

THEMATIC SEGMENT CASE STUDIES

Testing and HIV

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Table of Contents

INTRODUCTION	5
AFRICA	6
SOUTH AFRICA CASE STUDY - THE “HeFORSHE” CAMPAIGN A GENDER-RESPONSIVE AND TRANSFORMATIVE APPROACH TO THE HIV RESPONSE.....	6
NAMIBIA CASE STUDY - INTEGRATED MOBILE OUTREACH SERVICES TO REACH UNDERSERVED COMMUNITIES	8
ZAMBIA CASE STUDY – ADOPTION OF A THREE-TEST STRATEGY TO DIAGNOSE HIV AND VERIFICATION OF A NEW THREE-TEST ALGORITHM	11
ZAMBIA AND ZIMBABWE REPLICATION (PEPFAR) CASE STUDY - EFFECTIVENESS OF ZAMBIA FAITH-ENGAGED COMMUNITY POST MODEL IN CLOSING HIV GAPS AND OF ZIMBABWE SOUTH-TO-SOUTH REPLICATION.....	13
MOZAMBIQUE CASE STUDY - THE READY FOR AN AIDS-FREE FUTURE PROJECT WHICH AIMED INCREASE HIV AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR ADOLESCENTS AND YOUNG PEOPLE THROUGH A PEER-LED INTERVENTION	16
ETHIOPIA CASE STUDY - DOCUMENTING THE SIGNIFICANT OBSTACLES POSED BY STIGMA AND DISCRIMINATION AGAINST PLHIV	18
ASIA PACIFIC	21
THAILAND CASE STUDY - DECENTRALIZING PREP DISTRIBUTION TO PROMOTE WIDER ACCESS	21
INDONESIA CASE STUDY - FROM THEORY TO ACTION: THE JOURNEY OF HIV SELF TESTING AND PREP IN INDONESIA	24
CAMBODIA CASE STUDY - DELIVERING AND EXPANDING ACCESS TO DIFFERENTIATED HIV TESTING FOR KEY POPULATIONS, INCLUDING HIV SELF-TESTING TARGETING HIGH RISK AND HIDDEN KEY POPULATIONS	26
INDIA CASE STUDY – THE STAR HIV SELF-TESTING INITIATIVE	29
SRI LANKA CASE STUDY - IMPROVING HIV TESTING AMONG KEY POPULATIONS BY DEVELOPING COMMUNITY BASED TESTING PROGRAMMES.....	32
EASTERN EUROPE AND CENTRAL ASIA	34
CZECH REPUBLIC CASE STUDY - AN ONLINE SYSTEM FOR HIV INFECTION PREVENTION AND TESTING	34
GEORGIA CASE STUDY – ADAPTATION OF AN HIV SELF-TESTING ONLINE PLATFORM TO SUPPORT DISTRIBUTION OF HIV TESTING AND PREVENTION COMMODITIES.	36
ARMENIA, GEORGIA, KAZAKHSTAN, KYRGYZSTAN, MOLDOVA, AND UKRAINE CASE STUDY - SCALING-UP ACCESS TO HIV TESTING, EXPANDING THE USE OF THE 3 RDT ALGORITHM FOR HIV DIAGNOSIS.....	38
CZECH REPUBLIC CASE STUDY - EUROPEAN TESTING WEEK FOR HIV AND HEPATITIS IN THE THE CZECH REPUBLIC	41
UKRAINE CASE STUDY – A SOCIAL NETWORK-BASED APPROACH TO HIV TESTING: THE OPTIMIZED CASE FINDING MODEL	43
LATIN AMERICA AND THE CARIBBEAN	45
URUGUAY CASE STUDY – A FIRST NATIONALLY REPRESENTATIVE SURVEY TO ESTIMATE THE PREVALENCE OF HIV DRUG RESISTANCE AMONG ADULTS INITIATING AND REINITIATING ART ...	45

MEXICO CASE STUDY – UPDATE TO THE LEGISLATIVE FRAMEWORK (NOM-010) TO IMPROVE HIV SELF-TESTING SERVICES.....	47
PARAGUAY CASE STUDY - MODIFICATION OF LEGISLATION IN THE CITY OF ASUNCION TO ADDRESS THE STIGMA AND DISCRIMINATION EXPERIENCED BY FEMALE SEX WORKERS	49
COLOMBIA CASE STUDY - CREATING NATIONAL CARE ROUTES ALONG THE HUMAN CORRIDOR FROM PERU TO THE UNITED STATES IN RESPONSE TO THE VENEZUELAN HUMANITARIAN CRISIS	50
BRAZIL CASE STUDY – STANDARDIZATION OF QUALITY CONTROL MONITORING PROCESSES FOR RAPID DIAGNOSTIC TESTING IN MERCOSUR MEMBER COUNTRIES	53
NICARAGUA CASE STUDY – CAPACITY STRENGTHENING OF COMMUNITY SUPPORT ORGANIZATIONS TO PROVIDE PEER-BASED COMMUNITY HIV SERVICES.....	56
WESTERN EUROPE AND NORTH AMERICA.....	59
CANADA CASE STUDY - DEVELOPMENT AND IMPLEMENTATION OF COMMUNITY-BASED SEXUALLY TRANSMITTED BLOOD BORNE INFECTION TESTING FOR INDIGENOUS COMMUNITIES	59
ENGLAND CASE STUDY – THE HIV ACTION PLAN FOR ENGLAND - EXPANDING THE DELIVERY OF HIV OPT-OUT TESTING IN HOSPITAL EMERGENCY DEPARTMENTS	61
SPAIN CASE STUDY – PROVISION OF FREE HIV SELF-TESTS AND PRIMARY PREVENTION BARRIERS (CONDOMS AND LUBRICANTS) TO VULNERABLE POPULATIONS	64

Introduction

The Thematic Segment of the 53rd UNAIDS Programme Coordinating Board (PCB) meeting will be held on 14 December 2023 and will focus on “**Testing and HIV.**”

In preparation for the Thematic Segment, UNAIDS issued a call for submission of examples of best practices and country case studies. The case studies inform the development of the background note to the thematic segment as well as the discussions during the day.

A total of 25 case submissions were received. The submissions reflect the work of governments, civil society, and other stakeholders, as well as collaborative efforts. The case studies highlight HIV testing as an essential gateway to HIV prevention, treatment, care and support services in different parts of the world.

Africa

South Africa Case Study - The “HeForShe” campaign a gender-responsive and transformative approach to the HIV response

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- **Timeline of the case study:** 2019 to current date (ongoing)
- **Case study submitted by:** UN or other International Organization; Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.)
- **In which geographic area is the approach being carried out?** 11 districts in South Africa: Bojanela, Ehlanzeni, Klerksdorp, Mamelodi, Sedibeng, city of Johannesburg, Cape Town, Ehlanzeni, Nelson Mandela Bay, Themba, and uMgungundlovu.
- **Case study demonstrates:** Scalability and replication; multi-sectoral partnerships, community participation and leadership.
- **Background and objectives:** In the context of a treatment retention crisis among men, UN Women implemented the HeForShe initiative to transform unequal gender norms and strengthen access to HIV services among women and men. Implemented since 2019 in South Africa, this community-based initiative includes regular dialogues with men and women on prevention of gender-based violence and HIV in order to transform harmful social and cultural norms, to encourage men’s responsible practices, health-seeking behavior and enhance access to local HIV counselling and testing services. The dialogues are led by trained ‘changemakers’ – tavern owners, community leaders and faith leaders – across various sites and settings (e.g., taverns, churches, community halls and soup kitchens). Through regular community discussions, the changemakers, equipped with knowledge and skills on HIV and violence prevention explain; the link between violence and HIV, the impact of unequal gender norms on women’s ability to prevent HIV, the importance of knowing HIV status and adherence to HIV treatment, the need for responsible sexual behavior, and the role of various HIV-related socio-economic factors impacting men and women. The changemakers developed a referral system to encourage men and women participating in the dialogues to access local HIV counseling and testing clinics and facilitated outreach HIV testing at community and church events.
- **Description/Contribution to the AIDS response:** Achieving gender equality and the empowerment of women is critical for fulfilling the Agenda 2030 and the target to end AIDS by 2030. Gender inequality can contribute to the spread of HIV among women and girls. They are often not empowered to protect themselves from infection, negotiate safer sex, make decisions around their sexual health and access discrimination-free health care and services. A lack of a gender perspective in the HIV epidemic has led to women and girls assuming a greater share of infection. Unequal power relations between men and women

are a major obstacle for women and girls in demanding the services and support they need and accessing prevention, treatment, and care.

A gender-responsive and transformative approach to the HIV response is not possible without the involvement and support of men and boys. Social expectations about how men should behave may encourage men to take risks that may harm their health or prevent them from seeking timely HIV testing, counselling, treatment, and care services, putting both themselves and their female partners at risk. Reducing the number of new HIV infections through a gender-responsive approach requires that men understand the risks of HIV, that they protect themselves and their partners and that they value balanced, responsible, and respectful relationships. Men who support gender equality are less likely to condone risk-taking and aggressive sexual behaviour against women and girls and are valuable allies in implementing a transformative HIV response.

The “HeForShe” campaign, a global initiative by UN Women, has engaged millions of men around the world. In South Africa, given the intersections of violence against women and HIV/AIDS, UN Women has adapted the initiative to facilitate transformational change in attitudes and behaviours among men to end violence against women and to facilitate access to HIV testing and treatment among men and women.

- **Results, outcomes, and impact:** Since 2019, UN Women’s HeForShe community-based initiative engaged 148,700 participants (73,934 women, including young women, and 74,747 men) in a series of dialogues across 11 districts of South Africa (initially, seven districts: Bojanella, Ehlanzeni, Klerksdorp, Mamelodi, Sedibeng, city of Johannesburg, and Cape Town; since 2021, also Ehlanzeni, Nelson Mandela Bay, Themba, and uMgungundlovu) to improve attitudes and behaviors to prevent gender-based violence and HIV. The initiative, focused on transforming unequal gender norms, also had a positive impact on health-seeking behaviours resulting in increased uptake of HIV testing, particularly among men. In three years, 80,265, or 54% of those reached by the dialogues sought testing (47% women and 53% men), and those who tested positive were all linked to treatment and care. Moreover, 56,157, or 38%, of the participants who had interrupted and/or discontinued treatment prior to the initiative reported returning and adhering to their antiretroviral treatment. A referral system was established at the local level to encourage men and women participating in the dialogues to access local HIV counseling and testing clinics and facilitated outreach HIV testing at community and church events. Between 2019-2022, the number of local HIV testing sites engaged in the initiative grew from 20 to 30.
- **Gaps, lessons learnt and recommendations:** When toxic masculinities and unequal gender norms are addressed, individuals, families and communities are demonstrating both better health-seeking behavior and supporting women’s empowerment, resulting in greater health and socio-economic outcomes. Such low-cost community initiatives are key both to informing national policies and programmes as well as complementing state-led initiatives, adding a much-needed sharper focus and granularity to the implementation.

Namibia Case Study - Integrated mobile outreach services to reach underserved communities

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- **Timeline of the case study:** January 2022 to September 2023
- **Case study submitted by:** Civil Society; UN or other International Organization
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes.
- **In which geographic area is the approach being carried out?** Nine regions of the country
- **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership
- **Background and objectives:**

Namibia faces an estimated 11.43% prevalence among the population living with HIV and an incidence rate of 0.26%. The annual incidence of HIV among adults aged 15-49 stands at 0.45%, with higher rates among females (0.62%) compared to males (0.29%). Notably, the highest incidence occurs in the 20-24 age group (0.82%), followed by 25–29-year-olds (0.72%), and then 15-19 year-olds (0.69%). Despite these challenges, Namibia has made substantial progress, reducing new HIV infections by 40% and AIDS-related deaths by 24% since 2010. The country is also on track to achieve the 95-95-95 targets for HIV testing and treatment, aligning with the global goal set for 2025 according to UNAIDS (2016).

UNFPA partnered with civil society organizations namely the Society for Family Health (SFH) and the Namibia Planned Parenthood Association (NAPPA) for integrated SRH, HIV and SGBV services through mobile outreach in order to ensure access for marginalized groups such as adolescents, young people, women and men, persons with disabilities, homeless individuals, refugees, migrants, sex workers, and LGBTQ communities, could readily access integrated SRH, HIV, and SGBV services, including HIV testing.
- **Description/Contribution to the AIDS response:**

Integrated mobile outreach services have played a pivotal role in advancing the AIDS response. Firstly, they have significantly improved access to essential services, particularly in remote and underserved areas. By bringing HIV testing, counselling, treatment, and prevention directly to communities, these services have effectively bridged

gaps related to distance, transportation, and social stigma. This inclusive approach ensures that individuals who face difficulties in reaching healthcare facilities can receive timely and vital support.

Furthermore, integrated mobile outreach efforts have streamlined early detection and linkage to care. By offering a comprehensive range of services, including sexual and reproductive health (SRH) and gender-based violence (GBV) prevention and response, alongside HIV services, individuals are more likely to seek assistance in a non-judgmental environment. This leads to the prompt identification of HIV cases, enabling swift initiation of treatment and care is critical factor to effectively managing HIV.

The integrated approach also addresses the holistic needs of individuals. Recognizing that HIV often intersects with other health concerns, such as reproductive health issues or experiences of GBV, mobile outreach ensures that individuals receive comprehensive support to manage their overall wellbeing.

- **Results, outcomes, and impact:**

The work of the mobile clinics has yielded substantial evidence of the impact of mobile outreach in reaching underserved communities. In 2022, a total of 28,588 people were reached across nine regions, demonstrating the effectiveness of this outreach approach. These individuals received Sexual and Reproductive Health (SRH) information as well as the knowledge needed to make informed decisions. The services offered included HIV counselling and testing, Pre-Exposure Prophylaxis (Prep), Antiretroviral Therapy (ART), Family Planning (FP), Voluntary Medical Male Circumcision (VMMC), cervical cancer screening, Gender-Based Violence (GBV) screening, and comprehensive SRH counselling. This range of services underscores the holistic approach taken in addressing the diverse and interconnected needs of the reached communities, ultimately contributing significantly to their overall well-being and reproductive health. The impact of these efforts is not solely measured in numbers but also in the empowerment and improved health outcomes experienced by the individuals served. Since January 2023, an additional 3,620 young people have been reached with HIV testing and counselling services. This expansion further emphasizes the effectiveness of mobile outreach in providing essential services to young people.

