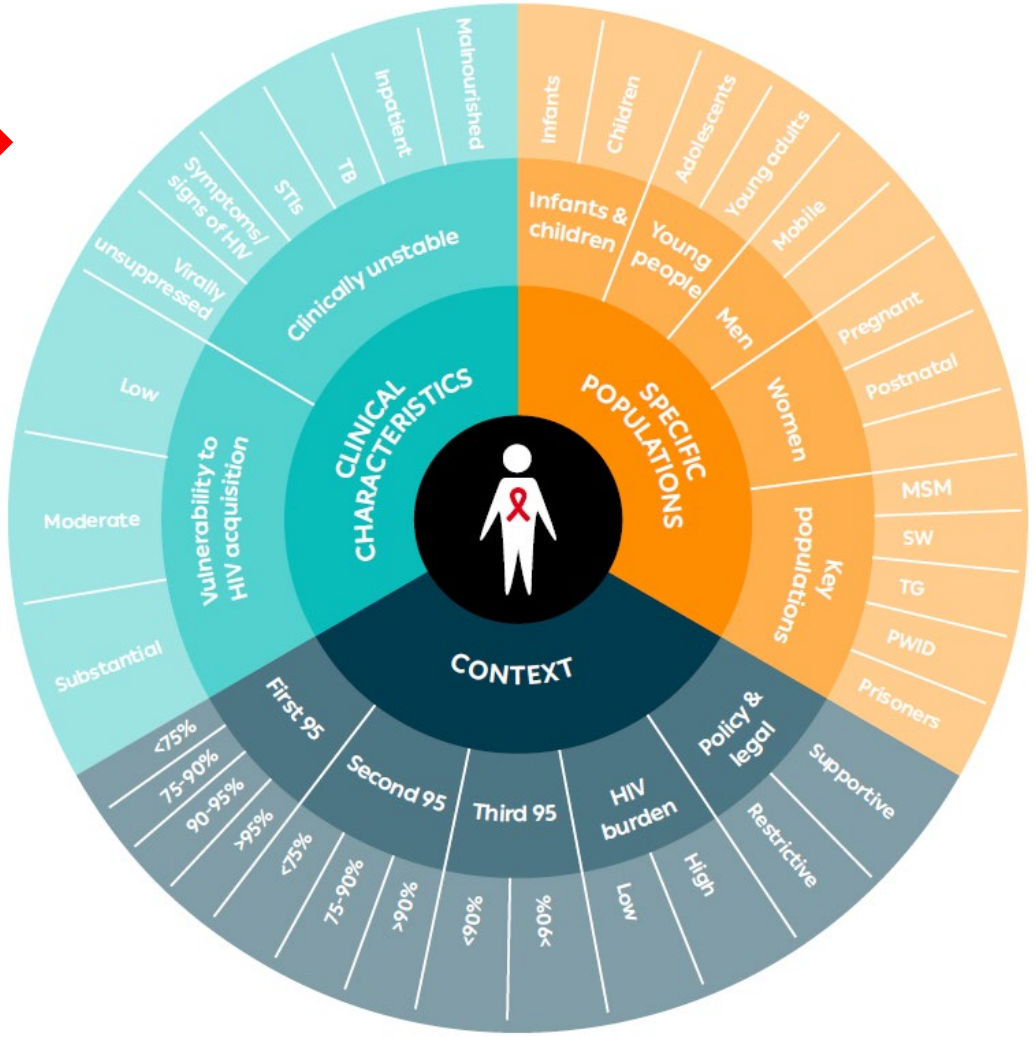
Updates include:

- 2024 WHO HTS guideline service delivery updates
- UNAIDS 95-95-95 treatment targets + 95 prevention target
- Lessons learnt during COVID-19 pandemic
- Differentiating HTS for (a) treatment; or
  (b) prevention and treatment
- Incorporates (re)testing for (re)linkage and (re)engagement
- New examples and case studies
- Updated situational analysis tool

