

GLOBAL POLICY BRIEFING

HIV TESTING: IMPROVING ACCESS AND ROUTINE UPTAKE

Summary

Universal access to convenient and reliable HIV testing options represents a vital bridge to accessing effective HIV prevention and treatment for people at risk of or living with HIV. Testing is particularly effective when linked with information, treatment and care services free from the stigma, discrimination, marginalisation and criminalisation, all of which disproportionately affects key^a and priority populations.^b Nonetheless, recent UNAIDS data estimates that only 81% of people living with HIV (PLHIV) globally are aware of their HIV status.¹

To end the AIDS epidemic by 2030, UNAIDS established the 90-90-90 targets, which seek to ensure that by the end of 2020: 90% of PLHIV know their status; 90% of whom are on antiretroviral therapy (ART); and 90% of whom have suppressed viral loads. This will eventually progress to 95-95-95 target by 2030. Without significant progress on 'the first 90' (which promotes HIV testing), progress towards the 90-90-90 targets will be derailed because fewer PLHIV will be diagnosed in the first instance, and subsequently engaged and retained in treatment and care. Testing is vital to inform decisions around treatment, care and prevention, achieve viral suppression, avert new HIV infections, and address poor HIV health outcomes for PLHIV.²

HIV testing must be demand-led and people-focused in order to improve uptake, promote early diagnosis and enable informed decisions about treatment and care options that improve health-related quality of life (HRQoL)^c for PLHIV.³ Testing should be voluntary and supported beyond primary healthcare settings through expanding community-led approaches that directly respond to people's preferences and lived experiences. Testing settings should seek to reduce all barriers to access: they should be safe and protect human rights, including upholding privacy and confidentiality, and place an emphasis on regular testing. To this end, ViiV Healthcare supports the following priorities:

	Developing people-centred HIV testing services that are appropriately linked to prevention and treatment and care services.
	Promoting HIV testing solutions that protect human rights by upholding privacy and confidentiality.
	Advocating for universal access to safe and reliable HIV testing options that include innovative self-testing and screening for co-infections that are common among priority and key populations - such as tuberculosis (TB) and sexually transmitted infections (STIs).
	Driving innovation in HIV testing and screening delivery by collaborating with diverse stakeholders including PLHIV, to support community-led health service delivery. This includes promoting innovation to develop evidence-based solutions to improve the range of HIV testing options.

^a Key HIV populations include: men who have sex with men, sex workers, people who inject drugs, transgender people and people incarcerated
^b Priority HIV populations include: unregistered migrants, people living with disabilities as well as adolescents, girls and women
^c HRQoL supports long-term physical, psychological and social health needs

The challenge

HIV testing is a critical entry point to delivering effective HIV prevention and securing appropriate treatment and access to care for everyone affected by HIV, everywhere.⁴ Securing 'the first 90' remains, by far, the biggest obstacle to achieving the UNAIDS 90-90-90 targets and eliminating the AIDS epidemic by 2030.⁵ Improving access to and demand for HIV testing is vital to addressing the complex nature of HIV vulnerability, risk, transmission and prevalence.⁶

People-centred HIV testing: key and priority populations

Access to and availability of HIV testing is particularly important for those PLHIV who are unaware of their HIV status, as well as key^d and priority^e populations who already face social marginalisation, discrimination, stigmatisation and criminalisation.^{7 8 9} Risk and vulnerability to HIV infection is 13 to 26 times greater for priority population groups compared to the population at large, and 62% of new global HIV infections are among these priority populations and their sexual partners.¹⁰

Peer-based interventions in Mauritius: HIV testing and prevention for young people who inject drugs.

To help address the challenges associated with HIV screening for key populations in Mauritius, ViiV Healthcare's Positive Action Programme supported the first 18 months of a three-year research project, which explored peer-based interventions in HIV testing and prevention for young people aged 16-24, who inject drugs (PWID).

