



Strategic HIV testing to reach the unreached: a systems approach towards HIV elimination in the Western Pacific Region

WHO Regional Office for the Western Pacific
June 2021



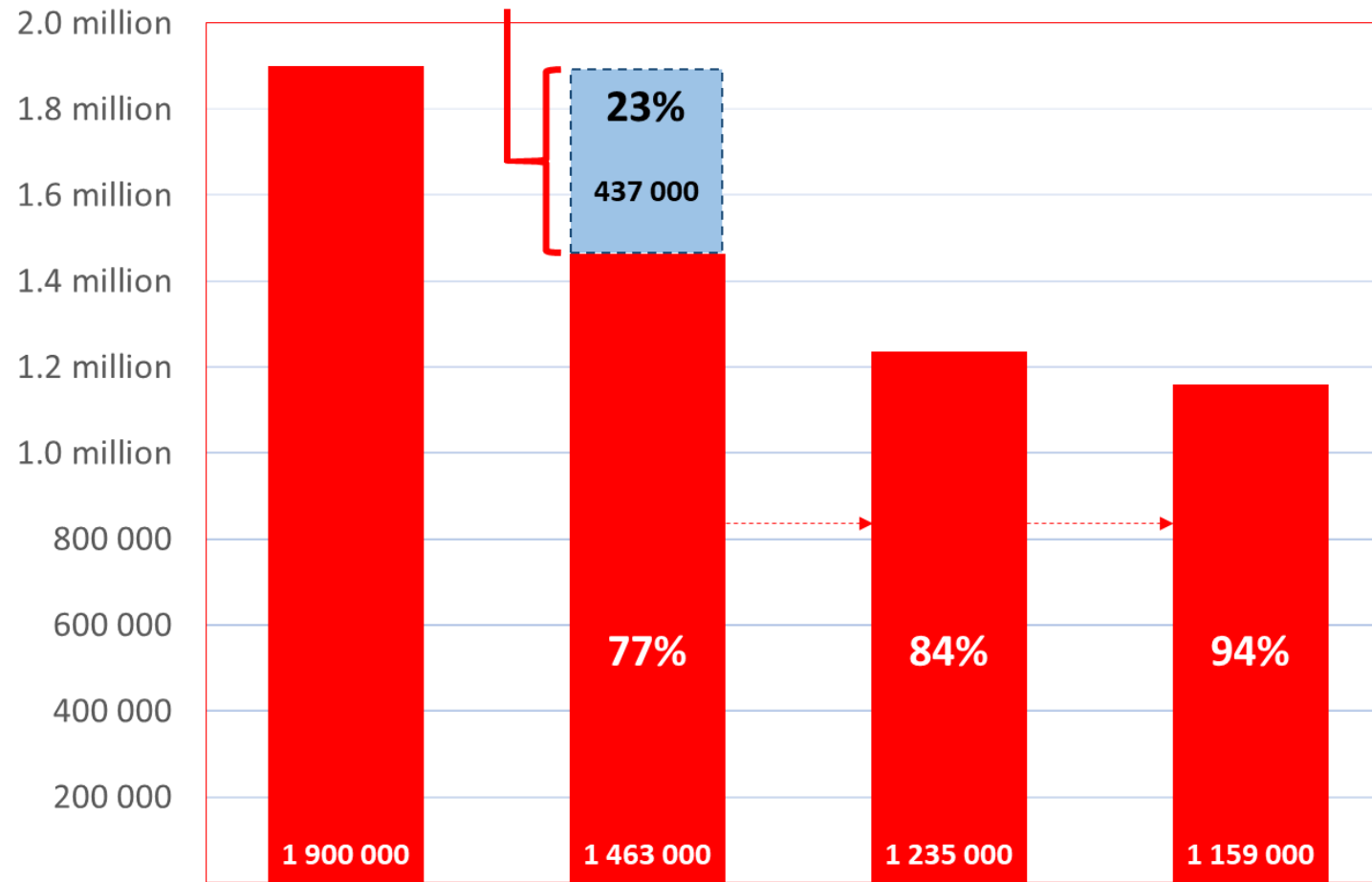
Part 1: Introduction and background

1. What do we know about people with undiagnosed HIV infection in the Western Pacific Region?
2. Why are we focusing on HIV testing?
3. Who are the unreached and undiagnosed?
4. Why are they unreached and undiagnosed?

How many people are living with undiagnosed HIV?