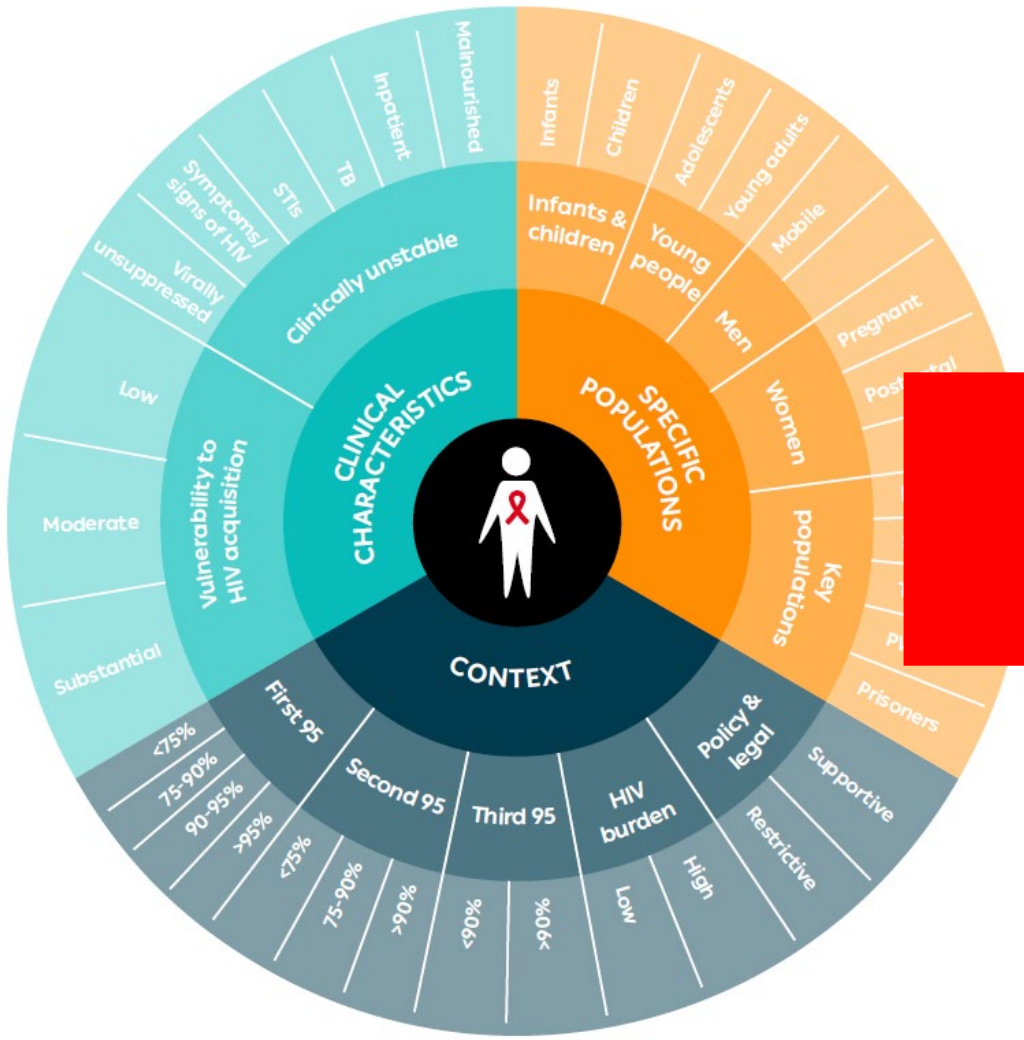
1. Identify the testing and linkage gaps and WHO we are differentiating HTS for?



Element wheel changes to account for **HIV burden** and **95s context**
Clinical characteristics to account for **HIV acquisition vulnerability** and **virally unsuppressed clients**



When dHTS should <u>prioritize</u> (a) treatment or (b) prevention and treatment



- **Decide defining element**
- **Determine associated elements**
- Combination of defining element and associated elements will enable dHTS model development

CLINICAL CHARACTERISTICS	Substantial HIV vulnerability				
	ASSOCIATED ELEMENTS				
SPECIFIC POPULATIONS	Key populations	STI clients and their partners*	Discordant partners of people on ART with elevated viral loads or previously on ART*	Pregnant and breast-feeding women [16]	Adolescent girls and young women
CONTEXT	**Key populations**	92-80-95	Restrictive legal and regulatory environment		High HIV burden
	Pregnant and breastfeeding women	98-98-91	Supportive legal and regulatory environment		
	Adolescent girls and young women	94-90-88			
	Overall	95-95-93			

