UNAIDS 2021

Differentiated HIV Testing and Treatment Service Delivery in Africa

Call to Action to Leave No One Behind

Background

In 2020, of people living with HIV, 65% in Eastern and Southern Africa, 47% in Western and Central Africa, and only 34% in Middle East and North Africa were estimated to be on antiretroviral therapy (ART) and virally suppressed, falling short of the 2020 global target of 72%. Importantly, in many countries and for many key and priority populations, the figure is far lower, leading to avoidable mortality, morbidity, and HIV transmission.

Access to and uptake of testing and treatment services remains uneven, with some groups facing particular barriers. For example, men living with HIV are less likely to know their status than women. Globally, for every 100 undiagnosed women, there are 140 undiagnosed men. Children living with HIV have less access to HIV testing and treatment, and less successful treatment outcomes compared to adults. Only 53% of children 0–14 years who are living with HIV, the vast majority in Africa, are on lifesaving HIV treatment. In many settings access to testing and treatment for key population groups such as gay men and other men who have sex with men, sex workers, people who use drugs, transgender people, people in prison, displaced, mobile and migrant people and others, is also very low. These groups are much less likely to know their HIV status compared with the overall adult population living with HIV, emphasizing the importance of tailoring contextually appropriate HIV testing, linkage, and treatment services to the challenges and needs of key populations.

These challenges have been exacerbated in some settings by the COVID-19 pandemic and response, which revealed the lack of health system resilience and limitations in countries' ability to ensure uninterrupted supplies of drugs and commodities, deliver testing and treatment services outside health facilities, and provide integrated services for multiple health conditions. The pandemic also catalysed service delivery innovations which highlighted the importance of differentiated, decentralized, and community-led models of HIV service delivery.

To help address the gaps in the HIV response, we call for wider implementation of differentiated service delivery (DSD), grounded in community- and people-centred and needs-responsive, and context-specific approaches.

WHO defines DSD as "An approach that simplifies and adapts HIV services to better serve the needs of people living with HIV and to optimize the available resources in health systems." (WHO 2021 service delivery guidelines - Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach (who.int)). This approach can and should be applied to prevention, testing and treatment, and has the potential to address multiple diseases, not just HIV.

During the COVID-19 pandemic, many countries in Africa have rapidly and massively expanded DSD beyond traditional facility-based service delivery systems while decompressing the latter, which validates that it is feasible. We call to sustain those changes in service delivery, continue to expand them where they have not, and also evaluate which population groups may not be benefiting from those expanded DSD models so that more tailored and supplemental DSD approaches are implemented.

Implementation of this approach can help countries address the gaps in the HIV testing and treatment cascade with key components of a DSD approach and more flexible models recommended by WHO in its new 2021 Consolidated Guidelines on HIV and called for in the new Global AIDS Strategy 2021–2026 (Global AIDS Strategy 2021-2026 | UNAIDS) and the 2021 Political Declaration on HIV/AIDS (Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 | UNAIDS)

The 2021 WHO service delivery guidelines recommend that clinical services and ART refills should be de-linked for people established on ART, who should be offered multi-month medication dispensing with clinical visits and refills every 3–6 months. The 2021 WHO Consolidated Guidelines on HIV prevention, testing and treatment recommend community

support for people living with HIV to improve retention in HIV care, including adherence clubs. These guidelines also recommend that a wide range of HIV testing services be available, and that those services meet the needs of all population groups.

The Global AIDS Strategy 2021–2016 also emphasizes that as a priority action the need to "Rapidly maximize the impact of affordable, effective HIV testing technologies and practices, increase the uptake of differentiated HIV testing strategies where available (particularly HIV self-testing, community-led testing services, partner services and social network approaches) and strengthen the linkage of people who access testing services to HIV prevention and treatment services."

These approaches will lead to more person-centred and community needs-responsive testing, treatment, and care, better able to meet the needs of people with HIV. In designing, implementing, and evaluating these approaches, it is important to ensure a central role for recipients of care and for community-led and civil society organizations.

