WHO Consolidated Guidelines on HIV Testing Services

What you need to know



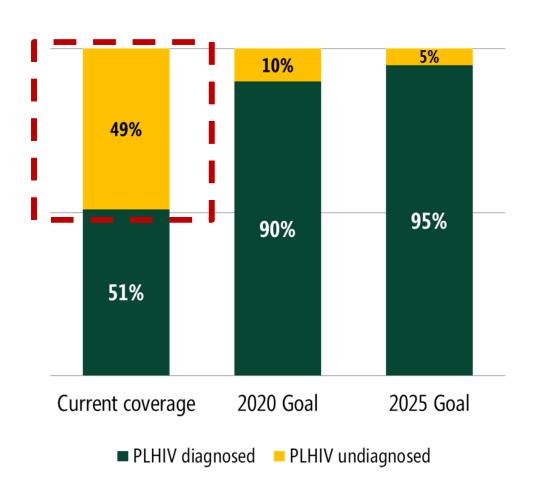
Rachel Baggaley WHO HIV Dept. Geneva, Coordinator Key Populations & Innovative Prevention Unit

Forging a Path to 90-90-90: Launch of WHO Guidelines on HIV Testing Services and UNAIDS/WHO Guidelines on Conducting National Population-based HIV Surveys 18:30 – 20:30 20 July 2015



The aims of the new WHO HTS Guidelines

- Addressing the testing gap
- Getting testing out into communities
- Supporting better linkage
- Better focus and appropriate targeting
- Improving quality to prevent misdiagnosis







WHO Consolidated HTS Guidelines

New terminology –HTS

New emphasis on quality, efficiency, yield & linkage

Content

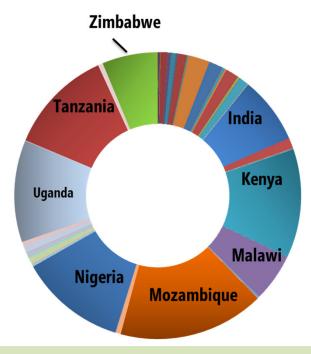
Pre & post-test services

- 1. Service delivery approaches
- 2. Priority groups:
 - key populations
 - infants, children, adolescents,
 - pregnant women;
 - couples & partners;
 - men
- 3. Strategic planning / focus for HTS
- 4. Diagnostics for HIV diagnosis
- 5. Quality assurance of HIV testing
- 6. HIV testing in the context of surveillance
- 7. Monitoring & evaluation



Where we are with testing

600 million adults (ages 15+) received HIV testing services across 122 LMIC between 2010-14



In 2014, approximately 3 million children & adults tested HIV-positive in 81 LMIC reporting on HIV-positive tests

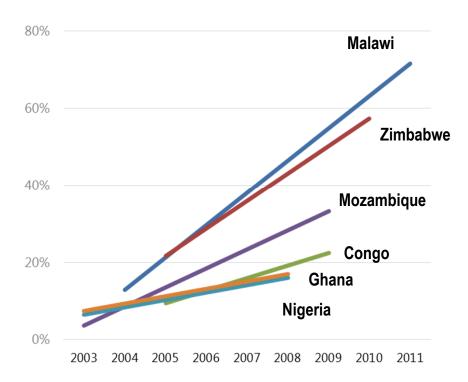
Majority of the reported HIV-positive tests occur in the WHO African region

Region	Tested	Positives	Positivity Rate	Countries
AFR	49,242,235	2,580,110	5.2%	30
AMR	3,704,951	45,317	1.2%	13
SEAR	27,844,749	278,310	1.0%	7
EUR	5,618,097	9,087	0.2%	13
EMR	5,459,838	8,936	0.2%	12
WPR	3,915,852	27,688	0.7%	6
Total	95,474,287	2,949,448	3.1%	81

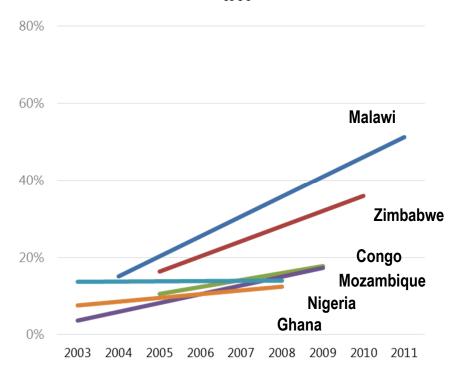


Trends in Reported Uptake of HIV Testing in sub-Saharan Africa

Percentage of **WOMEN** ages 15-49 yrs ever tested for HIV & received results of most recent test