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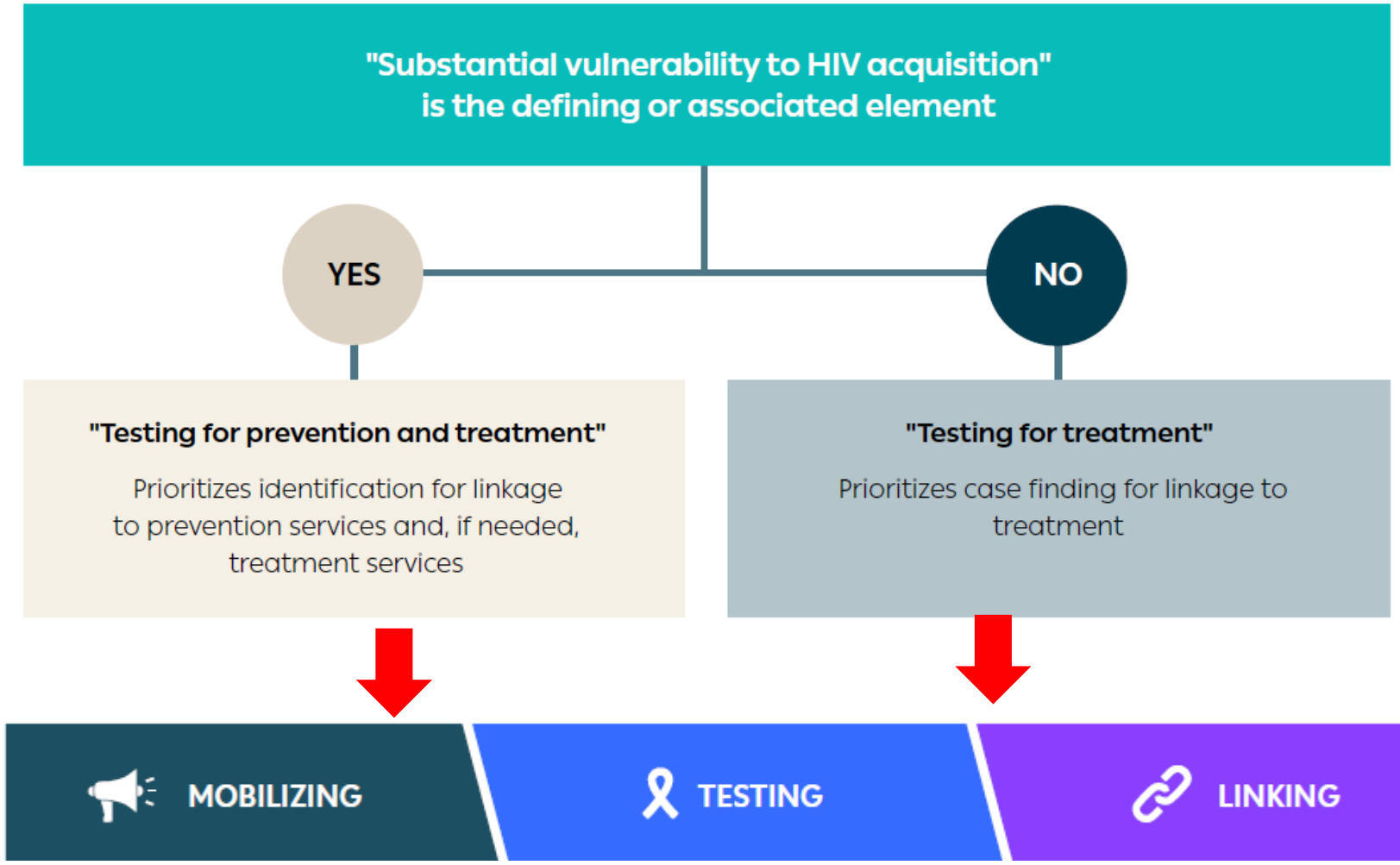
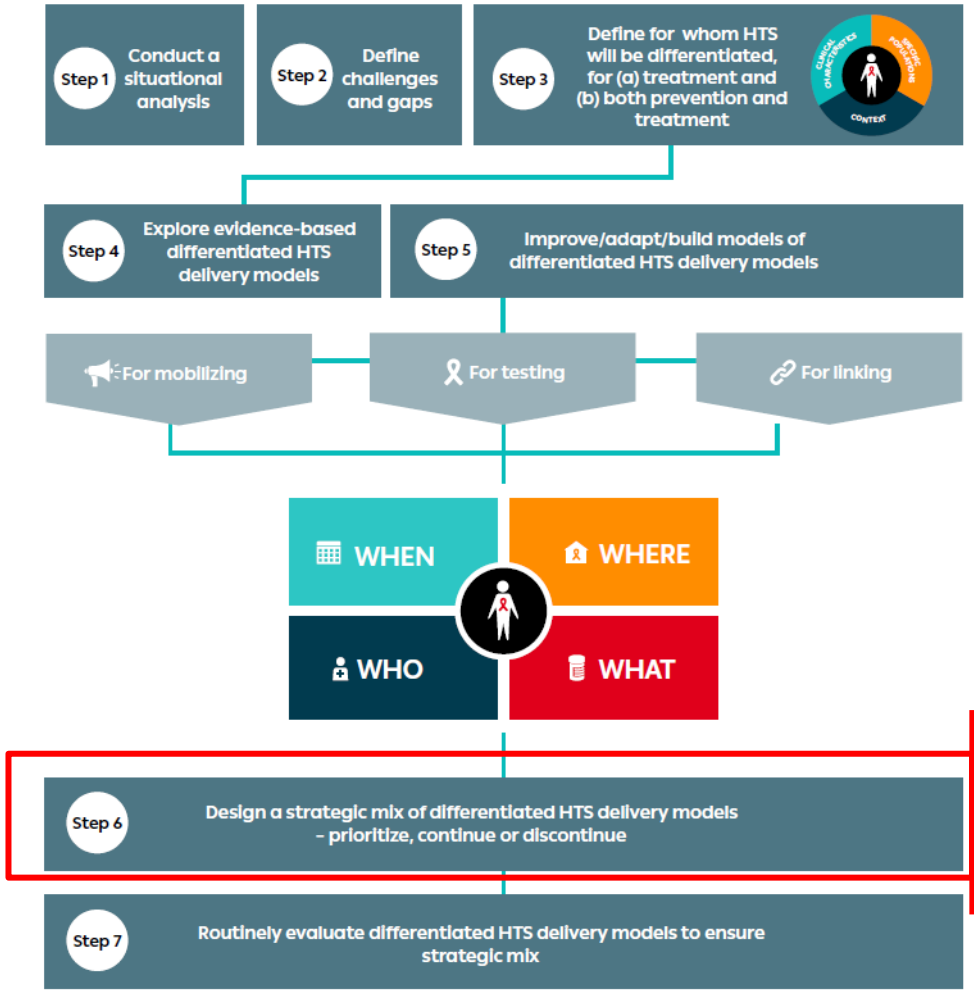
Differentiate mobilizing, testing & linking components when substantial HIV vulnerability ('risk')