- **Gaps, lessons learnt and recommendations:**

Scale and effectiveness of the mobile outreach teams. This results in our civil society partners not being able to cover all regions and thus affecting reach and impact. Additionally, cultural barriers, including stigma and discrimination, may deter individuals from seeking care through mobile outreach. Additionally, affecting the level of supplies and stock which impedes on quality service delivery.

Lessons learned during the implementation of mobile outreach include:

- Taking services closer to communities eliminates the need for individuals to travel long distances to access essential healthcare. This approach ensures timely access to much needed services.
- Integrated services enhance the overall efficiency in service delivery.

- Collaboration and good partnership with groups and organizations that directly serve key populations, including sex workers and LGBTQ individuals, facilitates reaching these groups effectively.
 - Increasing advocacy with the government on the provision of medical supplies such as contraceptives, and trained healthcare professionals including nurses and social workers.
 - Complementary community engagement and awareness campaigns addressing cultural barriers, reducing stigma and encouraging individuals, particularly men and boys to utilize mobile outreach services enhance the use of the clinics.
- **Annexes**
 - Increasing access to sexual and reproductive health services for adolescents and youth through mobile clinics
<https://namibia.unfpa.org/en/news/increasing-access-sexual-and-reproductive-health-services-adolescents-and-youth-through-mobile>
 - Overcoming distance and barriers: Mobile clinics in Namibia
<https://namibia.unfpa.org/en/news/overcoming-distance-and-barriers-mobile-clinics-namibia>
 - Mobile clinic images
https://drive.google.com/drive/folders/1N0Bp-5DbqhffHI77B0bsOkujxeTBk_cm?usp=sharing

Zambia Case Study – Adoption of a three-test strategy to diagnose HIV and verification of a new three-test algorithm

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- **Timeline of the case study:** 2022 to 2023
- **Case study submitted by:** UN or other International Organization
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Legislative and policies changes and reform.
- **In which geographic area is the approach being carried out?** Nationally
- **Case study demonstrates:** Scalability and replication.

- **Background and objectives:**

In Zambia, the Ministry of Health has prioritized improving the quality of HIV testing services. With changes in global HIV epidemiology, testing approaches must also change to maintain accuracy and efficiency in population-level diagnosis. Additionally Quality Assurance is critically important in HIV testing services. The consequences of poor-quality services can lead to potential misdiagnoses (false negative or false positive results) which has serious consequence for individual and public health.

With the scale up of HIV testing services and increased ART coverage, countries see fewer people infected with HIV who do not know their status, and at a population level, the number of people who test for HIV and get a positive result affects the probability of getting a correct diagnosis. WHO recommends that countries use a strategy that can achieve a minimum positive predictive value (PPV) of 99%, meaning that at least 99 out of 100 individuals classified as HIV-positive are genuinely positive, with fewer than 1 false positive per 100 HIV-positive individuals. In 2019, the WHO advised a three-test strategy for all countries to ensure an accurate diagnosis. Another important recommendation by the WHO has been retesting before ART initiation, and establishing quality management systems, including using and using quality-assured test kits (WHO PQ list) to ensure the accuracy of results.

To support the countries in moving towards adaptation of WHO 2019 recommendations, the HTS team is working closely with WHO regional and country offices and national technical partners in each country to run the verification study to select the best test assay choices for the country algorithm and to ensure high-quality testing services.

- **Description/Contribution to the AIDS response:**

A recent partnership has been with Zambia where The MoH requested WHO's support to adopt a three-test strategy to diagnose HIV and to verify a new three-test algorithm. The

verification process seeks to identify the combination of products that have minimum possible common cross-reactivity to reduce the risk of false HIV-positive diagnosis.

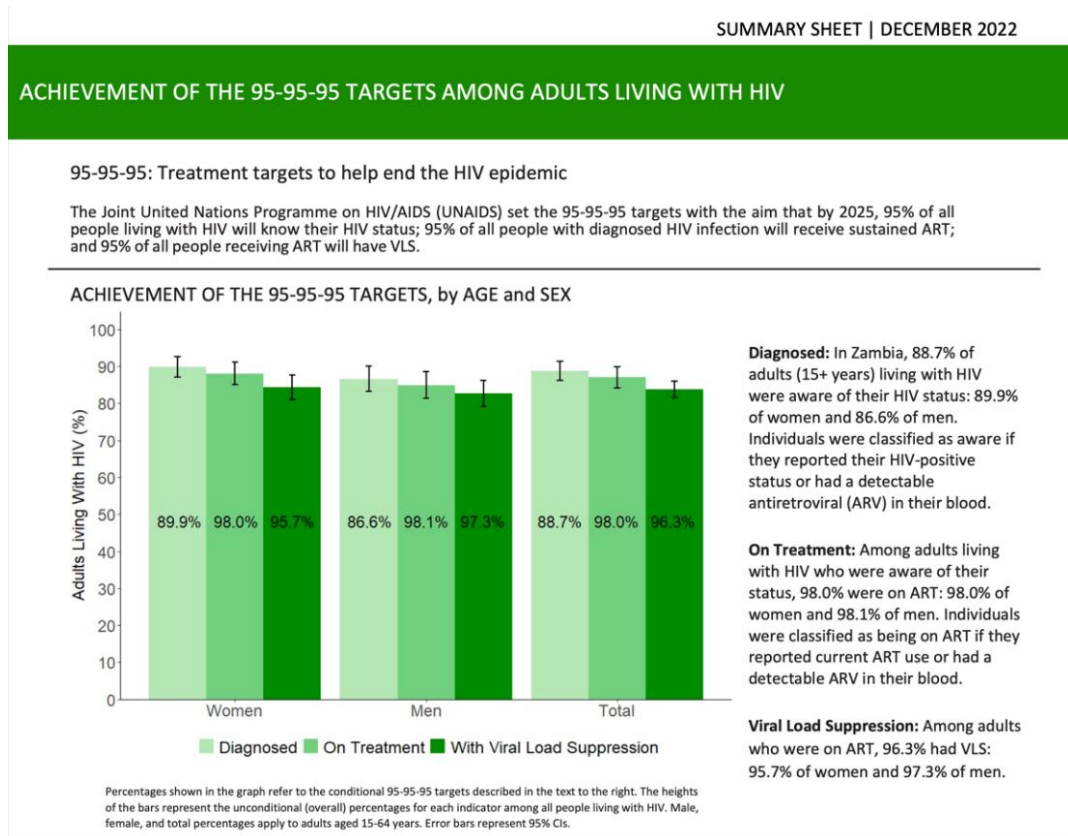
- **Results, outcomes, and impact:**

The HIV algorithm verification study was completed in January 2023 and the national program with a three-test algorithm was piloted in seven selected sites shortly thereafter. The MoH now plans to roll out the 3-test algorithm in 2024. Quantification of the test kits is currently ongoing. An additional quality assurance measure has been introduced, including HIV retesting for all positive people before initiating ART. Additionally, using the CDC/WHO RTCQI program MOH has established a robust system for Quality Assurance of HIV testing services out of laboratories and is starting to roll out the program at the community level testing for sites and tester certification. By ensuring the correct HIV test results, the country can ensure adherence to the WHO's 5 Cs for HTS and make sure test results are accurate and reliable and suboptimal test results are avoided.

- **Gaps, lessons learnt and recommendations:**

With changes in global HIV epidemiology, testing approaches must also change to maintain accuracy and efficiency in population-level diagnosis. Additionally, Quality Assurance is critically important in HIV testing services. The consequences of poor-quality services can lead to potential misdiagnoses (false negative or false positive results) which has serious consequence for individual and public health. The introduction of three-test algorithms and additional quality assurance measures are critical to supporting accurate diagnosis of HIV.

- **Annexes**



Progress toward the 95:95:95 targets for Zambia

Zambia and Zimbabwe replication (PEPFAR) Case Study - Effectiveness of Zambia Faith-engaged Community Post Model in Closing HIV Gaps and of Zimbabwe South-to-South Replication

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- **Timeline of the case study:** October 2021 to September 2022
- **Case study submitted by:** Government.
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes.
- **In which geographic area is the approach being carried out?** Nationally in Zambia and Zimbabwe
- **Case study demonstrates:** Scalability and replication; multi-sectoral partnerships, community participation and leadership; Elements and opportunities for south-south and triangular cooperation
- **Background and objectives:**

Gaps in the 95-95-95 cascade services for adolescent girls and young women (AGYW), men, children, and key populations in many high burden countries threaten progress towards ending HIV/AIDS as a global threat by 2030. Sustainably closing these gaps will require strong inclusive local Implementing Partners (IPs) serving these populations, such as Zambia Circle of Hope (COH), to lead, scale, and provide South-to-South assistance for effective replications. We used available comparison data to evaluate the effectiveness of the COH Faith-engaged Community Posts (CP) model in closing gaps and describe the South-to-South CP Replication in Zimbabwe by ZACH (Zimbabwe Association of Church-Related Hospitals).
- **Description/Contribution to the AIDS response:**

In 2018, the COH CP model identified barriers to facility-based service uptake, including poor customer care, lack of local community engagement, and travel time to facilities. In response, COH developed a 3-pronged CP solution: inclusive customer care based on R.E.C.I.P.E. values (Responsibility, Empathy, Compassion, Integrity, Passion, Ethics), engagement of local faith and community leaders; and establishment of facility-linked decentralized 'Community Posts' in high-traffic, destigmatized locations including markets, churches, mosques, and transport hubs. COH CP Performance.
- **Results, outcomes, and impact:**

From 2018 to 2022, as CPs were scaled in Zambia, COH CPs reported to PEPFAR the number of persons living with HIV (PLHIV) currently on treatment increased from 3,892 to

31,634. After multiple program effectiveness evaluations validated these findings, PEPFAR supported replication of the Faith-engaged CP model in Zimbabwe. In Zambia, 2021 comparison data showed COH Faith-engaged CPs, compared with PEPFAR-supported non-Faith-engaged CPs, were more effective at reaching men (32.5% vs 9.5% testing positivity, $p < .0000001$; 94.8% vs 90.4% viral load suppression (VLS), and AGYW (31.2% vs 7.3% testing positivity, $p < .0000001$; 92.5% vs 84.9% VLS). CPs also integrated biomedical combination prevention by offering PrEP, condoms, and VMMC.

- **Gaps, lessons learnt and recommendations:**

Success of the COH CP model was linked to:

- Decentralized services embedded in high-activity hot spots.
 - Multidisciplinary staffing, including expert clients.
 - Ongoing engagement of local stakeholders (faith and community leaders)
 - Continuous mentoring to strengthen progress and morale.
- These steps describe the Zimbabwe Replication of the effective COH CP model:
- Attainment of three pre-requisites: Care and treatment IP with community experience; country policy allowed HIV rapid testing, confirmation, and VL phlebotomy at CP; policy allowed ART initiation/refills at CP.
 - On-boarding: Consensus meetings with COH and PEPFAR agency focal points with Zimbabwe IP (ZACH), agency, government officials, and faith and community leaders.
 - Standardized Capacity Building and Mentoring occurred through reverse site visit to Zambia CPs, followed by in-person mentoring visit to ZACH.

From Oct 2021 through Sep 2022, ZACH Faith-engaged CPs advanced closing gaps, compared to PEPFAR-supported non-faith-engaged HIV Care and Treatment sites, for men (17.7% vs 12.1% testing positivity, p -value $< .0000001$) and AGYW (24.2% versus 6.6% testing positivity, p -value $< .0000001$). Overall VLS was 95%.

The Zambia COH CP model advanced closing gaps for men and AGYW, while strengthening prevention, with superior performance attributed to engaging trusted faith- and community influencers, and successful Zimbabwe replication using standardized steps and Tools. Next steps include collaborations between country leadership, PEPFAR, and faith and community leadership to support further South-to-South replications in Kenya, South Sudan, and Cote d'Ivoire.

- **Annexes**

ICASA GHSD-PEPFAR Cleared Abstract –Effectiveness of Zambia Faith-engaged Community Post Model in Closing HIV Gaps and of Zimbabwe South-to-South Replication

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Mozambique Case Study - The READY for an AIDS-Free Future project which aimed increase HIV and Sexual and Reproductive Health services for adolescents and young people through a peer-led intervention

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- **Timeline of the case study**: October 2019 to September 2023
- **Case study submitted by**: Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes.
- **In which geographic area is the approach being carried out?** Maputo and Matola
- **Case study demonstrates**: Sustainability in the long-term; Scalability and replication; multi-sectoral partnerships, community participation and leadership; Innovation
- **Background and objectives**:
Mozambique is one of the countries in sub-Saharan African country severely affected by the HIV epidemic, with marginalized populations, particularly adolescents and young people (A&YP), facing barriers to accessing comprehensive HIV services. Low access and uptake of HIV testing, risky behaviours, and HIV stigma further increase adolescent and young people's vulnerability. The READY for an AIDS-Free Future project aimed to increase HIV testing services in Maputo and Matola through a peer-led intervention. Community Adolescent Treatment Supporters (CATS) and peer educators provided lay HIV testing services to adolescents and young people, contributing to early diagnosis, timely treatment, prevention of HIV transmission, stigma reduction, and health equity. The lay testers received training and mentorship on HIV testing from the Ministry of Health in Mozambique. This project also aimed to achieve the UNAIDS global 95-95-95 targets, working towards an AIDS-free future in Mozambique.

Aligning with global and national HIV targets set for adolescents, the project aimed to contribute to:
 - a) an 80% reduction in the number of new infections among adolescents particularly those from marginalized groups
 - b) an 80% reduction in AIDS-related deaths among adolescents, particularly those from marginalized groups.
- **Description/Contribution to the AIDS response**:
The intervention was implemented in Maputo City and Matola and was designed to benefit adolescents and young people at the highest risk of HIV infection by enabling access to a

comprehensive package of HIV continuum of care services that include HIV prevention, testing and treatment services. The project aimed to cater for the needs of adolescents and young people, supporting those who are HIV negative to stay negative, and helping those who are HIV positive to be diagnosed and to be initiated on ART programmes and stay on HIV treatment. In order to achieve this goal, the project ensured that the needs and priorities of adolescents and young people most at risk within their diversity were met. In sum, the project was aimed at contributing to the national HIV targets set for adolescents by achieving an 80% reduction in the number of new infections and an 80% reduction in AIDS-related deaths. This was to be achieved through increased access and use of high-quality and SRHR youth-friendly services building resilience and empowering adolescents with the most at risk of acquiring HIV and those living with HIV to make decisions that improve their health.