Led by the London School of Hygiene and Tropical Medicine (LSHTM) and Collectif Urgence Toxida (CUT) – a community-based NGO providing harm reduction and HIV prevention services – the research aimed to develop peer- and community-based interventions that drive user-led demand for HIV prevention, testing and linkage to care. An associated workshop convened diverse key stakeholders, including peer researchers (former drug users) and representatives from the national Mauritian Network of People Who Use Drugs (MANPUD), young PWID and representatives from the national Ministry of Health, and the Prime Minister's Office, among others

Initial project findings identify the importance of active peer engagement for greater programme impact. This included the design and implementation of interventions required to promote HIV screening and prevention services among PWIDs.

Universal access to HIV testing: tackling discrimination and human rights violations

Obstacles to accessing HIV testing and prevention are complex and varied but are almost always rooted in systemic issues. A review of 10 studies from low- and middle-income countries found that PLHIV who perceived high HIV-related stigma were 2.4 times more likely to present late for HIV testing, treatment and care.¹¹ This stigma is compounded by discrimination and criminalisation of key populations who are most vulnerable to HIV infection.

According to a recent UNAIDS report, 67 countries criminalise same-sex relationship; at least eight of which impose the death penalty, and; at least 98 countries criminalise some aspect of sex work. Furthermore, there are at least 33 countries and territories that prescribe (by law) the death penalty for serious drug offences and 100 countries that criminalise the possession of drugs for personal use. In 2018, 45 countries reported having laws that require parental consent for people under-18 to access HIV testing services.¹²

National health systems may also restrict access by non-citizens to publicly funded health services, including HIV testing. Furthermore, undocumented migrants, internally displaced people (IDPs) and refugees are often concerned about accessing testing, treatment and care for fear of detention and deportation by immigration authorities.¹³ Other barriers to testing include: low levels of awareness about HIV transmission; fear of being diagnosed with HIV, which is fuelled by stigma; lack of confidentiality in health service delivery; and inadequate funding for testing and essential outreach services which better respond to the lived experiences of people affected by HIV.¹⁴

Therefore, it is important to address systemic barriers and develop enabling environments that provide the necessary policy and investment commitments needed to uphold human rights and address violations which

^d Key HIV populations include: men who have sex with men, sex workers, people who inject drugs, transgender people and people incarcerated
^e Priority HIV populations include: unregistered migrants, people living with disabilities as well as adolescents, girls and women

prohibit access to HIV testing and support services. This includes investing in and strengthening community-led health systems to tackle the challenges associated with improving uptake in HIV testing.¹⁵

Online confidential home screening services in Germany; Deutsche Aidshilfe

ViiV Healthcare has worked in partnership with the German AIDS Organisation 'Deutsche Aidshilfe', to increase voluntary uptake of HIV testing, through 's.a.m health' a home screening service. This confidential service is designed to improve access to testing for a wide range of STIs and links service subscribers to professional Deutsche Aidshilfe counsellors. The initiative targets people who may experience challenges accessing HIV testing and treatment services. It also facilitates regular screening among key and priority populations.¹⁶

Reliable testing to address HRQoL

Undiagnosed HIV means that PLHIV are unable to be linked to and retained in effective treatment and care programmes. Late diagnosis also has an impact on the mortality and morbidity of PLHIV, which includes increased unmet clinical needs (including those associated with co-infections) and reduced life expectancy. A ten-year study conducted in the UK estimated that 81% of all AIDS-related deaths and 61% of all non-AIDS-related deaths in PLHIV were caused by late HIV diagnosis.¹⁷ Delays in testing also generate increased health costs across already strained, resource-limited health systems. These increased costs could be averted by earlier diagnosis and prompt treatment initiation.¹⁸

Improving HIV awareness and testing in UK primary healthcare

ViiV Healthcare has supported a campaign which was led by the HIV Awareness in Primary Care (HIVAP) GP^f Taskforce. The initiative sought to improve early diagnosis by general practitioners (GPs) for people living with HIV across the UK. The 'HIV GP Champions' programme recognised that primary care played an important role in ending the AIDS epidemic. 'Change the Face of HIV' was an awareness campaign which aimed to increase HIV screening through GPs actively considering HIV as part of the possible causes for a set of associated symptoms - presented during patient consultations. HIV GP Champions operated across the UK including across London (Southwark, Newham and Lewisham), and in Brighton as well as Manchester.⁹

Innovation in service delivery: HIV testing and screening options

If the full benefits of HIV testing are to be realised, the challenges associated with existing modes of testing must be addressed, particularly in resource-limited settings. These challenges include ensuring reliable access to HIV testing (including self-testing) and providing adequate linkage to prevention, treatment and support services via broader healthcare service delivery – including community-led initiatives.