DSD approaches were originally developed with communities, incorporating a strong peer support component. Such community-based and community led models for HIV testing and treatment can enhance service uptake, retention, adherence, and viral suppression and can help to address the specific challenges of groups like adolescents and young people, children, postnatal women, key populations, and others who face particular challenges with accessing HIV services and remaining in care due to criminalization, stigma and discrimination. **Yet necessary funding for many community-led and civil society organizations is under threat in many places, including across Africa.** The new Global AIDS Strategy 2021–2026 highlights that every year, HIV resources have fallen far short of global targets, with only US$ 19.8 billion available in 2019 (76% of the 2020 target). As well as increasing funding levels overall, it is important that that community-based and -led services receive the share of resources they need.

DSD has been recommended by WHO since 2016, and while implementation has lagged in some regions, many countries are well on the way to taking differentiated treatment models to scale. In many settings, scale-up has also been accelerated by the COVID pandemic as countries worked to mitigate HIV service disruptions by expanding multi-month dispensing (MMD) of ART, designing and expanding community-based service delivery, and relaxing eligibility criteria for DSD models. The new 2021 WHO Consolidated Guidelines on HIV expanded the scope of differentiated services further than ever before.

Despite this progress, incorporation of the community component of testing, treatment and care is often suboptimal**.** Many national policies do not allow for community delivery or initiation of ART. While MMD of ART is increasingly permitted, the spacing of visits and ART dispensing in country has not kept pace with WHO guidance, including in Africa. For example, in Eastern and Southern Africa, only three countries have policies that allow up to six- monthly clinic visits as well as allowing for dispensing to be spaced by three months or more.

In testing too, there are many gaps. Many countries in Africa have yet to implement HIV self-testing, and where it is implemented, it is frequently at an insufficient scale, including for key and other priority populations. Many countries continue to adopt restrictive policies that limit access to HIV testing for adolescents due to parental consent requirements, and limit testing in settings accessible to young people, such as schools. Also, the challenges with the linkage to care when individuals are tested positive, especially those from key and other priority populations, and to HIV prevention services when high-risk individuals are tested negative, remain inadequately addressed.

Call to Action in support of increased coverage and quality of differentiated services

Countries. To urgently address areas in which their policies are not supporting, or even hindering, DSD roll out. In particular, countries should:

- Develop and implement policies supporting a wide range of HIV testing modalities including support for self-testing, community-based testing, index testing and social network testing where appropriate, and multi-disease testing.
- Develop and implement policies supporting a wide range of contextually appropriate HIV treatment models, including individual and group models, led by clinicians and lay workers, based at health facilities and in the community, including non-physicians' initiated and prescribed ART.
- Establish measurable targets for DSD coverage—e.g., the percentage of health facilities offering DSD and the percentage of people on ART accessing differentiated testing services and enrolled in differentiated treatment models—and regularly assess whether they are being met.
- Ensure robust engagement of recipients of care in DSD design, implementation, and evaluation.
- De-link medication refills and clinical visits and ensure that people established on ART are offered clinical visits and refills every 3–6 months, in a model of care that suites them.
- Ensure the ability to effectively initiate and deliver ART in the community.

Countries and donors. To invest in critical health system enablers. In particular countries should:

- Organize and manage an adequate supply chain to ensure ART supply and multi-month dispensing can be maintained from national down to site level even under stress
- Ensure that the monitoring and evaluation systems are in place to support and monitor DSD.
- Develop quality standards for DSD models, regularly assess whether programs are meeting those standards, and use quality improvement methods where programs are falling short of those standards.
- Ensure a sufficiently resourced community workforce that formally includes community-led providers, at sufficient scale to ensure access to and uptake of differentiated testing and treatment models.

Countries, donors and implementing partners. To ensure that the role of people living with HIV and other community groups in DSD is supported, optimized and strengthened. To recognize the role of community health workers in this, in line with the African Union's call, supported by UNAIDS, WHO and others, to train and deploy 2 million community health workers in Africa, and also community-led organizations' workforce, as called for by the Global AIDS Strategy 2021-2026 and the 2021 Political Declaration on HIV and AIDS

- Ensure that prevention messaging, including around U=U, and behaviour change efforts are community- and person-centred; funding community-led and -based organizations to support this.
- Scale up community-led service delivery of DSD by providing capacity building, policy and funding support.

Support implementation of community-led monitoring tailored for DSD for ensuring improved delivery and quality of HIV services and service recipients' outcomes by identifying data-driven solutions to overcome barriers and ensure beneficiaries receive optimal person-centred HIV services in a manner that is productive, collaborative, respectful, and solutions-oriented.

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