- **Results, outcomes, and impact:**

Routine data shows that 65% (42,459/64,944) of adolescents and young people who were mobilized, received HIV testing services. Despite the positivity being low (2%), eighty-nine per cent (57,738/64,944) of the adolescents and young people who were mobilized were also provided with comprehensive HIV and SRH services. In addition, those who tested HIV-negative were provided with tailor-made HIV prevention information and support to help them to remain HIV negative. In this way, the intervention contributed to averting new HIV infections among these adolescents and young people. For those that tested HIV positive, ninety-one per cent (928/1019) were supported to get onto ART programmes. The remaining 9% were not linked to ART mainly due to relocation to other areas not covered by the intervention, therefore not tracked further. The intervention helped identify HIV-positive individuals early, leading to treatment access. Over three years, all adolescents and young people linked to ART programmes were successfully retained. The community-based approach, supported by CATS and peer educator support, reduced stigma, increased awareness, and improved access to care and treatment. An evaluation to assess the processes and impact is yet to be completed to measure the outcomes of the intervention on its effectiveness, efficiency, and relevance.

- **Gaps, lessons learnt and recommendations:**

The intervention helped to increase the availability and access to HIV Testing Services through various modalities supported by the government. The peer-led intervention whose principles are putting youth leadership at the center successfully increased the involvement of young people in HIV programme design, planning and implementation which in turn improved the programme outcomes. Three challenges were identified which include retention of CATS and peer educators within the project, testing kit shortages, following up on clients who receive HIV testing kits and delays due to the COVID-19 pandemic during the implementation period. Peer support has proved to be beneficial as adolescents and young people were able to share experiences which in turn enhanced open communication. In the future, more focus on enhancing the policy environment to support community HIV testing provided by young people will be required. In addition, further sensitization of communities on the acceptability of new HIV testing modalities will be needed.

- **Annexes**

- <https://frontlineaids.org/our-work-includes/ready/>

Ethiopia Case Study - documenting the significant obstacles posed by stigma and discrimination against PLHIV

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- **Timeline of the case study:** June 2021 to October 2023
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Advocacy on policy formulation on Stigma and discrimination on PLHIV; Research, data collection, monitoring, and evaluation.
- **In which geographic area is the approach being carried out?** Nationally
- **Case study demonstrates:** Illustrates the level of Stigma and discrimination against people who are living with HIV (PLHIV) in Ethiopia; multi-sectoral partnerships, community participation and leadership.
- **Background and objectives:**

Existing evidence demonstrates that PLHIV often encounter unfavorable attitudes that hinder their ability to seek and access necessary services, disclose health information to healthcare providers, and adhere to treatment. These negative attitudes towards PLHIV subsequently result in specific actions taken by either others or the PLHIV themselves, which curtail the rights and freedoms of PLHIV. These actions include breaches of confidentiality, labeling, gossip, verbal harassment, differential treatment, and even denial of services. According to the Ethiopian 2011 stigma index survey, 69% of PLHIV reported that gossip within their families and communities was the primary form of stigma they experienced.

NEP Plus conducted a round two stigma index survey in 2021 to identify and document the significant obstacles posed by stigma and discrimination against PLHIV. The survey's primary objective was to gather robust, evidence-based data on the challenges faced by PLHIV. This data would serve as a valuable resource for program implementers, stakeholders, affected individuals, and donors involved in combating stigma and discrimination against PLHIV. Furthermore, the survey aimed to support the NEP Plus advocacy effort for the development of national policies and guidelines in this area by bringing the issue to the attention of the Ministry of Health.
- **Description/Contribution to the AIDS response:**

The survey has effectively identified the extent and impact of the stigma and discrimination faced by PLHIV. This encompasses factors like the surrounding community, healthcare

providers, and even the PLHIV community themselves. The following are among the key findings of the survey:

- The external stigma index stood at around 32% during the year 2020/21. Despite this figure, a significant number of respondents disclosed experiencing various forms of stigma from their social surroundings due to their HIV status. These instances encompassed being prohibited from engaging in public or social gatherings, performing household tasks such as cooking, sharing meals, and sharing sleeping quarters.
- Respondents indicated that they continue to experience stigma and discrimination from healthcare facility staff when seeking non-HIV related services (42%), in contrast to the treatment they receive from facility staff when accessing HIV care and services (30%). This disparity in treatment could potentially pose a significant challenge in disclosing one's HIV status to healthcare providers.
- The survey indicated that a significant proportion (38%) of individuals experienced self-stigma and discrimination due to their HIV status. Notably, females (41%), those in the youngest age group (18 to 24) (47%), and Key Population (43%) respondents reported higher levels of self-stigma and discrimination compared to their counterparts. The survey results also revealed that internal stigma and discrimination attitudes influenced the decision-making of people living with HIV (PLHIV) in various aspects of their lives. Approximately 19% of respondents chose not to engage in sexual activities, while 17% decided to abstain from attending social gatherings and isolated themselves from their family and/or friends.

Therefore, the survey has effectively contributed to the national HIV/AIDS response by producing tangible and data-driven information to bolster advocacy endeavors aimed at persuading the Ministry of Health to develop comprehensive policies and guidelines addressing the reduction of stigma and discrimination at a national level.

- **Results, outcomes, and impact:**

The survey has demonstrated the significance of a national-level policy aimed at reducing stigma and discrimination. Additionally, it has been revealed that individuals living with HIV (PLHIV) encounter various challenges, such as human rights violations and limited access to public services, including equal employment opportunities. Moreover, it revealed the level of understanding among health professionals who advised PLHIV against engaging in sexual activities with their partners and having children. The findings indicate that misinformation from healthcare providers and society at large has led to PLHIV not perceiving HIV as a manageable condition that can be lived with through proper treatment and adherence to services.

Therefore, the outcome of the survey has consequently facilitated the development of advocacy approaches by NEP Plus and similar CSOs to address the issue at the institutional level, or by devising suitable policies and strategies.

- **Gaps, lessons learnt and recommendations:**

- **Gaps**

- Lack of national-level policy at the time of this survey to effectively monitor and ensure accountability regarding stigma and discrimination by service providers and communities.
- Lack of awareness regarding the equal rights of PLHIV compared to any other community members.

- Lack of grassroots-level advocacy programs to increase community awareness and reduce stigma and discrimination.

Lessons learned.

- The issue of stigma and discrimination remains a hindrance to the overall wellbeing of both the PLHIV community and their family members.
- The level of awareness among health services regarding dignified and nondiscriminatory HIV services still needs improvement.
- A significant number of PLHIV experience self-discrimination for various reasons.
- Efforts from all actors can lead to a reduction in stigma and discrimination.

Recommendations.

- Designing policy and strategy on stigma and discrimination prevention (which is currently ongoing).
- Grassroots-level advocacy work to create awareness among the local community on stigma and discrimination.
- Strictly follow up on the implementation of stigma and discrimination policy and strategy (after its finalization).
- Based on the policy develop manual and operational documents to implement the policy.

- **Annexes**

- <https://nepplus.org/publications/> For more information on the people living with HIV stigma index survey report round 2, please check on their website.

Asia Pacific

Thailand Case Study - Decentralizing PrEP distribution to promote wider access

CONTACT PERSON

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- **Timeline of the case study:** January to August 2023
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Legislative and policies changes and reform; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.); Interventions in humanitarian settings and/or responding to human rights crises
- **In which geographic area is the approach being carried out?** Nationally
- **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership; Innovation

- **Background and objectives:**

This case study delineates the advocacy efforts in Thailand aimed at decentralizing the distribution of Pre-exposure Prophylaxis (PrEP) through digital engagement. Central to this narrative is the campaign led by testBKK alongside various Thai civil society organizations, targeting the amendment of restrictive governmental guidelines that curtailed community clinics' capability to provide HIV preventive services.

The legislative milestone achieved on August 6, 2023, underscored the potency of digital engagement in fostering policy modification. The directive signed by Deputy Prime Minister and Health Minister Anutin Charnvirakul facilitated the allocation of National Health Security Office (NHSO) funds towards preventive healthcare services for all Thai citizens, transcending insurance status barriers. This legal clarity significantly broadened access to preventive measures against HIV, aligning with Thailand's aspiration to ending AIDS by 2023.

The objective of this case study is to illuminate the instrumental role of digital engagement. It seeks to provide a comprehensive understanding of how digital platforms can be harnessed to foster community engagement, expedite policy reforms, and ultimately contribute to the broader goal of HIV prevention and healthcare accessibility in Thailand.

- **Description/Contribution to the AIDS response:**

The case study vividly portrays how civil society organizations, alongside testBKK, pioneered a robust campaign for decentralizing PrEP distribution, underscoring community-based clinics as key avenues for HIV prevention. By challenging and advocating for the amendment of restrictive governmental guidelines, the coalition aimed to broaden access to vital HIV preventive measures for key populations. This effort manifested a united stand against policy roadblocks, striving to align the national AIDS response with community needs, thereby supporting Thailand's goal to eliminate AIDS by 2023.

Harnessing the power of digital engagement, the advocacy efforts surpassed traditional boundaries, enabling wider outreach and engagement. Through digital campaigns, online forums, and social media mobilization, the coalition sparked a broad discourse on the necessity of easy access to PrEP. The digital platforms acted as catalysts for public engagement, creating a conducive environment for dialogue among policymakers, healthcare providers, and the community.

The significant role of digital engagement in this advocacy narrative underscores its ability to expedite policy reform and community engagement, which are crucial for a responsive AIDS intervention strategy. The case study embodies a successful fusion of digital engagement in health advocacy, demonstrating a pragmatic model that not only resonates with the national objective of ending AIDS but also fosters a community-centric approach in healthcare service delivery. Through digitally-enabled advocacy, the coalition was able to bridge policy gaps, significantly contributing to a more inclusive and effective AIDS response in Thailand, showcasing the transformative potential of digital engagement in modern healthcare advocacy.

- **Results, outcomes, and impact:**

The advocacy efforts culminated in a landmark legislative directive signed on August 6, 2023, by Deputy Prime Minister and Health Minister Anutin Charnvirakul. This directive empowered the National Health Security Office (NHSO) to extend funds for preventive health services to all Thai citizens, transcending insurance status barriers. This legal clarity has significantly bridged the previously existing service gap, especially for individuals without the gold insurance card (Universal Coverage Benefit Package), ensuring that preventive healthcare services are universally accessible. The immediate impact is the legal provision for equitable reimbursement to service units offering preventive healthcare, thereby incentivizing more healthcare providers to offer these essential services. This directive also aligns with the broader national healthcare objectives, setting a precedent for inclusive healthcare policies, and advancing Thailand's ambition towards ending AIDS by 2023. The directive's facilitation of broader access to preventive healthcare services is a testament to the potential of well-coordinated advocacy in driving policy change. It has not only elucidated legal ambiguities hindering service provision but has also solidified the infrastructure for universal healthcare access, making a significant stride towards a more inclusive and robust healthcare system in Thailand.

- **Gaps, lessons learnt and recommendations:**

The case study exposed policy barriers limiting community clinics' proactive role in HIV prevention. It advocated for policy amendments to extend access to preventive measures,

emphasizing the collaborative spirit among government, civil society, and local healthcare bodies for a community-focused HIV response.

The August 6, 2023, legislative directive is a testament to advocacy's role in alleviating service gaps, underscoring the vital importance of legal clarity for equitable healthcare service access, regardless of insurance status.

Key recommendations encompass nurturing sustained collaboration to refine policies, ensuring they remain inclusive and responsive to evolving healthcare necessities. A critical supplement is leveraging digital engagement to enhance these initiatives. Digital engagement can act as a medium for enriched stakeholder dialogue, real-time policy feedback, and broad dissemination of preventive healthcare information. Employing digital platforms for perpetual stakeholder engagement and public awareness can accelerate the policy adjustment process, aligning it more closely with community needs.

Digital engagement can also streamline reimbursement processes for healthcare providers, encouraging expansive service provision. The incorporation of digital engagement in policy advocacy and healthcare service delivery is foreseen to significantly aid in Thailand's goal of ending AIDS by 2023.

- **Annexes**

- <https://www.apcom.org/9-thai-civil-society-organizations-submitted-a-letter-to-the-prime-minister-at-the-parliament-for-prep/>
- https://www.matichon.co.th/local/quality-life/news_4115666
- <https://tinyurl.com/change-org-thailand-prep>
- <https://tinyurl.com/test-bbk-org-thailand-prep>

Indonesia Case Study - From theory to action: The journey of HIV Self Testing and PrEP in Indonesia

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- **Timeline of the case study:** 2019 to present.
- **Case study submitted by:** Government.
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes.
- **In which geographic area is the approach being carried out?** 95 Districts across Indonesia
- **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; multi-sectoral partnerships, community participation and leadership; Elements and opportunities for south-south and triangular cooperation; Innovation
- **Background and objectives:**

Indonesia embarked on its journey of HIVST and PrEP implementation in 2019. By 2020-2021, the program was in the model development and preparation phase, which included the formulation of guidelines and capacity building for both community and health workers. The primary objective of this case study is to showcase Indonesia's remarkable progress in these initiatives, from inception to significant expansion.
- **Description/Contribution to the AIDS response:**

Indonesia's HIVST and PrEP programs have made substantial contributions to the AIDS response. The period since 2019 has witnessed a significant increase in HIVST uptake, with over 45,000 tests conducted annually. Moreover, PrEP uptake has seen substantial growth, with more than 8,000 individuals accessing PrEP each year since 2021.
- **Results, outcomes, and impact:**

These initiatives have yielded impressive results. HIVST programs have led to early detection and linkage to care for those testing positive, while PrEP uptake among high-risk populations has effectively reduced new HIV infections. By the end of 2023, PrEP has expanded its reach from 12 to 95 districts, demonstrating the program's scalability. Moreover, over 700 community and health providers have been trained, ensuring the preparedness for PrEP and HIVST implementation from 2024 onwards.
- **Gaps, lessons learnt and recommendations:**

Despite the achievements, challenges persist. Securing sustained funding remains crucial for program continuity. Stigma reduction efforts need to be further intensified.