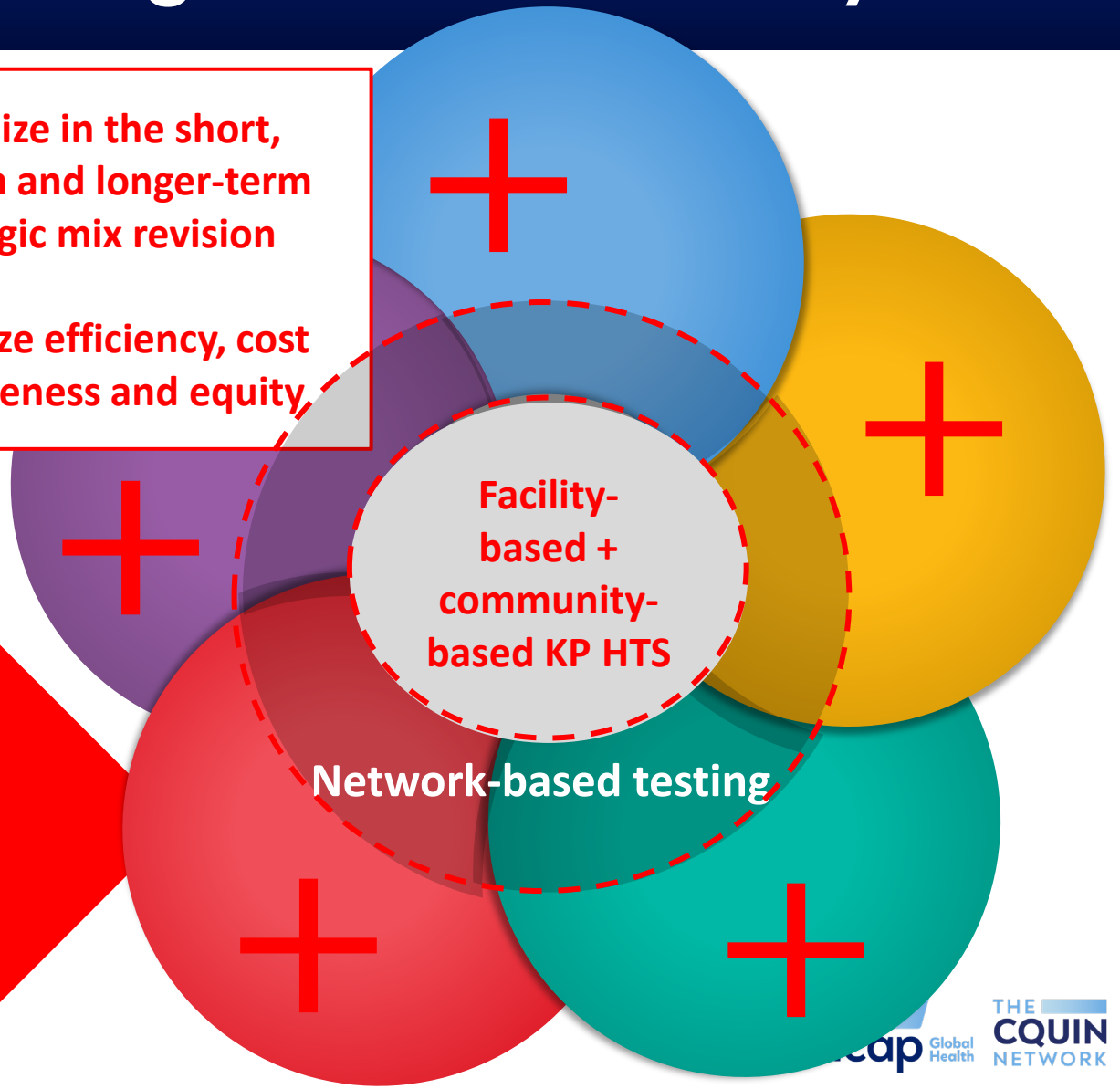
- **Focus for impact!**
- ***Any person requesting prevention services should have access <u>but are not a priority for</u> demand creation, testing, and active linkage to prioritized prevention services***