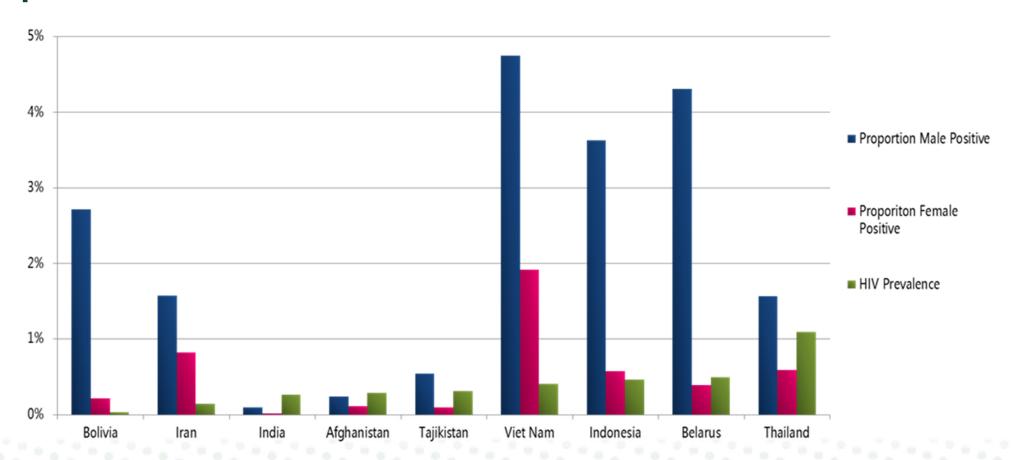
Percentage of **men** ages 15-49 yrs ever tested for HIV & received results of most recent test



Source: DHS data (Staveig, 2013; WHO 2014 progress report)



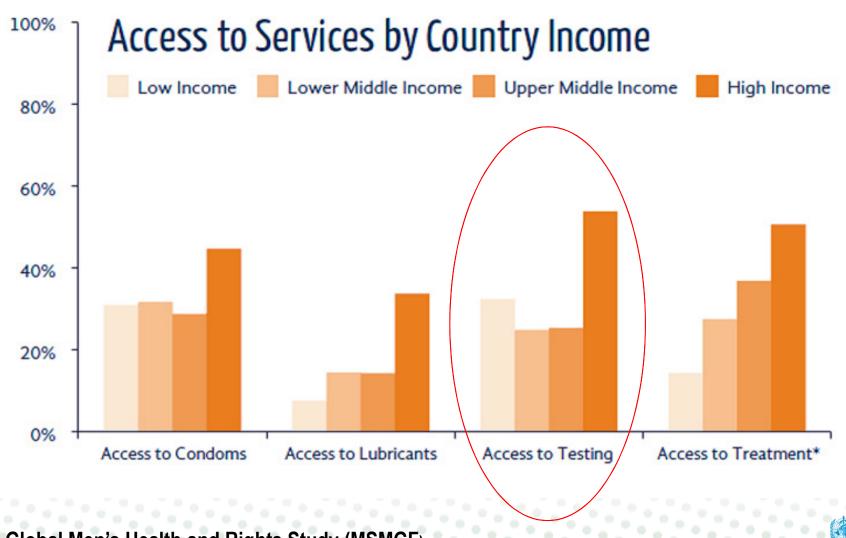
In many low prevalence settings adult (15+) men more likely to test HIV+ than women—often exceeding national HIV prevalence estimates





Key populations lag behind

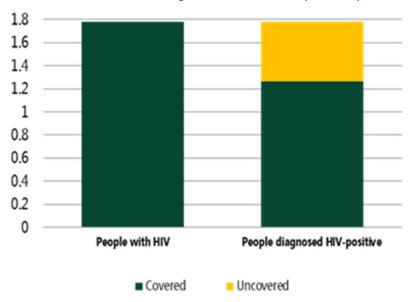
MSM - access to HIV testing



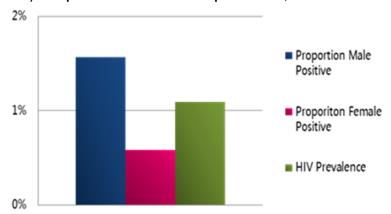
Source: Global Men's Health and Rights Study (MSMGF)