Comprehensive data collection and analysis are essential for program improvement. Key lessons include the significance of community engagement, healthcare provider training, and continuous program evaluation. To continue the success, we recommend strengthening collaborations with international partners, expanding awareness campaigns, and exploring innovative prevention methods while maintaining the momentum of training and capacity building for community and health workers.

- **Annexes**

Feature stories and other reports available, please contact the submitter.

Cambodia Case Study - Delivering and expanding access to differentiated HIV testing for key populations, including HIV self-testing targeting high risk and hidden key populations

CONTACTS

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- **Timeline of the case study:** January 2022 to September 2023
- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.)
- **In which geographic area is the approach being carried out?** 19 of 25 provinces in Cambodia
- **Case study demonstrates:** Scalability and replication; multi-sectoral partnerships, community participation and leadership; Innovation
- **Background and objectives:**
The case study highlights how community has effectively engaged in delivering differentiated HIV testing services to key populations and linking them to care and treatment services. With oversight from the National Center for HIV/AIDS, Dermatology and STD (NCHADS), differentiated HIV testing has been implemented by community-led organizations (CLOs) and community-based organizations (CBOs) following national testing guidelines. These differentiated HIV testing services include community finger prick testing delivered by trained lay counsellors, Peer Driven Intervention (PDI+) through a peer

snowball approach led by key populations, and HIV self-testing with demand generation and service delivery by key populations. These differentiated HIV testing services are currently being implemented in 19 of 25 provinces in Cambodia, reached 82,828 key populations with HIV testing in 2022, and 82,147 between January and September 2023.

- **Description/Contribution to the AIDS response:**

Cambodia attained 86-99-98 of the 95-95-95 targets in 2022 and is at a critical juncture to achieve the 95-95-95 targets by 2025. With commendable linkages to care and impressive viral suppression rate, the most critical and pressing challenge is to achieve the first 95 target. Delivering and expanding access to differentiated HIV testing for key populations, including HIV self-testing targeting high risk and hidden key populations, is one of the national HIV prevention strategic priorities as part of the Strategic Plan for HIV and STI Prevention and Care in Health Sector 2021-2025 (HSSP 2021-2025). With supportive national HIV testing policies and strategies in place, increased HIV testing uptake through differentiated services will be pivotal in reducing new HIV infections among key populations and their partners which accounted for 83% of total estimated new HIV infections in 2022. Differentiated HIV testing will be an entry point to know their status and linking them to HIV prevention and treatment services, maximize the benefits of U=U and prevent further transmission to their partners. Implementation of differentiated HIV testing by community in combination with community-led demand creations cater specific needs of key populations, including friendliness of services, bringing the services closer to communities, effective linkage to the health care facilities and services, and thereby addressing stigma and discrimination related barriers with an ultimate increase in access to HIV testing, treatment and care services for key populations.

- **Results, outcomes, and impact:**

94,142 key populations (38,726 FEWs, 45,927 MSM, 8,676 TGs, and 813 PWID) were reached by HIV prevention services, including condoms and counselling in 2022. 88% of key populations reached (82,828) were tested for HIV and that translated into 91%, 87%, 84%, and 60% of FEWs, MSM, TG, and PWID reached in 2022 accessed HIV testing. Overall, 2.6% of those who tested for HIV were confirmed HIV positive and almost 100% of all confirmed HIV positive were enrolled in HIV treatment. HIV yield is different across different HIV testing modalities and the highest yield is observed among those who reached by virtual interventions at 9.3% among 3,611 tested, followed by PDI+ with HIV yield at 5.1% among 3,777 key populations tested in 2022. It highlights the importance and impact of offering different menu options of HIV testing services to reach the unreached key populations. Similarly, 82,147 key populations were tested between January and September 2023 (9 months), of which 1,774 confirmed HIV positive, and almost 100% linked and enrolled in care. The outcomes of differentiated HIV testing services led and delivered by the communities are considered as a very effective tool to close the gap of first 95.

- **Gaps, lessons learnt and recommendations:**

Though HIV testing uptake among key populations has significantly improved in past few years, reaching key populations at higher risk needs to be enhanced through innovations, strengthening community-led demand creation for HIV self-testing through physical outreach and online platforms, expanding PDI+ through focused approaches by locations, sub-populations, and age group. Continued capacity building and upskilling of lay

counsellors and community services providers are fundamental to ensure provision of quality and key populations friendly services in accordance with updated national HIV testing guidelines that aligns with WHO guidelines.

- **Annexes**

- nchads.gov.kh/wp-content/uploads/2023/11/BCoPCT-SOP-ENG.pdf
- nchads.gov.kh/wp-content/uploads/2023/11/HIVST-SoP_01JUL2020.pdf

India Case Study – The STAR HIV Self-Testing initiative

CONTACTS

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- **Timeline of the case study:** Sep 2021 to June 2023
- **Case study submitted by:** Government; Civil Society; UN or other International Organization
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes.
- **In which geographic area is the approach being carried out?** 14 states in India
- **Case study demonstrates:** Scalability and replication; multi-sectoral partnerships, community participation and leadership

- **Background and objectives:**

India has recorded a 47% decline in annual new infections and a 76% decline in annual AIDS-related deaths (76%) between 2010 and 2021 due to comprehensive prevention and treatment efforts. Despite the substantial progress, currently only 79% of PLHIV know their status; of which 84% of them are on ART and 85% are virally suppressed. The slow rate of decline in general, and the increasing trends in annual new HIV infections in specific geographies like the north-eastern states of India emphasize the need for further strengthening the prevention programmes and developing strategies to reach out to the hitherto unidentified and unreached population at risk for HIV. This requires a shift from the conventional facility-based testing approaches to innovative ways of reaching out to people within their vicinity and premises.

In this context, PATH in collaboration with the National AIDS Control Organization, State AIDS Control Societies and several other partners introduced HIV self-testing (HIVST) services to different key population groups, partners of KPs, partners of PLHIV, industrial population and high-risk individuals across the country, to improve the access to HIV testing services and demonstrate the feasibility and acceptability of implementing self-testing services to inform evidence-based HIV testing policies and programmes in India.

- **Description/Contribution to the AIDS response:**

Considering the need for new and innovative HIV testing strategies to reach the last mile towards achieving the 95-95-95 target by 2025, the Unitaied-funded STAR HIV Self-Testing initiative was implemented in 14 states in India. The project adopted five different models such as Community-based, Workplace-based, Community pharmacy-based, Private practitioner-led and Virtual models and implemented these through assisted and unassisted approaches. The programme used WHO pre-qualified blood and oral fluid based HIVST kits.

For effective implementation of this initiative, the project provided continuous capacity building of peer educators, counsellors, and service providers through a cascade training using a learning resource package (LRP) consisting of training modules, facilitator guides, implementation protocols, standard operating procedures, IEC/BCC materials, IFU, and other learning materials. Besides, a comprehensive communication strategy was developed and implemented using a package consisting of taglines, IFU in print and videos, counselling videos, and point-of-use promotional products in all regional (eight) languages. An independent site evaluation was conducted for 10% of the project sites to monitor the implementation process as per the protocols.

More than 250 community-based organizations (CBOs) and non-governmental organizations (NGOs) across the country were involved in the implementation process. Besides, the project PATH India HIV Self-testing Project Advisory Group (PISPAG) provided overall strategic guidance, review, and solutions to critical issues during the conceptualization and implementation of the initiative. The project also had a central-level Community Advisory Board (CAB) to get community perspectives on the implementation, Community Monitoring Boards (CMB) monitored the activities at the districts and State Oversight Committees (SOC) reviewed and addressed the state-level and site level gaps and challenges. The project had trained more than 1,000 HIV self-testing champions in the country, with more than 30% of them being community staff and around 300 community leaders from KP groups and PLHIV at all levels.

- **Results, outcomes, and impact:**

A total of 96,194 participants were approached for enrolment, and 96,028 (99.8%) were eligible. Among the eligible, 95,925 (99.9%) received HIVST kits based on the eligibility criteria. Most of the beneficiaries opted for the community-based model (85%) followed by the private practitioner model (7%), workplace model (5%), PLHIV network-led model (2%) and virtual model (1%). 67.7% were male, 26.8% female, and 5.5% were transgender people. The median age was 30 years (IQR: 26-36 years). About 49.1% belonged to KP groups, with FSWs being the highest and 63.8% including partners of KP groups and PLHIV. Around 48.9% had never tested for HIV before. The HIV self-testing initiative demonstrated the feasibility and acceptability among different KP groups and other high-risk groups. About 89.4% stated that they would prefer HIVST for future HIV testing; 95.1% reported the test kits as easy to use; 95.2% reported the test results as easy to interpret; and 68.2% were willing to pay to use HIVST in the future. The highest proportion of those who tested HIVST reactive were partners of PLHIV (2.1%) and PWID (1.3%), 86.6% were linked for confirmatory testing, of them 85.6% were initiated on ART. The initiative suggested that HIVST can help reduce stigma around seeking care and receiving a diagnosis. It also makes testing more convenient for many patients, thus reducing missed opportunities to receive HIV testing.

- **Gaps, lessons learnt and recommendations:**

The HIV self-testing pilot initiative in India generated evidence of its effectiveness for reaching individuals who had never tested in the past, including partners of PLHIV, partners of KPs, and those individuals who had not reached the HIV testing facilities so far, irrespective of their risk behaviour and risk perception.

The multi-stakeholder collaborative initiative with active community involvement, supported by technical, academic institutions and CBOs/NGOs resulted in effective implementation of the initiative which can be replicated and scaled up in similar settings. The project also emphasizes the need for careful piloting of interventions, due to the enormous implications while scaling up at a high magnitude in India.

- **Annexes**

- <https://www.path.org/resources/hiv-self-testing/>
- Accelerating access and uptake of HIV Self-Testing in India - A demonstration project
https://media.path.org/documents/20220925_1215_hrs_Final_Summary_Report_HIVST_India.pdf?_gl=1*1gyo5le*_gcl_au*MTE5Mzc0MTE2NS4xNjk4MTQ4MzI1*_ga*MTE5OTg2OTI0Ni4xNjk4MTQ4MzI1*_ga_YBSE7ZKDQM*MTY5ODI2ODU3MS40LjAuMTY5ODI2ODU3MS42MC4wLjA
- HIV Self-Testing in India: Moving Evidence to Action.
https://media.path.org/documents/India_Case_Study_HIV_Self-Testing.pdf?_gl=1*1fg86vd*_gcl_au*MTE5Mzc0MTE2NS4xNjk4MTQ4MzI1*_ga*MTE5OTg2OTI0Ni4xNjk4MTQ4MzI1*_ga_YBSE7ZKDQM*MTY5ODI2ODU3MS40LjAuMTY5ODI2ODU4Ni40NS4wLjA
- WHO web story: <https://www.who.int/news/item/13-03-2023-hiv-self-testing-to-take-off-in-india--findings-from-the-star-initiative>
- STAR YouTube Testimonial video:
<https://www.youtube.com/@starhivselftesting3897>

Sri Lanka Case Study - Improving HIV testing among key populations by developing Community Based Testing programmes

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- **Timeline of the case study:** 2019 to 2022
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.)
- **In which geographic area is the approach being carried out?** Throughout the country
- **Case study demonstrates:** Scalability and replication; multi-sectoral partnerships, community participation and leadership; Innovation; Elements and opportunities for south-south and triangular cooperation
- **Background and objectives:**

Community-based testing (CBT) has played a significant role in contributing to national HIV prevention programs compared to 2012 when few key population members accessed clinics. For many years, peers had to be escorted to STD clinics facing many challenges. By providing testing services in community settings where these populations feel more comfortable and accepted, community-based testing has helped to reduce barriers and increase reaching/testing rates among these hidden groups. This has also led to early detection and linkage to care and treatment.

Since 2012, FPA Sri Lanka works under the National STD/AIDs Control Programme of the Ministry of Health to implement community-based interventions for key populations which is also funded by the Global Fund and Government of Sri Lanka. FPA works in 2 high burden districts contracting 8 community-based organizations (MSM, FSW, TG and PWID).
- **Description/Contribution to the AIDS response:**

Improving HIV testing among the key populations is one of the key steps to achieve the SDG 3 target of ending AIDS by 2030 by its Member States. Community-based testing (CBT) plays a crucial role in the AIDS response by increasing access to testing services, promoting early detection, and reducing the transmission of HIV. From 2019 to 2022, CBT involved engaging and mobilizing communities to actively participate in testing initiatives.

CBT helped to reach populations that faced barriers such as social and self-stigma in accessing traditional healthcare settings. By bringing testing services closer to communities, it ensured that individuals who may be at higher risk of HIV infection, can easily access testing without stigma or discrimination.

CBT promoted early detection of HIV. By offering testing services in community settings, individuals are more likely to get tested regularly and detect HIV at an earlier stage.

CBT testing contributed to reducing HIV transmission. By identifying individuals who are HIV positive and linking them to care and support services, community-based testing helps to ensure that they receive treatment and are using preventive measures.

CBT played a vital role in the AIDS response by increasing access to testing, promoting early detection, and reducing HIV transmission. It empowers communities to take an active role in their own health and contributes to the overall goal of ending the AIDS epidemic.

- **Results, outcomes, and impact:**

CBT has produced several positive results, outcomes, and impacts. For example, CBT has increased HIV testing uptake by successfully reaching individuals who have never accessed traditional healthcare settings. Testing services closer to communities has increased the overall uptake of HIV testing.

- **Gaps, lessons learnt and recommendations:**

CBT has contributed to the early detection of HIV infections. When testing services are done in community settings, individuals are more likely to get tested regularly and identification of HIV at an earlier stage.

CBT programs always linked individuals who test positive for HIV, to care and support services.