It is estimated that less than 20% of national HIV testing strategies globally align with the World Health Organization's (WHO) recommendations.¹⁹ Inadequate and potentially unreliable testing options are often exacerbated by insufficient access to counselling, prevention, treatment and care services.

Demand-led and community-based testing services offer a promising way to improve access to integrated HIV prevention, treatment and care that is adequately supported by counselling. Such services can span trained lay provider-initiated testing, self-testing, counselling, stand-alone voluntary testing accompanied by counselling, as well as home, mobile and outreach testing in community settings - including schools, workplaces, religious facilities and transport hubs.²⁰ Many of these options provide important opportunities to address the obstacles to HIV testing through reducing stigma, supporting hard to reach populations (and their partners) and targeting key and priority populations.²¹

^f A General Practitioner or 'GP' is the first point of healthcare contact for UK patients

⁹ For more information, visit: www.changethefaceofhiv.co.uk

The Tutu Teen Truck: a collaboration to provide integrated mobile services for HIV and reproductive health testing and support services.

ViiV Healthcare's Positive Action programme joined forces with the Desmond Tutu HIV Foundation (DTHF) and other partners^h from the public, private and not-for-profit sectors to operate a fleet of mobile outreach clinics. These clinics provide free access to 'one-stop' integrated healthcare and counselling services available to adolescents and young adults across Cape Town. DTHF mobile units offer routine support for HIV testing and screening for TB and STIs. Launched in 2015, the initiative has supported almost 100,000 young people, and for approximately 40% of young people who visit the Tutu Teen Truck, this intervention provides their first opportunity to access HIV testing and counselling services.²²

It is critical that we accelerate HIV testing, prevention and treatment to improve health outcomes for people affected by HIV and create an AIDS-free future. Eliminating barriers to HIV testing and improving demand for HIV screening are imperative first responses to achieve this mission and work towards the UNAIDS 90-90-90 targets.

ViiV healthcare global policy briefings series:

Making HIV a smaller part of people's lives

ViiV Healthcare has developed a series of global policy briefings which outline our commitments through diverse partnerships to tackle key global public health priorities affecting the global, regional, national and community HIV response. We aim to inform public policy and healthcare delivery to ensure no person living with HIV is left behind, by supporting communities affected by HIV.

About ViiV Healthcare

Established in November 2009, we are the only pharmaceutical company solely focused on combating, preventing and ultimately curing HIV & AIDS. ViiV Healthcare is dedicated to researching and delivering innovative HIV medicines and solutions which make HIV a smaller part of people's lives.

UK Address: GSK House, 980 Great West Road, Brentford, TW8 9GS

Website: www.viivhealthcare.com

Twitter: @ViiVHC

Facebook: @ViiVHealthcare



¹ UNAIDS. (2020). Global HIV & AIDS statistics — 2020 fact sheet. Retrieved 13 July from: www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

² UNAIDS. (2017). 90-90-90 - An ambitious treatment target to help end the AIDS epidemic. Retrieved 13 July from: www.unaids.org/en/resources/documents/2017/90-90-90

³ WHO/UNAIDS. WHO, UNAIDS Statement on HIV testing services: new opportunities and ongoing challenges. (2017). Retrieved 13 July from: http://www.unaids.org/sites/default/files/media_asset/2017_WHO-UNAIDS_statement_HIV-testing-services_en.pdf.