Some countries have made remarkable progress... Thailand

Cascade of PLHIV undiagnosed in Thailand (millions), 2014¹



Proportion adults (15+) testing HIV-positive, disaggregated by men and women) compared to estimated HIV prevalence, 2014²



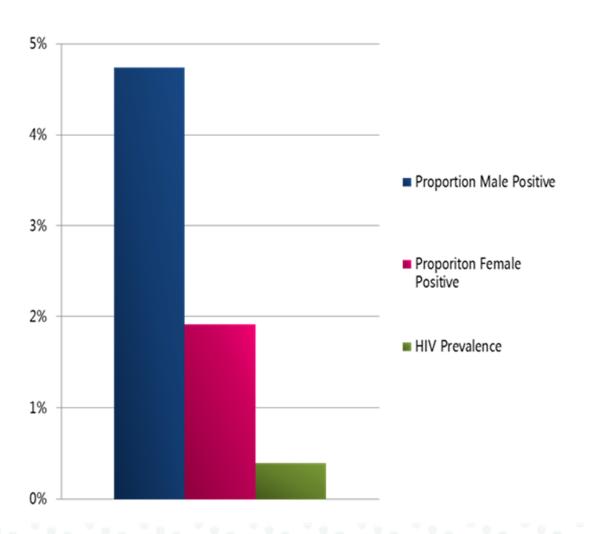
1.8 million people with HIV in Thailand & >70% have been diagnosed¹. >1.3 million men and women received HIV testing services and 1.3% tested HIV-positive, in 2014².

Majority adults receiving HIV testing services were women—but adult men were ~2x more likely to test HIV-positive compared to adult women².

Adults 15+	Men	Women	Total
Total tested	332,012	1,009,029	1,341,041
Tested HIV- positive	12,038	5,742	17,780

Source: 1. UNAIDS 2014; 2. GARPR 6 July 2015, select countries GARPR (WHO, UNAIDS; UNICEF); HIV prevalence estimates accessed 7 July 2015 UNAIDS AIDSinfo.org

Balance between testing approaches - Vietnam



Estimated national HIV prevalence is 0.4%

Nearly 1.8 million adult men and women received HIV testing services and **0.9% tested HIV-positive** in 2014².

Majority adults receiving HIV testing services were women—but adult men were nearly 2x more likely to test HIV-positive compared to adult women².

Adults 15+	Men	Women	Total
Total tested	236,884	1,501,581	1,738,465
Tested HIV- positive	10,201	5,789	15,990



Key new issues highlighted in the new WHO HIV testing services guidelines

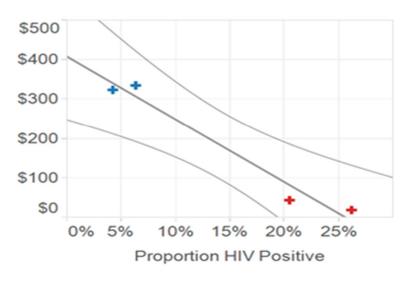
- Better TB HIV integration
 - Currently many missed opportunities
- Increasing access though community testing
 - Lay testers
 - Simplified testing strategies test for triage
 - Self-testing
- Improving quality
 - Serious concerns about misdiagnosis

Key new issues highlighted in the new WHO HIV testing services guidelines

Testing efficiently, effectively and acceptability

Choosing the best approaches

Key Populations



Better surveillance and monitoring



Acknowledgements

Special thanks to: **Cheryl Johnson**, Carmen Figueroa, David Flynn, Theresa Babovic, Michel Beusenberg, Daniel Low-Beer (WHO HIV Dept), **Anita Sands** (WHO EMP Dept.) **Haileyesus Getahun, Annabel Baddeley, Avinash Kanchar** (WHO TB dept) **Kimberly Marsh**, Keith Sabin (UNAIDS), **Elizabeth Marum**, **Pam Bachanas** (CDC), **Vincent Wong, Charlene Brown** (USAID), **Midnight Poonkasetwattana** (APCOM), and **Getrude Ncube** (MoH Zimbbawe)

Special thanks to everyone who assisted with developing the guidelines: Steering Committee, Guideline Development Group, 120+ peer reviewers, all contributors of case examples, editors, designers, administrative, communications and technical support teams.

Funding of the guidelines provided by PEPFAR (USAID & CDC) and UBRAF