By identifying individuals who are HIV positive and linking them to care CBT reduced HIV transmission

- **Annexes**

- http://www.aidscontrol.gov.lk/images/publications/NSACP_Annual-Report_2019.pdf
- https://www.fpasrilanka.org/sites/default/files/the_bulletin_oct-dec_2021_online_issue.pdf
- http://www.aidscontrol.gov.lk/images/publications/annual_reports/2021/Annual_report_2021_online_version_final.pdf
- https://www.fpasrilanka.org/sites/default/files/the_bulletin_oct-dec_2021_online_issue.pdf
- http://www.aidscontrol.gov.lk/images/publications/annual_report_of_NSACP_2012_web_version_25.3.2014.pdf
- https://fpasrilanka-my.sharepoint.com/:f/g/personal/nadika_fpasrilanka_org/EIF5Bk2ZD95Bv_1uJQpnEk8BQDBGUOFAFnzTj8pq7OaBdg?e=YvOFps

Eastern Europe and Central Asia

Czech Republic Case Study - An online system for HIV infection prevention and testing

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- **Timeline of the case study:** 2017 to present.
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes.
- **In which geographic area is the approach being carried out?** Nationally
- **Case study demonstrates:** Sustainability in the long-term

- **Background and objectives:**
In the territory of the Czech Republic, the automatic questionnaire system PIST is used to perform risk analysis and select test methods. PIST is an online System Infection Prevention System Testing system. The text of the questionnaire is available in Czech, German, Spanish, French, Slovak, Ukrainian and Russian.

- **Description/Contribution to the AIDS response:**
PIST currently allows:
 - anonymous pre-test counseling online in real time,
 - support to counselors in the sense of recommending the appropriate time for a test, whether a laboratory or rapid test for HIV, syphilis, jaundice type B and C.
 - post-test counseling and recommendations (based on sexual behavior, the PIST determination of the next suitable time for tests and recommend preventive measures – condom use or PrEP, etc.)
 - collection of test results at any involved workplace mobile operation in ambulances or medical tents
 - evaluation of data on the risk behavior of the population (for better targeting of prevention)

- **Results, outcomes, and impact:**
PIST was produced by ČSAP. The system was launched in August 2017, and by 31 August 2023, over 45,600 consultations and over 95,500 tests for infections (HIV, syphilis, HBV, HCV) had already been carried out. The system is used in all ČSAP (Czech community for HIV positive people) CheckPoints. A condition for the smooth operation of

the PIST system is an internet signal for both operators and clients, as well as technical support. We prepare informational and promotional materials to better address the target groups. The form of health-educational material will be business cards with information about testing options, preventive boxes with information about prevention and testing options (free condom and lubricating gel inside), information leaflets and other materials - we are planning cards for advertising carriers, beer coasters, etc. The aim will be to get closer to the target groups and penetrate into bars, restaurants and other establishments where there is increased establishment of sexual contacts.

- **Gaps, lessons learnt and recommendations:**

Currently (autumn 2023) it is planned to update the system so that after surveying and identifying risks, as well as testing, an automatic analysis will be carried out and individual recommendations will be written (for example, reducing the harm of using alcohol, psychoactive substances (including time of so-called chemsex) vaccination). These recommendations, as well as the test results, will be available in the user's personal account.

- **Annexes**

- The public part for clients (those interested in the test) can be tried here www.hiv-testovani.cz/chcitest

Georgia Case Study – Adaptation of an HIV self-testing online platform to support distribution of HIV testing and prevention commodities.

CONTACT PERSON

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A considerable increase of HIV prevalence among the MSM population is a serious public health concern for Georgia. The most recent IBBS conducted among MSMs revealed that HIV prevalence has increased from 7% in 2010 to 21.5% in 2018 in the capital city Tbilisi¹. Based on latest size estimation study conducted in 2018, there are approximately 18 500 MSM in Georgia, which is 1.55% of adult (15-64y) male population².

Georgia is well positioned to achieve the second and the third pillars of UNAIDS 95-95-95 fast track targets. Specifically, in terms of the 2nd pillar -- the enrolment of PLHIV in ART, 86% of registered PLHIV eligible for ART are enrolled in the treatment, and in terms of the 3rd pillar -- viral suppression among ART patients, Georgia has achieved 86% viral suppression rate. Although, the country is behind of the HIV detection target and in 2019, only 82% of the estimated 8400 PLHIV were aware of their HIV positive status³. Different innovative HIV testing strategies are being piloted in Georgia, such as primary care based integrated HIV testing, peer assisted testing and HIV self-testing (HIVST) with the objective to increase detection rates.

HIV self-testing (HIVST) is HIV testing process in which a person collects his or her own specimen (oral fluid or blood) and then performs a test and interprets the result often in a private setting, either alone or with someone he or she trusts. A reactive (HIV-positive) HIVST result requires further testing and validation/confirmation⁴.

¹ IBBS of Men who have sex with men in Georgia, National Center for Disease Control and Public Health, Curation International Foundation, NGO Tanadgoma, Tbilisi, 2018

² Population Size Estimation of Men Who Have Sex with Men in Georgia, National Center for Disease Control and Public Health, Curation International Foundation, NGO Tanadgoma, Tbilisi, 2018

³ UNAIDS GAM Country Report for Georgia

⁴ Guidelines on HIV self-testing and partner notification, Supplement to consolidated guidelines on HIV testing services, WHO, December, 2016;

<https://apps.who.int/iris/bitstream/handle/10665/251655/9789241549868-eng.pdf;jsessionid=A42FACCB00306E198B308F2FAB76F2AC?sequence=1>

HIVST was first introduced in Georgia in 2020 within the Global Fund HIV Program for testing of MSM and transgender people and the service was offered by the local community-based organization “Equality Movement”, which provides HIV prevention services to LGBTIQ communities in Georgia. The organization created an online platform, on which registered users could order the anonymous delivery of the test and HIV prevention commodities, as well as get information on how to perform the test, on HIV prevention and next steps in case of positive test result. This information was provided in different digital media, as well as through online chat-based consultation with a peer. The launch of HIV self-testing online platform www.selftest.ge has helped the country to sustain and expand HIV testing among the men who have sex with men population (MSM). The CBO Equality Movement, responsible for the platform operation, has reached an agreement with the Glovo Distribution Company to deliver HIV self-tests to the clients' homes from the CBO office. The actual delivery of self-tests started in March 2020 in Tbilisi, the capital city. A total of 7501 MSM and transgender person were registered on the online platform and received at least one delivery of HIV self-test package during 2021-2022. Out of them, 5362 (71.5%) has returned the test-result. All 65 individuals who reported an antibody positive test result were referred to the National AIDS Center for confirmation testing and 20 of them were confirmed having HIV infection. The platform services was expanded to include delivery of HIV commodities (condoms, lubricants, informational materials on sexual risk reduction, PrEP and PEP) and has a good potential to cover other key population groups and self-testing for other infections.

The piloting of HIVST through an online platform has proven to be highly acceptable among MSM population living in Tbilisi, Georgia. From 2022 the platform was opened and promoted among other key populations, such as SW and PWID. And the courier services are now available in other large cities, thus www.selftest.ge has increased the geographic coverage of the HIVST intervention.

As the platform registration doesn't require personal identification information and the visit to a health care center or community organization facility, this HIVST delivery model supports reduction in stigmatization of this KVP and assures anonymous testing for those in need of services.

HIVST supports increasing of people's knowledge of their own, and their partner's HIV status that is critical to the success of the country's HIV response with the overarching goals of providing HIV testing services to key populations and to detect the infection at the earlier stage and facilitate timely access to and uptake of HIV prevention, ART treatment and care services in Georgia.

The model is well applicable in the context of COVID-19 epidemic or any other public health threat that requires population mobility restriction as an effective control measure.

Armenia, Georgia, Kazakhstan, Kyrgyzstan, Moldova, and Ukraine Case Study - Scaling-up access to HIV testing, expanding the use of the 3 RDT algorithm for HIV diagnosis

CONTACT PERSON

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Organization: ICF "Alliance for Public Health"

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- **Timeline of the case study:** January 2022 to current date (ongoing)
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes.
- **In which geographic area is the approach being carried out?** Armenia, Georgia, Kazakhstan, Kyrgyzstan, Moldova, and Ukraine
- **Case study demonstrates:** Sustainability in the long-term
- **Background and objectives:**

Low-threshold, early and rapid HIV detection is crucial to stopping HIV epidemics in EECA – most HIV transmissions (10-50%) occur from PLHIV in acute stages of HIV (within the first 10-12 weeks of infection). Thus, those HIV tests that can make the earliest detection of HIV (e.g. 4th generation RDT – at the 17th day of infection) should be prioritized compared to methods that do later HIV detection (western blot or WB, at 36th day of infection or later, when antibodies develop). WHO recommends three consecutive rapid diagnostic tests (RDT) as a standard for HIV infection diagnostics and not using WB; this would allow both early (starting in the early days of infection), accurate (99% accuracy) and rapid (within one hour) diagnostics.

Most EECA countries are still far from the 3 RDT standard for diagnostics (Kyrgyzstan, Moldova and Ukraine constitute bright exceptions) and heavily rely on laboratory diagnostics. For various reasons: fear of 'inaccurate' diagnosis without laboratory involvement, lack of registered tests in country to ensure accurate diagnostic test combination, fear of laboratory staff losing jobs. Also, some countries use WB not recommended by WHO.
- **Description/Contribution to the AIDS response:**

Scaling-up access to HIV testing is important to ensure early detection of HIV infection and early initiation of treatment, so the testing strategies should maximally respond to this objective. Methods of testing also matter, because the diagnosis should be communicated to the person who came for testing as soon as possible.

Testing points should be located close to the places where services are provided for key populations vulnerable to HIV. Testing should be suggested to each representative of key populations coming for the services to ensure early detection of HIV.

National guidelines should reflect the approaches recognized by the WHO as most effective and contributing to smart utilization of funding of HIV response.

GF-funded and implemented by Alliance for Public Health SoS project includes WHO Europe and PAS Center activities on HIV diagnostics reforms in EECA that would lead to improvement in the first 95% for the region – to elevate it from current level at just above 60%.

Two pieces of research were carried out during 2022 to support the scaling-up access to HIV testing. PAS Center (Moldova) in partnership with the WHO Europe held cost effectiveness analysis to compare costs for HIV testing applied in Georgia and Kazakhstan with the costs of HIV testing suggested by WHO. Social Equation Hub (Ukraine) analyzed the opportunities for decentralization of HIV testing in Armenia, Georgia, Kazakhstan, Kyrgyzstan, Moldova. Also, assessment of clinical guidelines on HIV testing and treatment was implemented in Armenia, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Ukraine, Uzbekistan by CO “100% Life” (Ukraine) and WHO.

Upon transition to the 3 RDT algorithm, laboratories will continue to play an important role – in the first place to control and facilitate improvement of the quality of testing (through development of guidance, staff training, facilitation of external quality control, monitoring and research etc.).

- **Results, outcomes, and impact:**

Analysis of HIV testing and treatment clinical guidelines within the SoS project demonstrated that WHO recommendations regarding the organization of HIV testing are partially observed in the EECA countries. Technical support is being provided in the frames of the regional project to align the suggested approaches with the WHO recommendations and optimize HIV testing strategies. It is very inspiring that this consultative and exchange work within the SoS project and technical guidance by WHO experts, is delivering results for the simplification of HIV testing algorithms in countries. For example, Kazakhstan is now in the process of revising its testing algorithm to move from WB and centralized testing algorithm to 3 RDT without WB; this will allow shortening of the HIV diagnosis time from the current 3-5 days to below 2 days. It is also foreseen that with the SoS project funding, WHO Europe will support the conduct of verification studies for RDT combination in Kazakhstan and Georgia to inform the modification of HIV testing algorithms to the one based on 3 RDT.

- **Gaps, lessons learnt and recommendations:**

In the course of all the studies some general gaps for the countries were identified, namely: a) rapid diagnostic tests and saliva tests are not widely used and confirmation sometimes required Western Blot; b) blood tests require involvement of medical staff to HIV testing and limit the role and participation of peers, NGOs, social workers in HIV counseling and testing; c) social networking is not effectively used.

Accordingly, recommendations of these studies include a) price negotiations for rapid HIV tests with the manufacturers; b) changing HIV testing algorithms (exclusion of Western Blot and inclusion of three rapid tests; c) decentralization of HIV testing, broader involvement of NGOs and social workers to HIV testing); d) spreading information about availability of HIV testing through social networks; e) using optimized case finding strategies to detect new HIV cases.

- **Annexes**

- <http://pas.md/ru/PAS/Studies/Details/402>
- <https://sos.aph.org.ua/wp-content/uploads/2023/02/2.pdf>
- <https://network.org.ua/ru/analyz-natsyonalnyh-rekomendatsyi/>

Czech Republic Case Study - European testing week for HIV and hepatitis in the Czech Republic

CONTACT PERSON

Name: Anna Kubatova

Title: MD

Organization: National Institute of Public Health

- **Timeline of the case study:** Not applicable
- **Case study submitted by:** Academic institution.
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes.
- **In which geographic area is the approach being carried out?** Nationally
- **Case study demonstrates:** Sustainability in the long-term; multi-sectoral partnerships, community participation and leadership.

- **Background and objectives:**
European testing week for HIV and hepatitis in the context of the Czech Republic.

- **Description/Contribution to the AIDS response:**
ETT in the autumn (November) term has become a period - an opportunity for all persons in the Czech Republic, regardless of nationality and gender. The campaign reminds us that the event takes place across Europe simultaneously, free of charge and anonymously, and is an opportunity for everyone to find out their HIV status that is free and anonymous. Governmental and non-governmental organizations throughout the country participate in the testing. The event is sponsored by the State Health Institute with the support of the Ministry of Health of the Czech Republic. The list of testing institutions is published on the website www.tadyted.com . Everyone has the opportunity to choose a place that suits them.

- **Results, outcomes, and impact:**
The activity has three levels: 1) Direct importance for individuals, because they find out their HIV status and have the opportunity to immediately follow up with treatment. 2) Destigmatization level - the event runs simultaneously throughout Europe, and anyone can come regardless of nationality and gender, the test is free and anonymous. 3) Connection of governmental and non-governmental organizations - nationwide cooperation - possibility to be part of the network. Participating organizations provide feedback, which is published immediately after processing on the website www.prevencehiv.cz

- **Gaps, lessons learnt and recommendations:**
Migrants predominate among newly diagnosed HIV cases. The challenge is how to effectively get the offer of free testing to them and explain that there is no need to worry.

They often carry the stigma from their country and it is difficult to find a way to explain the offer to them in an understandable way. This is a challenge.