⁴ UNAIDS. (2020). Global HIV & AIDS statistics — 2020 fact sheet. Retrieved 13 July from: www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

⁵ UNAIDS. (2019). 90-90-90: treatment for all. Retrieved 13 July from: www.unaids.org/en/resources/909090

⁶ UNAIDS. (2019). 90-90-90: treatment for all. Retrieved 13 July from: www.unaids.org/en/resources/909090

⁷ Consolidated Guidelines on HIV diagnosis, prevention, treatment and care for key populations. (2014). Retrieved 13 July from: https://apps.who.int/iris/bitstream/handle/10665/128048/9789241507431_eng.pdf;jsessionid=78A04466CE19D049291E959692A99435?sequence=1

⁸ UNAIDS. (2016). HIV prevention among key populations. Retrieved 13 July from: https://www.unaids.org/en/resources/presscentre/featurestories/2016/november/20161121_keypops

⁹ Most HIV-positive migrants in Europe acquired HIV post-migration. (2017). Retrieved 13 July from: www.avert.org/news/most-hiv-positive-migrants-europe-acquired-hiv-post-migration

¹⁰ UNAIDS. (2020). Global HIV & AIDS statistics — 2020 fact sheet. Retrieved 13 July from: www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

^h For a complete list of the partners involved in this project visit: <https://desmondtutuhealthfoundation.org.za/who-we-are/partners-donors/>

11 Gesesew, H. A., Tesfay Gebremedhin, A., Demissie, T. D., Kerie, M. W., Sudhakar, M., & Mwanri, L. (2017). Significant association between perceived HIV related stigma and late presentation for HIV/AIDS care in low and middle-income countries: A systematic review and meta-analysis. *PLoS one*, 12(3), e0173928. <https://doi.org/10.1371/journal.pone.0173928>

12 UNAIDS. (2019). Act to change laws that discriminate [PDF]. Geneva. Retrieved 13 July from: http://www.unaids.org/sites/default/files/media_asset/2019_ZeroDiscrimination_Brochure_en.pdf

13 OptTest Project and GNP+. Barring the Way To Health. Legal and regulatory barriers which impede the HIV care continuum in Europe. (No date). Available: <http://legalbarriers.peoplewithhiveurope.org/en>

14 WHO/UNAIDS. WHO, UNAIDS Statement on HIV testing services: new opportunities and ongoing challenges. (2017). Available: http://www.unaids.org/sites/default/files/media_asset/2017_WHO-UNAIDS_statement_HIV-testing-services_en.pdf

15 Global Network of People Living with HIV. *HIV and Key Populations* [PDF]. Retrieved 13 July from: https://www.gnpplus.net/assets/wbb_file_updown/4810/Community%20Guide_1_HIV%20and%20key%20populations.pdf

16 *Discreet HIV & STD home tests*. s.a.m health - sexual health, your way. Retrieved 14 August 2020, from <https://samhealth.de/?locale=en>.

17 Simmons, Ciancio, Kall, Rice, Delpech. (2013). Ten-year mortality trends among persons diagnosed with HIV infection in England and Wales in the era of antiretroviral therapy: AIDS remains a silent killer. *HIV Med.* 2013 Nov;14(10):596-604. doi: 10.1111/hiv.12045

18 Croxford, Kitching, Desai, Kall, Edelstein, Skingsley, Burns, Copas, Brown, Sullivan and Delpech. Mortality and causes of death in people diagnosed with HIV in the era of highly active antiretroviral therapy compared with the general population: an analysis of a national observational cohort. (2017). *Lancet Public Health* 2017; 2: e35-46

19 WHO. An analysis of 48 national HIV testing and counselling policies. (2015). Retrieved 13 July from: https://www.ncbi.nlm.nih.gov/books/NBK316018/pdf/Bookshelf_NBK316018.pdf

20 UNAIDS. Global AIDS update 2018. Miles to go: closing gaps, breaking barriers, righting injustices. (2018). Retrieved 13 July from: http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

21 *HIV self-testing: what you need to know*. Unaid.org. (2018). Retrieved 14 August 2020, from <https://www.unaids.org/en/resources/infographics/hiv-self-testing-what-you-need-to-know>.

22 Mobile Services. (2019). Retrieved 13 July from: <https://lightspeeddigitalinternational.com/dthf/what-we-do/mobile-services-tutu/>