2. Optimize use of differentiated HTS models and building blocks that can support achieving 95-95-95 and beyond



Prioritize in the short, medium and longer-term strategic mix revision

Maximize efficiency, cost effectiveness and equity



Balancing effectiveness, efficiency and equity to shape the strategic mix: EFFECTIVENESS AND EQUITY

Effectiveness

- ***Reach***: **ability to reach targeted specific population**
- ***Number of people living with HIV not on treatment identified***: **new diagnosis, re-diagnosis, people not linked to treatment or disengaged**
- ***Positivity rate***
- ***Number of people at substantial risk of HIV identified***
- ***Treatment linkage rates***
- ***Prioritized prevention linkage rates***
- ***Testing coverage***: **sufficient scale achieved or achievable for broader impact**

Equity

- **HTS access for vulnerable people within the specific population targeted**
- **HTS access for populations not specifically prioritized across geographical contexts**
- **Prevention services access for populations not specifically prioritized**
- **All included HTS models protect confidentiality and minimize stigma associated with testing or linking to treatment or prevention services**

Balancing effectiveness, efficiency and equity to shape the strategic mix:
EFFICIENCY OF HTS MODELS AND STRATEGIC MIX

- ***Cost per test***
- ***Cost per positive diagnosis, cost per linkage to treatment, cost per linkage to prioritized prevention service***
- ***Resource allocation*****:** appropriate distribution of financial and human resource costs **across strategic mix HTS models**
- ***Integration of other screening or services***: **multi-disease testing, combining services**
- ***Time to diagnosis and/or treatment linkage***: speed and ease with which a person can access testing and treatment **reducing future client and health system costs**
- ***Operational efficiency***: How quickly and smoothly HTS is delivered
- ***Scalability*****:** How rapidly models can close coverage gaps, allowing for discontinuation or continuation (if remains cost-effective and feasible at larger scales), **reducing reliance on more resource-intensive approaches**
- ***Potential for further rationalization*****:** Opportunities to **reduce costs** by using more affordable tests, increasing self-testing, or combining testing strategies such as network-based approaches to better reach high-risk populations
- ***Implementation feasibility***: **Practicality of rolling out the model**, considering available infrastructure, workforce capacity, regulatory environment, and community acceptance
- ***Sustainability***: **Long-term feasibility of maintaining the model** with existing or foreseeable resources without overburdening the health system

Examples of short, medium and long-term priorities on the road to sustainability

Long-term priorities:

Focus on fewer effective HTS models for sustained impact post-gap exposure

Examples:

- Maintain facility-based (re)testing coverage at least in ANC, STI, FP, TB & inpatient services.
- Utilize feasible data surveillance systems to ramp up facility-based (re)testing and targeted community-based testing

Medium-term priorities:

Invest in systems that can be maintained over the longer period

Example:

- Build feasible MoH HTS data surveillance systems

Short-term priorities:

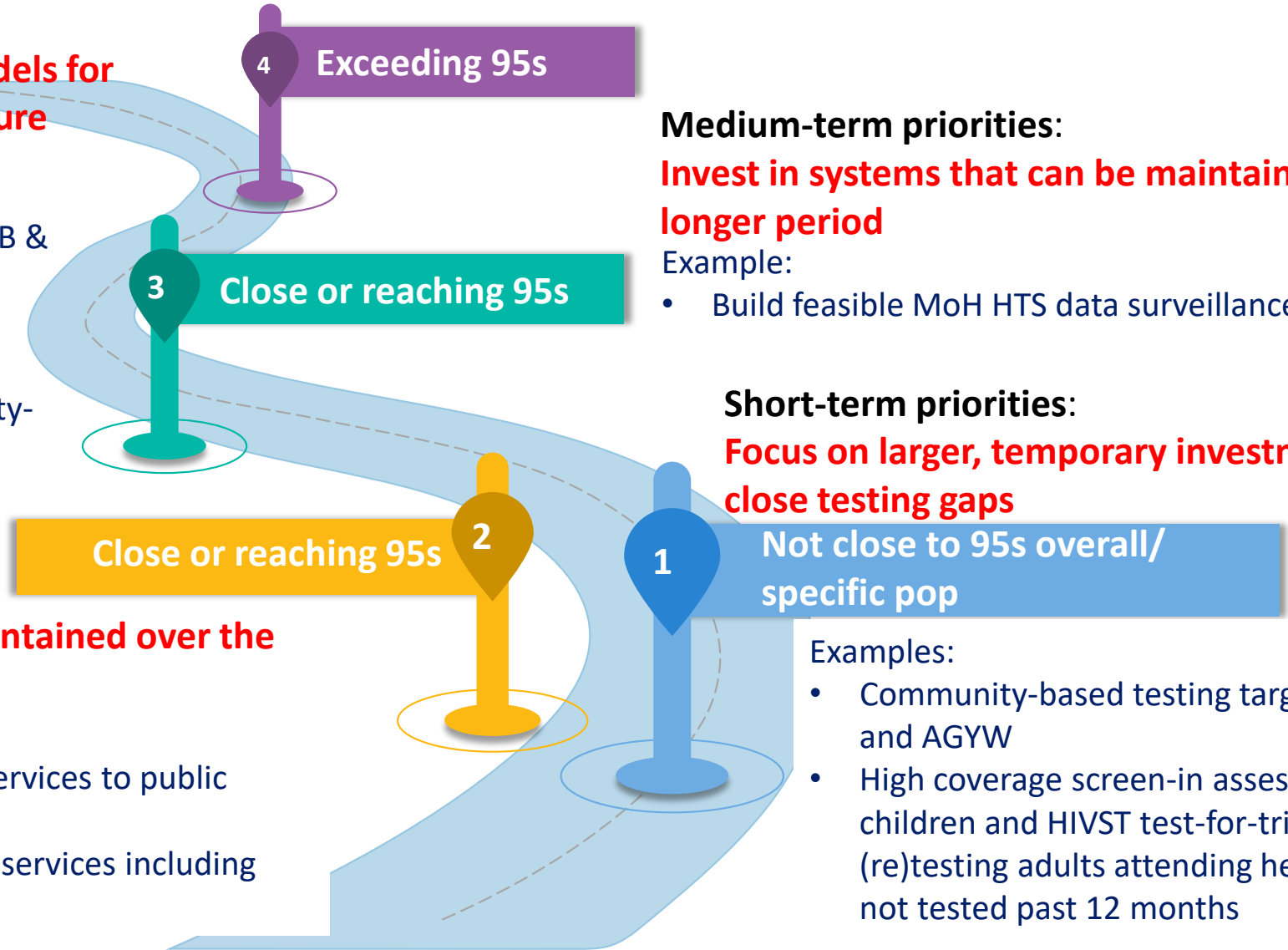
Focus on larger, temporary investments to close testing gaps