- **Annexes**

- <https://www.prevencehiv.cz/>
- <https://tadyted.com/en/home-3/>

Ukraine Case Study – A social network-based approach to HIV testing: The Optimized Case Finding model

CONTACT PERSON

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- **Timeline of the case study:** 2016 to 2023
- **Case study submitted by:** UN or other international organization
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Research, data collection, and monitoring and evaluation
- **In which geographic area is the approach being carried out?** Nationally
- **Case study demonstrates:** Sustainability in the long-term, Scalability and replication, Innovation.
- **Background and objectives:**

Historically, there have been significant concerns about the gap in achieving the first 90 in Ukraine currently and back in to 2013. This has resulted in a demand for innovative approaches to HIV case-finding, especially among hard-to-reach populations. For the past eight years, the Alliance for Public Health has been implementing Optimized Case Finding (OCF), an approach that involves active tracing and recruitment of the risk and social networks of HIV-positive individuals, combining network studies with HIV prevention and testing methods. As an extension of OCF, in order to cover difficult-to-reach areas, in 2019 the MCF component was launched. It is the same model which is used for OCF, but with the involvement of mobile ambulatories which focus on those not covered-by stationary sites and hard-to-reach areas.
- **Description/Contribution to the AIDS response:**

The OCF extended risk network testing model is peer driven, has the ability to quickly reach to very hard to reach subgroups in the network of linked individuals and is designed to focus recruitment to the network areas with higher probability of undiagnosed HIV infection:

Key features:

 - HIV(+) and high risk HIV(-) persons identify and recruit persons for HIV testing from their social, sexual, or drug-using networks associates who can be also at risk of HIV
 - 2 steps approach: recruitment is stopped if there are 2 HIV(-) cases next to each other in a chain

- Clients, eligible for recruiting new clients: HIV+ and HIV- who came from HIV+
- Incentivized intervention (approximately 2,5 euro for participation and 1,25 euro for referral).

The AI model in OCF was trained on more than 300 000 clients' records, which predicts the probability of the client to direct people with highest probability of undiagnosed HIV cases.

The results of the OCF show a significant increase in the proportion of HIV-positive individuals reached compared to standard HIV testing in the outreach settings (6% vs.<1%). Individual case-management support for HIV+ clients within the OCF ensures quick enrolment into HIV care and ART initiation – 99% of HIV positive clients found through OCF start receiving ART.

- **Results, outcomes, and impact:**

During 2016- August 2023:

- Total coverage of PWID and their partners: 397 084
- Tested; HIV+ (field data): 39 331; HIV+ confirmed: 21 044; ART initiated: 19 982 (naïve), 4 984 (IIT).
- Total coverage for other groups (alcohol misusers, homeless, former PWID, former imprisoned, military staff, Roma community, sex workers, IDPs): 39 990 Tested; HIV+ (field data): 1 655; HIV+ confirmed: 901; ART initiated: 888 (naïve), 24 (IIT).

- **Gaps, lessons learnt and recommendations:**

Advantages of OCF approach:

- effective and acceptable HIV testing approach (can be also successfully used for other infections such as TB and HCV)
- promotes HIV testing in hard-to-reach populations and allows involvement of first time testers (67% of all tested in OCF during 2021-2023 are first time testers)
- provide much higher “undiagnosed HIV” yield comparing to other testing strategies (6% vs. <1%)
- low cost per person diagnosed despite cost of incentives (the cost of one tested is \$16 and cost of person diagnosed \$220 in OCF comparing to \$3.40 of one tested and \$2,679 of person diagnosed in outreach)
- allows early HIV detection at most at risk groups and timely treatment initiation.

Limitations of OCF approach:

- less effective among populations with small or disconnected networks
- groups with low prevalence (below 5%) need different recruitment strategy (i.e., 3 step instead of 2 steps from positive case) or use of proxy HIV risk marker to continue recruitment chain.
- eventually will need change of location due to network saturation.

- **Annexes**

- https://docs.google.com/presentation/d/1VwVJceqGEm_0_HAGYGUH79kOEMMjoQUw/edit#slide=id.p1

Latin America and the Caribbean

Uruguay Case Study – A first nationally representative survey to estimate the prevalence of HIV drug resistance among adults initiating and reinitiating ART

CONTACT PERSON

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- **Timeline of the case study:** October 2018 to October 2019
- **Case study submitted by:** Government; UN or other International Organization
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Legislative and policies changes and reform; Research, data collection, and monitoring and evaluation.
- **In which geographic area is the approach being carried out?** Nationally representative survey
- **Case study demonstrates:** Elements and opportunities for south-south and triangular cooperation; Scalability and replication; Sustainability in the long-term
- **Background and objectives:**
HIV drug resistance negatively impacts the effectiveness of antiretroviral (ARV) drugs in preventing and treating HIV infection. HIV drug resistance increases the number of HIV/AIDS-associated deaths, new HIV infections, and antiretroviral therapy (ART) programme costs. Therefore, the surveillance, prevention and control of HIV drug resistance are essential to achieving the 95-95-95 targets and the elimination of AIDS as a public health threat by 2030. The World Health Organization (WHO) recommends the surveillance of HIV drug resistance among adults initiating and reinitiating ART to inform the selection of effective first-line ART regimens and adequate prophylaxis regimens.

The prevalence of HIV drug resistance among adults initiating and reinitiating ART has increased in Latin America and the Caribbean: An annual increase of 11% in the odds of HIV drug resistance to non-nucleoside reverse transcriptase inhibitors (NNRTI) was reported from 2007 to 2016. Significantly higher levels of NNRTI resistance have been reported among adults with previous ARV drug exposure compared to those without previous ARV drug exposure. Several low- and middle-income countries have reported a nationally representative prevalence of HIV drug resistance to efavirenz or nevirapine above 10% among adults initiating and reinitiating ART, the WHO-recommended threshold to urge transition to a non-NNRTI-containing regimen.

- **Description/Contribution to the AIDS response:**

This report presents the findings of the first nationally representative survey to estimate the prevalence of HIV drug resistance among adults initiating and reinitiating ART in Uruguay. At the time of the survey, 9240 adults living with HIV were receiving ART, and less than 1000 adults were newly infected with HIV annually. This survey generated relevant, actionable data to inform public health interventions in Uruguay. First, accelerating the transition to DTG-based first-line ART as the preferred option at the national level, and prioritizing access to this regimen for people with previous exposure to ARV drugs, will be key to minimizing the impact of HIV drug resistance on HIV epidemic control goals. Second, HIV drug resistance should not be considered a barrier to scale-up oral pre-exposure prophylaxis for HIV. Third, retention in care and adequate support for ART adherence must be maximized to prevent HIV drug resistance. Finally, interventions are needed to ensure early HIV diagnosis, timely linkage to treatment, and retention in care.

- **Results, outcomes, and impact:**

The prevalence of HIV drug resistance to EFV or NVP was 15.2%, 10.3% to any nucleoside reverse transcriptase inhibitor, 12.7% to integrase strand transfer inhibitor (INSTI), and 1.5% to boosted protease inhibitors (PI/r). INSTI resistance was attributed to the first-generation INSTI (elvitegravir and raltegravir). Resistance to dolutegravir, bictegravir, and cabotegravir was not observed. The prevalence of HIV drug resistance to EFV or NVP was significantly higher (OR: 1.82, 95% CI: 1.53–2.16, $p < 0.001$) in adults with previous exposure to ARV drugs (20.3%) compared to adults without previous exposure to ARV drugs (12.3%)

- **Gaps, lessons learnt and recommendations:**

A limitation was that previous exposure to ARV drugs was self-reported and may have been underreported. Another limitation was that the enrolment was extended beyond the planned 6-month period to achieve the sample size. The implementation of HIV genotypic surveillance constitutes a valuable tool as a source of quality evidence for decision-making linked to health policies. The proper development of these studies depends on a fluid and close link between civil society, the care team and PLHIV.

- **Annexes**

- Flieller R, Cabrera S, Ruchansky D, Girón-Callejas A, Brasesco M, Pérez D, Chiparelli H, García-Morales C, Tapia-Trejo D, Monreal-Flores J, Ravasi G, Jordan MR, Ávila-Ríos S. HIV Drug Resistance in Adults Initiating or Reinitiating Antiretroviral Therapy in Uruguay-Results of a Nationally Representative Survey, 2018-2019. *Viruses*. 2023 Feb 10;15(2):490. doi: 10.3390/v15020490 PMID: 36851704; PMCID: PMC9961578. <https://www.mdpi.com/1999-4915/15/2/490>

Mexico Case Study – Update to the legislative framework (NOM-010) to improve HIV self-testing services

CONTACT PERSON

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- **Timeline of the case study:** 2018 to 2023
- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Legislative and policies changes and reform.
- **In which geographic area is the approach being carried out?** Nationally
- **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; multi-sectoral partnerships, community participation and leadership;
- **Background and objectives:**
Mexican Official Standards establish measures to ensure the quality, health and harmonization of products and services purchased by consumers in Mexico, so their regular updating allows for the incorporation of innovations that respond to the country's needs.

The update of NOM-010 seeks to update and establish the methods, principles, and criteria for the operation of the components of the SNS, with respect to activities related to the provision of comprehensive care services for the prevention and control of HIV infections and the care of people in the different stages of infection, including health promotion, prevention, counselling, detection, timely diagnosis, care and treatment. In addition, the provisions of the standard are of public order and social interest and, therefore, mandatory throughout the national territory for all institutions, agencies and individuals that make up the National Health System, including personnel working in health units and public and private laboratories.

- **Description/Contribution to the AIDS response:**
The main contribution to the HIV response is the incorporation of HIV self-testing into NOM-010 in its concepts section, which describes it as follows:

“Self-testing for Human Immunodeficiency Virus is the specific process in which a person takes his or her own sample and then performs a test and interprets the result, often in private or in the company of someone he or she trusts. Directly assisted self-testing for Human Immunodeficiency Virus is when a person who is self-testing for HIV receives a demonstration by a trained provider before or during the self-test, as well as instructions on how to use the test and how to interpret the test results. The assistance is in addition to manufacturer-provided instructions for use or other materials found in commercial kits.”

In addition, it establishes that the SNS must promote access self-testing for HIV to the general population, which may be directly assisted and approved by regulatory bodies, in accordance with the applicable provisions, as well as providing information to ensure access to referral and/or linkage to health services free of stigma and discrimination in case of a reactive result and that health institutions and establishments will provide training to their health personnel on an ongoing basis. In terms of scientific and technological advances achieved in the knowledge of this condition, SNS must provide assistance in self-testing for HIV detection; as well as in terms of doctor-patient communication, ethical principles, regulations, gender equality and non-discrimination, interculturality, human rights, human diversity, sexuality, and prevention of psychoactive substance use.

- **Results, outcomes, and impact:**

As of 5 June 2023, the update to NOM-010 for the prevention and control of Human Immunodeficiency Virus infection came into force, which updates the content and strategies for HIV prevention and care with the protection of human rights. Among the most relevant changes is the access to HIV self-testing with important benefits such as: anonymity and high acceptability among people who would not normally approach screening services. It is aligned with Mexico's commitments to UNAIDS that by 2025 95% of people with HIV will be diagnosed, 95% of them will be on treatment, and 95% of them will have an undetectable viral load. This progress is important to reach vulnerable populations not reached by other testing methods. Our goal is to close the gap for people who do not know their diagnosis and ensure early linkage of new HIV cases in Mexico, which will reduce late presentation of the disease, reduce the incidence of AIDS and improve quality of life through timely access to antiretroviral therapy.

- **Gaps, lessons learnt and recommendations:**

The best lesson from updating NOM-010 to include self-testing will be to consider the advances and strategies implemented in other countries that can be contemplated in the country's normative documents. In addition, to take into account the timing of the internal processes to achieve the update of such a standard. The main recommendation is that novel biomedical strategies that already have proven results in helping to identify new cases of HIV, such as self-testing, can be incorporated into prevention and health care supplies.

- **Annexes**

- https://www.dof.gob.mx/nota_detalle.php?codigo=5690938&fecha=02/06/2023#qsc.tab=0

Paraguay Case Study - Modification of legislation in the city of Asuncion to address the stigma and discrimination experienced by Female Sex Workers

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- **Timeline of the case study:** January to June 2023
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Legislative and policies changes and reform
- **In which geographic area is the approach being carried out?** Ciudad del Este
- **Case study demonstrates:** Sustainability in the long-term; multi-sectoral partnerships, community participation and leadership
- **Background and objectives:**
 - Because of the experience with the modification of the ordinance in the city of Asuncion, which took us a long journey but was worth it thanks to the fact that our colleagues have a supporting document.
 - Modify the Ciudad del Este ordinance so that our fellow sex workers are supported.
- **Description/Contribution to the AIDS response:**

We want that through this study to ensure that female sex workers in Ciudad del Este do not have their rights violated and that confidentiality is respected, so that they do not experience stigma and discrimination for practicing sex work.
- **Results, outcomes, and impact:**

This will help our fellow female sex workers have an ordinance that fits the context and fewer sex workers migrate.
- **Gaps, lessons learnt and recommendations:**

Our biggest challenge is for these ordinances to be modified. As a lesson learned, we have the Asuncion ordinance, which is an example of the tireless fight we carry out so that these companions do not suffer from violations of their rights.
- **Annexes**
 - <https://www.mspbs.gov.py/dependencias/pronasida/adjunto/252034-INFORMEPIDEMIOLGICOVIH2022.pdf>

Colombia Case Study - Creating national care routes along the human corridor from Peru to the United States in response to the Venezuelan humanitarian crisis

CONTACT PERSON

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- **Timeline of the case study:** October 2022 to September 2023
- **Case study submitted by:** UN or other International Organization
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes.
- **In which geographic area is the approach being carried out?** 13 cities of Colombia: Barranquilla, Bogotá, Bucaramanga, Cali, Cartagena, Cúcuta, Pasto, Maicao, Medellín, Pereira, Riohacha, Santa Marta, and Ibagué
- **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; multi-sectoral partnerships, community participation and leadership; Elements and opportunities for south-south and triangular cooperation; Innovation;

- **Background and objectives:**

AID FOR AIDS (AFA), is a non-profit organization committed to empowering communities at risk of HIV and the population at large by developing their abilities and capacities in comprehensive prevention through access to treatment, advocacy, education, and training to improve their quality of life and reduce stigma and discrimination. Since 2016, AFA has been actively responding to the Venezuelan humanitarian crisis, in Venezuela and other countries of the region. Specifically in Colombia and Peru, since 2018 and through the integral care and response routes created by AFA in favor of the migrant population without access to the country's health system, either due to lack of documentation or regularization of their immigration status, AFA has provided ARV medications to 35,000 Venezuelans and close to 500,000 malaria treatments, serving over half of the Venezuelan population identified as in need with prevention, testing and access to treatment.

In that sense, and in response to this crisis, since 2020, we developed with the support of CDC and in partnership with ICAP the present project. The overall program goal is to *“provide targeted technical assistance to support HIV prevention, care and treatment services to Venezuelan migrants in Colombia.”* The program specific objectives are:

1. Implement comprehensive evidence-based prevention services and high quality and targeted HIV testing interventions tailored to Venezuelan migrants

2. Scale up comprehensive HIV care and treatment services to increase coverage of ART among Venezuelan migrants living with HIV
3. Strengthen ART monitoring, retention on treatment, and viral suppression for Venezuelan migrants living with HIV.

- **Description/Contribution to the AIDS response:**

The actions are aimed at creating national care routes along the human corridor from Peru to the United States. To this end, an effort has been made by the teams on the ground to search and identify this difficult to access population and generate a bond of trust and institutionalism. Using the snowball methodology people with leadership within the community are targeted, using social networks, and in person sessions in squares, parks, nightclubs, among others.

These activities have been implemented in 13 cities of Colombia: Barranquilla, Bogotá, Bucaramanga, Cali, Cartagena, Cúcuta, Pasto, Maicao, Medellín, Pereira, Riohacha, Santa Marta, and Ibagué. These activities were designed to provide targeted technical assistance to support HIV prevention, care and treatment services, including delivery and monitoring of PrEP; and screening and treatment of Syphilis, VHB and Tuberculosis to Venezuelan migrants at high risk. These include people who practice Sex for Survival, Men who have Sex with Men (MSM), and others who do not have access to health services in Colombia. The above, in coordination with community-based organizations, the institutionalism, international cooperation, and a national network of allied health centers, through in-person care, or through the use of telemedicine and teleadherence tools, through the use of our Tu Salud Digital app.

- **Results, outcomes, and impact:**

From October 1, 2022, to September 30, 2023, it has been achieved, for objective 1: we have reached 16318 individuals of the priority population with individual and/or small group-level HIV prevention interventions and 15752 have received HIV testing and their test results. Of those, 917 individuals received HIV-positive test results, which reflects a 6% reactivity by the close of the project year. Therefore, 114 were referred with HIV tests and 51 of them were referred as reactive for HIV. For objective 2: 1244 individuals are currently receiving ART, of which 724 were newly enrolled through the program implementation. Finally, for objective 3: we achieved a viral suppression of 89.94% (849 patients with a suppressed VL at 12 months). This action not only benefits a population that is marginalized and in a socially vulnerable situation, but also benefits the host communities by reducing the transmission of STIs. The program has positively contributed to the well-being and health of the communities through preventive actions, together with comprehensive sexual health education, the provision of diagnosis and timely treatment. Therefore, AFA contributes to the inclusion and response to the needs of the migrants, as well as the correct integration of those into the host communities and the health system.

- **Gaps, lessons learnt and recommendations:**

The correct implementation of the program takes time, and it has been necessary to strengthen the learning curve through horizontal and peer training between territories. The provision of extramural services implies an additional programmatic, logistic and transportation effort, in addition to a security risk in many cases.

Some of the most significant challenges of working in rural areas are related to high temperatures, poor internet access and the difficulty of real-time monitoring of treatment adherence. Focusing, therefore, towards the effective reduction of interruption of treatment, throughout prevention, education, innovation with the Tu Salud Digital app and the implementation of the strategy known as "Test and Treat". Through which we have achieved a culture of planning and a delivery record time of 3 days between diagnosis and start of treatment. Complemented with the implementation of the multi month delivery services for hard-to-reach areas.

These challenges, among many others, have directed AFA's work, especially to key populations (particularly MSM), and to the growing need for the implementation of mental health services for this population as part of the comprehensive response provided. Likewise, it has made evident the pressing need and recommendation to national governments to implement health and safety policies that comprehensively cover this population, as well as initiatives and projects aimed for their integration within the host communities.

- **Annexes**

- Testimonial Videos:**

- Yossy: https://drive.google.com/file/d/1OSnHtaHFSRNEL56Oxt6x1haG_iKPspzl/view?usp=drive_link
 - Yorfelix: https://drive.google.com/file/d/1Q8Fgubol2ZSReWHCMrUZUxe4WYj-D6xM/view?usp=drive_link

Brazil Case Study – Standardization of quality control monitoring processes for Rapid Diagnostic Testing in Mercosur member countries

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- **Timeline of the case study:** July 2021 to October 2023
- **Case study submitted by:** Government.
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.)
- **In which geographic area is the approach being carried out?** Nationally
- **Case study demonstrates:** Sustainability in the long-term; multi-sectoral partnerships, community participation and leadership; Elements and opportunities for south-south and triangular cooperation
- **Background and objectives:**
Mercosur's Intergovernmental HIV Commission (CIHIV) identified an opportunity to share experience related to the External Quality Assessment (EQA) of diagnostic tests for HIV infection among member countries (Argentina, Brazil, Paraguay and Uruguay). As a result, we initiated a process to exchange experiences, concentrating on producing panels for EQA of rapid diagnostic tests (RDT) using the Dried Tube Specimens (DTS) methodology. Argentina and Brazil led this process by supporting the implementation of this methodology in Paraguay and Uruguay.

In 2011, the Brazilian MoH implemented the National Program of EQA-RDT to monitor the RDT execution quality for HIV and Syphilis and in 2018 for Hepatitis C.

In Brazil, RDT are the main tool for diagnosing HIV. Since 2005 the MoH has distributed approximately 117 million RDT for HIV free to health services, including primary care. From 2012 to 2022, the diagnosed proportion of people with HIV/Aids grew from 69% to 90%.

Besides the high performance and robustness of RDT, incorrect results can occur at all diagnosis phases when procedures are not performed correctly, leading to false results. Therefore, this process of exchanging experiences among countries to implement a unique methodology to ensure the quality of HIV RDT.

- **Description/Contribution to the AIDS response:**

In Brazil, EQA-RDT was developed in partnership with the Federal University of Santa Catarina and encompasses theoretical and practical evaluation rounds. In theoretical rounds, participants answered an online survey about RDT procedures and Brazilian diagnostics guidelines. In practical rounds, healthcare professionals received a panel with four DTS with unknown reactivity and other supplementary materials and tested the samples as in a real daily routine. Financial support and program management from the Brazilian MoH in the 26 rounds to date have ensured the sustainability of the EQA-RDT along those 12 years. In Argentina, annual EQA-RDT practical rounds are also carried out in 23 health services.

To standardize the quality control monitoring processes for RDT in Mercosur countries, a unique protocol was created to produce DTS panels for the AEQ-TR practical rounds based on the initial protocol developed for Parekh et al (2010) and adapted in countries with the EQA-RDT implemented. After the initial meetings between representatives from Argentina (Instituto de Microbiología de Buenos Aires "Carlos Malbrán") and Brazil (Laboratório de Biologia Molecular e Microbiologia da Universidade Federal de Santa Catarina-LBMMS/UFSC) who collaborated on the elaboration of the document. Reference professionals from member countries carried out a technical visit to the reference laboratory in Brazil (LBMMS/UFSC) to validate the previously protocol and monitor the production of a round of DTS panels. The last step consisted of on-site monitoring by the Brazilian technical team of the production of the first DTS panels by reference laboratories in Uruguay and Paraguay.

This process provided an opportunity to bring Mercosur member countries closer together to harmonize their processes about the diagnosis of HIV infection and will ensure that the population of the entire region, especially border areas, has access to diagnosis through RDT with the same quality.

- **Results, outcomes, and impact:**

During the pro tempore presidency of Brazil in Mercosur, the unique protocol was finalized with the aim of developing the guidelines for the preparation of DTS panels, to be used for quality control of RDT for the detection of HIV, Syphilis and HCV antibodies, satisfying the needs of the participating centers. This protocol describes all steps for implementing EQA-RDT, including biosafety standards, materials, sample selection, sample positivity verification, panel staining, panel packaging and storage process, recording and analysis of results including approval criteria. During the activities, the need for discussion of other topics was identified, such as: development of a single system for recording EQA-RDT results that allows comparability between countries, standardization of panel production for CD4+ T lymphocyte counts test and sharing evidence to define diagnostic and monitoring algorithms of HIV infection.

- **Gaps, lessons learnt and recommendations:**

Developing the unique protocol to produce EQA-RDT panels with DTS was an initial step but will be monitored during the next Mercosur presidency. The countries that implemented the methodology can continue the process with autonomy and their own management. Furthermore, as a next step, an evaluation tool for this collaborative process will be developed and sent to professionals to assess satisfaction with the activities developed

and identify issues that can be improved in this joint work strategy. Finally, it is believed that both the protocol and the joint work strategy can be shared and used in other countries, taking advantage of already available evidence, and avoiding unnecessary work.

- **Annexes**

- Parekh BS, Anyanwu J, Patel H, Downer M, Kalou M, Gichimu C, Keipkerich BS, Clement N, Omondi M, Mayer O, Ou CY. Dried tube specimens: a simple and cost-effective method for preparation of HIV proficiency testing panels and quality control materials for use in resource-limited settings. *Journal of virological methods*. 2010 Feb 1;163(2):295-300.

<https://pubmed.ncbi.nlm.nih.gov/19878697/>

Nicaragua Case Study – Capacity strengthening of Community Support Organizations to provide peer-based community HIV services

CONTACT PERSON

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- **Timeline of the case study:** October 2021 to September 2023
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Research, data collection, and monitoring and evaluation; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.)
- **In which geographic area is the approach being carried out?** Nationally
- **Case study demonstrates:** multi-sectoral partnerships, community participation and leadership
- **Background and objectives:**
Background: CEPRESI, a community-based organization with 30 years of experience in comprehensive HIV management, strengthening community participation and peer leadership from key populations, contributes to the national response to HIV in Nicaragua, Central America, a country where 92% of PLHIV know their diagnosis, 56% are on ART and 46% on viral suppression (UNAIDS 2022). It benefits key populations (MSM, transgender, indigenous population) and HIV, strengthening the capacities of Civil Society Organizations (CSOs), training community leaders, providing community HIV services (combination prevention, HIV testing of key populations, assisted notification of HIV contacts, intensified adherence counseling, linkage and relinkage to care and treatment, referral to other health services). These activities are funded by USAID/PEPFAR and are implemented through grants, participatory action research, dissemination of results and advocacy for change, and direct service provision.

The objective is to strengthen CSO peers to provide community-based services for CP and HIV, to reduce the continuum of care gap, in the period October 1, 2021 to September 30, 2023.
- **Description/Contribution to the AIDS response:**
With funding from USAID/PEPFAR, through a cooperative agreement, grants and direct technical assistance were implemented to strengthen 12 CP and HIV CSOs (3 HIV, 3 Trans Feminine, 2 LGBTI indigenous, 2 MSM and 2 health) to provide community-based HIV services with a peer approach.

The main strategies are the managerial, administrative, and technical strengthening of CSOs, participatory action research, and the direct provision of services, dissemination of results and advocacy for changing the determinants of the continuum of care gap.

Initially, an institutional diagnosis of administrative and financial capacities is carried out, a strengthening plan is designed and implemented and evaluated, and training supervision is provided.

Leadership training: 92 resources have been developed, in 30 courses (1394 individual trainings, 15.1 average per individual), synchronously and asynchronously through the Virtual Campus of Knowledge Management (<https://gestion-de-conocimiento-en-vih.teachable.com/courses>)

In the two-year period, 24,499 people benefited (30,195 services, 1.2 contacts/person) broken down into: combined prevention services (12,538 people, 18,112 contacts, 1.5 contacts/person); 7322 community-based HIV testing, 853 assisted contact notification services, identifying 314 new reactors (4.29% positivity); 1105 community clinical surveys to identify clinical stages, access to CD4, ART and adherence to treatment, 1272 intensified adherence counseling, 521 HIV relinked to ART, 346 previously diagnosed HIV linked to ART and 350 PLHIV referred to other health services.

In relation to combination prevention services, 61.3% were given to gay men, 15.7% to bisexual men, and 22.9% to transgender. In terms of age, 66.8% were between 25 and 49 years old, followed by 24.8% from 20 to 24 years old, 4.8% from 16 to 19 years old, and 3.3% who were 50 years old or older. 91.7% of services were given to Mestizo populations, 6.8% Miskitu, 1.1% Creole and 0.11% to other ethnic groups. Within each subgroup, sex work was identified: 2.6% gay, 14.3% bisexual male and 43.8% transgender female.

- **Results, outcomes, and impact:**

The main results and impact on the national response are: Reducing the gap in the first pillar: The country reports about 1000 - 1200 new cases of HIV per year identified through public health services, in the last year CEPRESI, contributed directly to the identification of 314 new diagnoses, between 25 and 30% of national cases. Bridging the gap in the second pillar: in two years, CEPRESI has identified and linked or re-linked to treatment 1167 PLHIV, which represents about 17% of the national cohort (6872 PLHIV on ART in 2023) in treatment, generally with rapid entry to therapy, less than 7 days. Bridging the gap in the third pillar; linked and re-linked individuals increase their access to CD4, viral load, and other health services. The impact of these actions contributes directly to the achievement of GAM 95/95/95 and to reducing the gaps in each of the pillars. In a Participatory Action Research study with 1105 PLHIV on ART, the gap in access to ART was reduced from 58% to 83% of ART. All these actions have an impact on less resistance to treatment, lower dropout rates, less morbidity and disability, and an increase in quality of life and life expectancy.

- **Gaps, lessons learnt and recommendations:**

Gaps: The main gap to increase the provision of services is access to financing, which must be addressed to reach the GAM indicator of 25% of services provided by civil society.

Lessons learned: CSOs' capacities to contribute effectively and efficiently to the national response, with a significant and measurable impact, depending on the type of service ranging from 17 to 30% of national indicators.