Short term priorities:

Invest in systems that can be maintained over the longer period

Examples:

- Transition network-based testing services to public sector managed
- Build effective national virtual SRH services including HTS



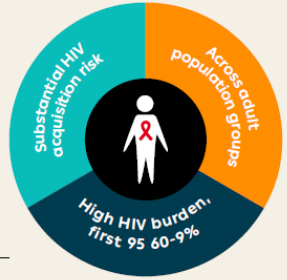
Examples:

- Community-based testing targeting at men and AGYW
- High coverage screen-in assessments for children and HIVST test-for-triage for (re)testing adults attending health facilities not tested past 12 months

3. Updated examples and case studies

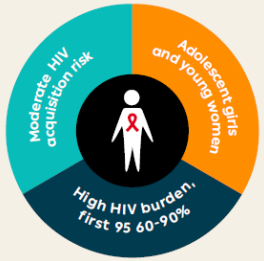
Example 1:

Facility-recruited social network approach to reach most vulnerable individuals, Uganda [29]



Example 2:

Testing and retesting coverage in facility-based family planning services, Zimbabwe [18,36,37]



Overview

Example 3:

Online demand creation with linkage to virtual peer outreach workers providing testing choices for younger members of key populations, Thailand[40, 41]

Example 4:

Targeted community-based testing to reach men, Democratic Republic of Congo [44,45]

Overview

List of Case studies

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4. Updates illustrative strategic mix scenarios

1. Close to or reaching 95s but not in all populations
2. Close to or reaching 95s across populations
3. Not close to reaching one or more 95s




Strategic mix example 2:

High burden, high testing coverage across all populations

Situational analysis outcome: High-burden context close to reaching first 95 goal across populations. More people living with HIV interrupting treatment than newly initiating on ART

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MOBILIZING | **TESTING** | **LINKING**

Prioritize

- Prioritize enhanced index testing services within STI services and ART services.
- Prioritize facility retesting coverage for all identified specific populations.
- Prioritize virtual HTS, PEP and PrEP services for gay men and other men who have sex with men.
- Prioritize active linkage to PEP and PrEP services for identified specific populations plus harm reduction services for people who inject drugs.

Continue

- Continue facility entry point testing coupled with index testing.
- Continue community testing for key populations, expanding index testing to social network-based testing.
- Continue targeted online HIV self-testing promotion, with collection through private pharmacy network.