At the programmatic level, knowledge of risk factors for HIV infection were used as key questions to identify potential reactors, reaching a relative positivity rate. It was also demonstrated that CSOs can provide high-quality testing and assisted contact notification services.

The peer-to-peer service delivery modality facilitates the provision of community-based services to PLWHA, such as identification of clinical stage, intensification of adherence counselling, referral to laboratory services, linkage to care and treatment services in health units, and referral to other services, such as GAM and psychological and medical services.

9 out of 10 eligible people who were offered the test accept it on first contact, other people need more than one contact to accept the test. Identifying the presence of risk factors prior to testing is consistent with identifying a higher proportion of reactors.

- **Annexes**

- https://drive.google.com/file/d/1jmBXP6UUePiszWw2jbXc5dKsr04Wh33h/view?usp=drive_link
- https://drive.google.com/file/d/1Ee11KtXc25p70aBFVc18F0M9u8FAk_6R/view?usp=drive_link

Western Europe and North America

Canada Case Study - Development and implementation of community-based Sexually Transmitted Blood Borne Infection testing for indigenous communities

CONTACT PERSON

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- **Timeline of the case study:** 2015 to current date (ongoing)
- **Case study submitted by:** Government.
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.)
- **In which geographic area is the approach being carried out?** Indigenous communities in Canada
- **Case study demonstrates:** Scalability and replication; multi-sectoral partnerships, community participation and leadership; Innovation; Sustainability in the long-term
- **Background and objectives:**

Early diagnosis and treatment of STBBI can help spread awareness and increase the quality of life for an individual. However, access to diagnosis, testing and treatment may be a challenge for priority populations and northern and isolated communities. Housed in the Public Health Agency of Canada's National Microbiology Laboratory, the Northern, Remote and Isolated (NRI) initiative is a unique approach that addresses barriers to accessing STBBI testing services and linkage to treatment for Indigenous communities. Central to the initiative is the recognition of Indigenous communities' rights of self-determination, and that it is community-led supporting priorities as identified by First Nations, Inuit and Métis Peoples.
- **Description/Contribution to the AIDS response:**

Throughout 2020-2022, PHAC and Indigenous Services Canada (ISC) supported culturally appropriate community-based testing to over 400 Indigenous communities. Although purpose-built to support the pandemic response in NRI communities, the initiative is well positioned to pivot to support testing and care for a variety of STBBI's by:

 - Ensuring ongoing patient care and management, through community-based and community-led testing programs

- Expanding the capacity for testing through training community members on the collection of Dried Blood Spot (DBS) specimens for shipment and testing at laboratories
- Expanding DBS and community-based testing to new communities
- Working directly with communities and with community-based organizations to develop and deliver training in both NRI sites and to underserved populations in urban settings
- **Results, outcomes, and impact:**

Supported the development and implementation of community based STBBI testing during the pandemic response, worked towards implementing STBBI testing as decentralized point-of-care testing technologies are authorized for use in Canada and, used innovative options such as in-community collection of specimens (DBS) as well as in-community testing (i.e., using new and highly deployed molecular testing technology and point-of-care tests). Supporting training for Indigenous peers (i.e., community members) on the collection and shipment of DBS for laboratory-based testing as well as extremely high-quality community-based testing.
- **Gaps, lessons learnt and recommendations:**
 - Maintaining high quality community-based / community-led testing is possible
 - Regulatory oversight needs to be adapted to address the day-to-day realities of northern remote and isolated communities as well as other underserved populations
- **Annexes**
 - <https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2020-46/issue-10-october-1-2020/canadian-public-health-laboratory-network-supporting-northern-remote-communitites.html>

England Case Study – The HIV Action Plan for England - expanding the delivery of HIV opt-out testing in hospital emergency departments

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- **Timeline of the case study:** April 2022 to end of March 2023
- **Case study submitted by:** Government.
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Legislative and policies changes and reform; Research, data collection, and monitoring and evaluation; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.); Funding.
- **In which geographic area is the approach being carried out?** Nationally
- **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; multi-sectoral partnerships, community participation and leadership; Innovation
- **Background and objectives:**
The HIV Action Plan for England is the cornerstone of our approach to drive forward progress and achieve our goal to end new HIV transmissions, AIDS and HIV-related deaths within England by 2030 and sets out how we will achieve our interim ambitions by 2025.

Our approach focuses our efforts on four objectives:

- improving HIV prevention
- scaling-up HIV testing
- providing rapid access to treatment and retention in care
- tackling stigma and improving the lives of people living with HIV

A HIV Action Plan Implementation Steering Group comprising of key delivery partners, including civil society organizations, ensures oversight of our ambitions and monitors progress on our commitments and actions. The group is led by the government's chief adviser on HIV who provides clear national leadership on HIV in England.

As part of our commitment to scale up HIV testing and in line with clinical guidance, the National Health Service in England (NHSE) has expanded delivery of HIV opt-out testing in emergency departments (EDs) in local authority areas with extremely high HIV

prevalence (more than 5 cases per 1,000 residents aged 15 to 59) and has also expanded to include opt-out testing for the hepatitis B (HBV) and hepatitis C (HCV) virus.

- **Description/Contribution to the AIDS response:**

We are committed to reducing HIV transmission by improving awareness of combination HIV prevention and increasing access to HIV testing so that everyone is aware of their HIV status and people with HIV can be offered lifesaving treatments preventing onwards HIV transmission.

The aim of the HIV opt-out testing programme is to identify new cases of HIV and reduce late diagnosis by reaching groups less likely to access testing via sexual health services (SHSs), as well as to normalize HIV testing and reduce stigma.

HIV opt-out testing is cost effective and helps address barriers to accessing HIV testing experienced by groups less likely to engage with and receive testing via SHSs. It plays a crucial part in achieving the government's goal to end new HIV transmissions, AIDS and HIV-related deaths within England by 2030.

NHSE has committed £20 million of funding over three years (2022 to 2025) to HIV opt-out testing in EDs. In partnership with the NHSE HCV Elimination programme, testing was expanded to include HBV and HCV. The roll out of opt-out testing for blood-borne viruses (BBVs) in EDs began in April 2022.

The large majority of the 2022 to 2023 HIV spend has been on testing costs. Other spend has included project management and a small amount of clinical or administrative support at some sites, which has focused on providing training and support to ED colleagues, coordination of results management and reporting.

The initial results from the first year show the estimated 'number needed to test' to find one new HIV diagnosis is 2,487 and to find one person living with HIV but not in care (new diagnoses plus previously diagnosed not in care) is 1,545.

- **Results, outcomes, and impact:**

In the first year, the programme delivered over 1.65 million BBV tests, comprising of 853,000 HIV tests, 346,000 HBV tests and 452,000 HCV tests. More HIV tests were undertaken because many EDs started with HIV testing, then progressed to test for HBV and HCV, and EDs outside London were not yet testing for HBV. By comparison, the UK Health Security Agency (UKHSA) reported that 114,000 HIV tests were completed across all EDs, and 1.3 million HIV tests undertaken in SHSs in England in 2019. The HIV opt-out testing programme thus delivers a substantial increase in the overall number of HIV tests undertaken. The programme identified about 2,000 new diagnoses of BBVs, including 343 people with HIV, and people who were previously diagnosed with a BBV but not known to be in care, including 209 people with HIV. People identified as living with HIV but not in care have been rapidly linked to HIV care/re-engaged in care, including 267 new HIV diagnoses and 71 people previously diagnosed with HIV but not in care. These figures are subject to UKHSA validation and additional information will be made available in a report to be published by the end of 2023.

- **Gaps, lessons learnt and recommendations:**

Learning from the COVID-19 response, NHSE adopted a highly dynamic and collaborative approach to rapidly implement a complex, multispecialty initiative at scale across 33 EDs, which delivered implementation at speed. The success of this initiative demonstrates the power of partnerships, system-wide collaboration and empowered communities.

Rapid mobilization of the programme was successful but did underline the complexity of taking a whole systems approach and the challenges that this entails. Significant changes in pathology labs processes have been required, including the need for additional capacity in pathology and some clinical services. NHSE has also developed a new reporting mechanism to make reporting easier and more accurate.

The importance of community services providing peer and other support has been highlighted, vital to both improving health and wellbeing outcomes and increasing retention in care rates.

The forthcoming evaluation report will provide further detailed information on implementation and uptake of the programme in the first year. It will also present some comparisons to the HIV and AIDS Reporting System and sentinel datasets, which will enable some understanding of the demographics of those identified with a BBV through ED opt-out testing and potential methods of transmission.

- **Annexes**

- Towards Zero: the HIV Action Plan for England - 2022 to 2025 <https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025>
- NHS England : Emergency department opt out testing for HIV, hepatitis B and hepatitis C: The first 100 days HIV Action Plan monitoring and evaluation framework <https://www.england.nhs.uk/publication/emergency-department-opt-out-testing-for-hiv-hepatitis-b-and-hepatitis-c-the-first-100-days/>
- HIV Action Plan: annual update to Parliament <https://www.gov.uk/government/publications/hiv-action-plan-annual-update-to-parliament>
- Overview | HIV testing: increasing uptake among people who may have undiagnosed HIV | Guidance | NICE <https://www.nice.org.uk/guidance/ng60>

Spain Case Study – Provision of free HIV self-tests and primary prevention barriers (condoms and lubricants) to vulnerable populations

CONTACT PERSON

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- 1. Timeline of the case study:** 2020 to current date (ongoing)
 - **Case study submitted by:** Government; Civil Society; Private Sector
 - **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.)
 - **In which geographic area is the approach being carried out?** 3 out 17 autonomous regions in the country: Andalucía, Extremadura and Murcia.
 - **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; multi-sectoral partnerships, community participation and leadership; Innovation
 - **Background and objectives:**

Spain is committed to ending AIDS as a public health threat by 2030. The last update of the HIV continuum of care, May 2023, showed that, in the period 2021/2022, 92.5% of the people with HIV (PWH) had been diagnosed, 96.6% of those were on antiretroviral treatment (ART) and 90.4% of people on ART were virally suppressed. Remarkable improvements in the HIV undiagnosed fraction have been witnessed compared to period 2017/2019 as this proportion has been reduced by 42.3% in four years; from 13% until 7.5%. The reasons for decline are multifactorial but the implementation of PrEP in November 2019 is likely to be pivotal as it prompted people at risk for HIV to get tested for HIV and to access PrEP.

Innovation in HIV testing and incorporating new testing modalities is crucial as testing remains a cornerstone for ending AIDS by 2030 and should be promoted relentlessly. Promoting HIV self-testing is included in the Strategic Plan for the Prevention and Control of HIV and other Sexually Transmitted Infections in Spain: 2021-203. HIV self-testing was approved by Spanish drug regulatory agency in 2017. Currently, three different self-tests products are authorized and available in community pharmacies at prices ranging from 20€ to 45€.
 - **Description/Contribution to the AIDS response:**

One of the NGOs of the Advisory NGO Council of the Division for the control of HIV in the Ministry of Health in Spain (MoH), Adhara, based in Seville, Andalucía, developed in 2020

a project to provide free HIV self-tests and primary prevention barriers (condoms and lubricants) through mail to vulnerable populations. This project was awarded funding from the annual national competitive call to NGOs run by the MoH.

The project ENVHIOS, has two packages of services. The first is called “GET RID OF DOUBTS” and provides HIV self-tests only. The second package is called “WORK SAFE” and aims at sex workers, and provides HIV self-tests and preventive material (condoms, lubricants etc.).

Service users can order self-tests kits through an ad-hoc <https://adharasevilla.org/pedidos/>. Dedicated staff provided help face-to-face, by telephone and on-line.

The webpage provides information regarding what to do if the test result is reactive, as there is a 24-hour help line run by the Spanish Federation for AIDS (CESIDA) to provide counselling, linkage to universal healthcare and follow-up.

The project was implemented in three out of the 17 Autonomous Regions (AR) of the country; Andalucía, Extremadura and Murcia. Spain is a highly decentralized country with 17 AR responsible for public health, health care management and planning. The teams of the HIV prevention plan in these three regions were aware of this project. In 2021, 569 HIV self-test were sent for “GET RID OF DOUBTS” and 550 for “WORK SAFE”.

- **Results, outcomes, and impact:**

Out of 1119 kits provided, there were two reactive results; one was successfully referred to the regional hospital, had its result confirmed, and is currently under follow-up. Unfortunately, there is no information regarding the other positive result. The sociodemographic characteristics of program users were as follows; 738 (66%) were cis-gender men, 358 (32%) transgender women, 22 (2%) were transgender men, 80% were aged 18-34 years, 503 45% were homosexual and 481 (43%) were bisexual. Overall, 470 (42%) had stable partner, 141 (13%) reported exchanging money for sex and 112 (10%) reported chemsex use. Regarding the reason for HIV testing, 280 (25%) reported condomless anal sex, 369 (33%) reported a routine check-up, 23 (2%) were using PrEP and 21 (2%) had an HIV-positive partner. Satisfaction regarding face-to-face services was asked to 856 users and was rated at 4.98 in a scale from 1 to 5. Satisfaction regarding on-line-services is available for 192 persons and was rated as excellent by 174 (90.6%) and good by 16 (8.3%).

- **Gaps, lessons learnt and recommendations:**

The program has had a successful implementation and high levels of acceptability were expressed by users. However, its major limitation was the small number of regions and the need to involve more fully the other autonomous regions and the council of pharmacies. The uniqueness of the network set by NGOs to deliver HIV self-tests to vulnerable populations has led the Division for the Control of HIV, STIs, Viral Hepatitis and Tuberculosis, in cooperation with Adhara to jointly scale it up, and transform the program into a stable and state-wide agreement to deliver HIV self-tests to vulnerable populations in all regions of Spain. This has involved securing funding for a four-year period, informing, and engaging all 17 Autonomous Regions in Spain, together with other relevant key stakeholders such as the council of pharmacists of Spain. The agreement between the

Ministry of Health and the Spanish Federation for AIDS (CESIDA) (where the NGO Adhara is integrated) was developed during 2022 and was published in the Official Gazette in April 2023 (https://www.boe.es/diario_boe/txt.php?id=BOE-A-2023-8302). The program, now of national scope, is being readapted to its wider ambition as an example of a ground-led initiative adopted by the Ministry of Health and incorporated into a national strategy.

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