Discontinue

- Discontinue window period retesting and unnecessarily frequent retesting.
- Discontinue community testing for men and adolescents.

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Differentiated service delivery for HIV:

A Decision Framework for HIV testing services

Mobilizing, testing, linking

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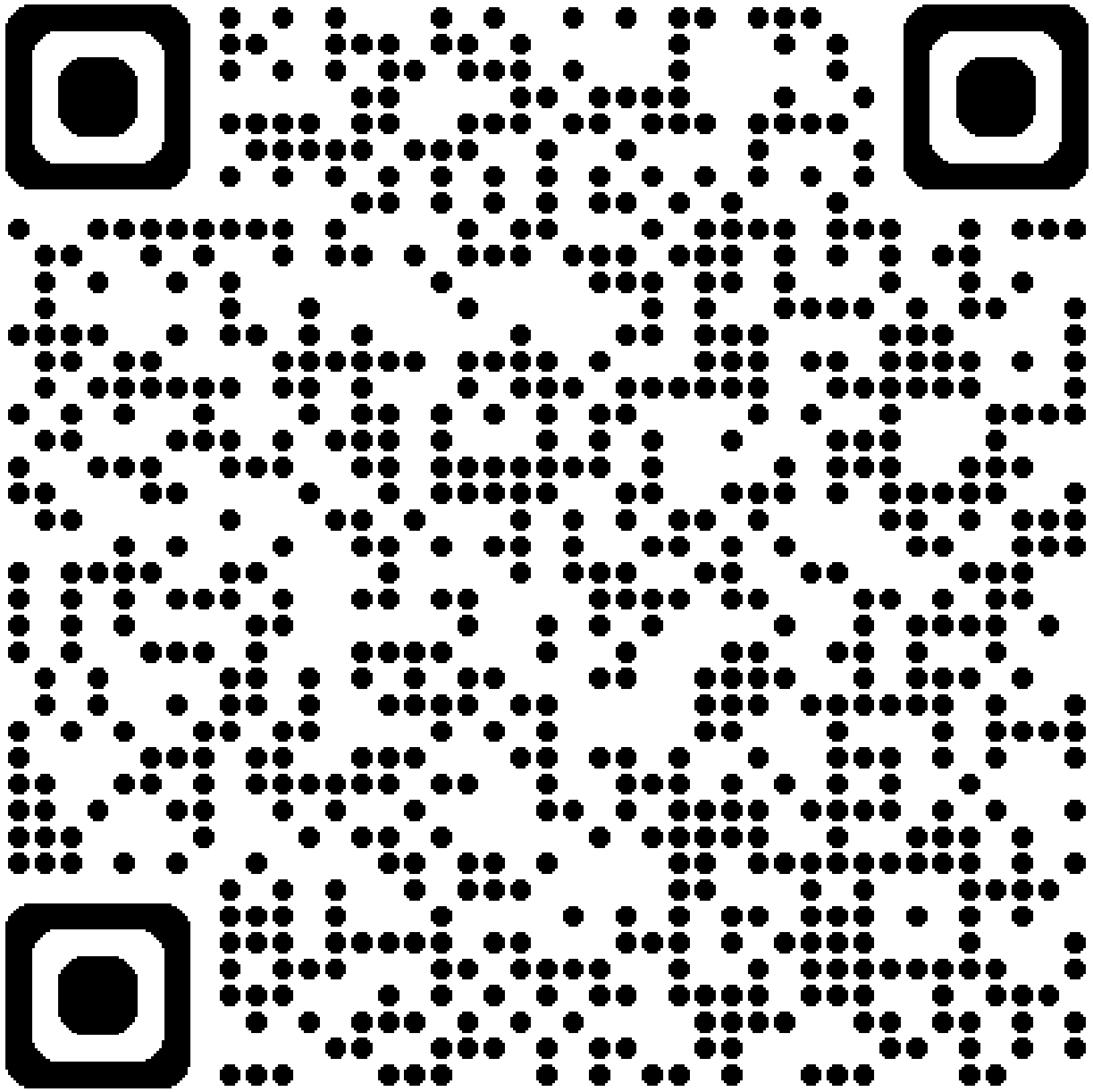

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