Western Pacific Region 2019

Undiagnosed PLHIV



Estimated PLHIV:

1.9 million [1.3M-2.4M]

People receiving ART:

1.24 million (65% of PLHIV [45%-83%])

HIV incidence rate (all ages):

0.06 per 1000 uninfected population

New HIV infections:

110 000 [71 000-150 000]

AIDS deaths:

41 000 [22 000-70 000]

People living with HIV

Aware of HIV status

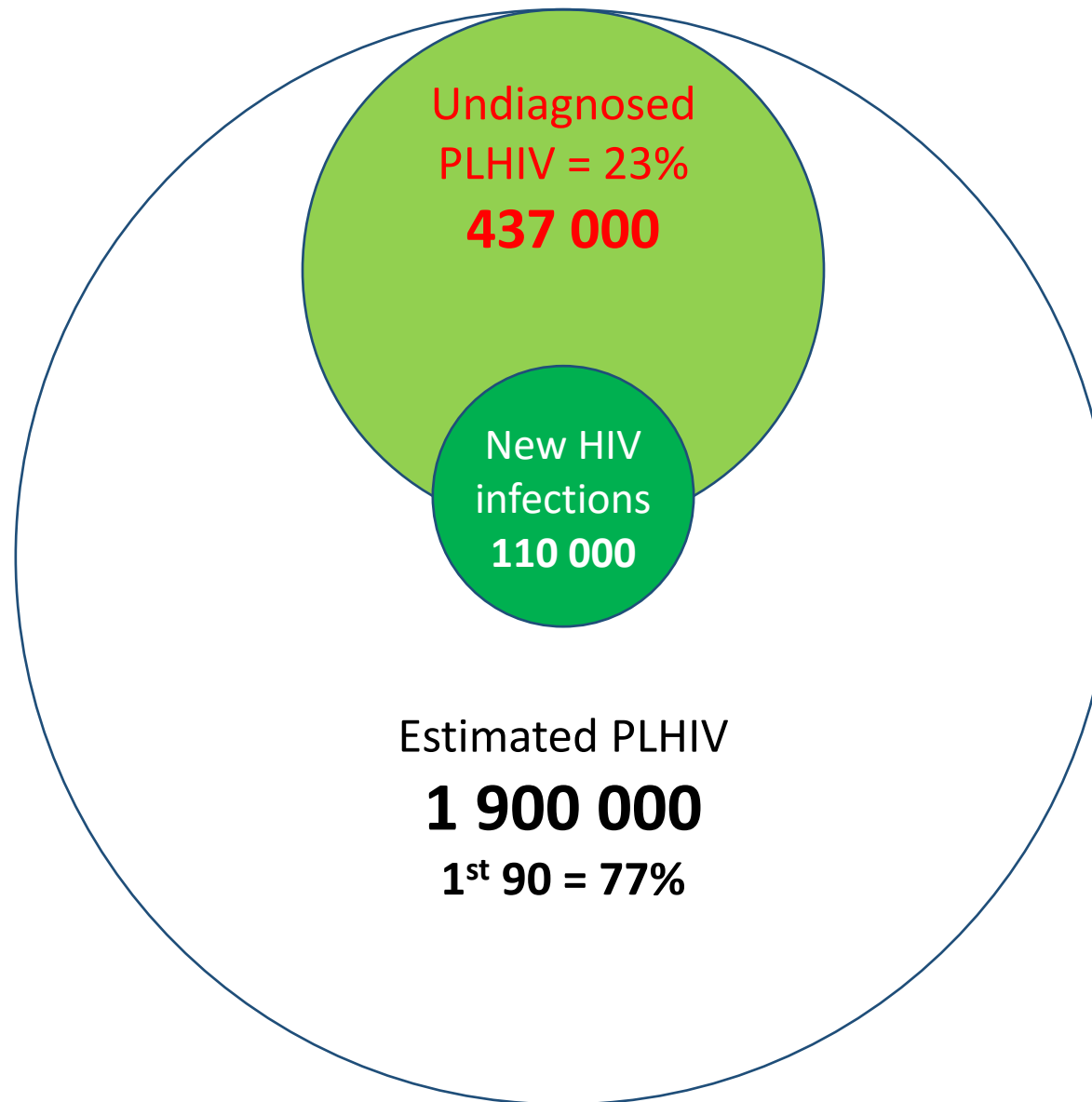
On treatment

Viral load suppression

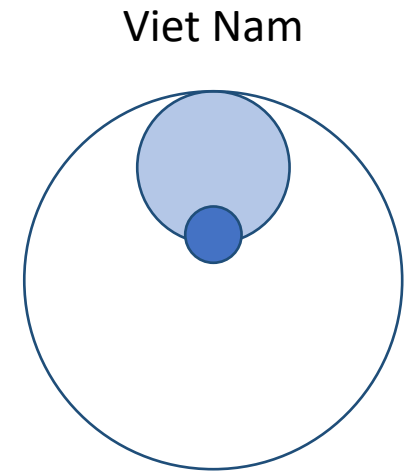
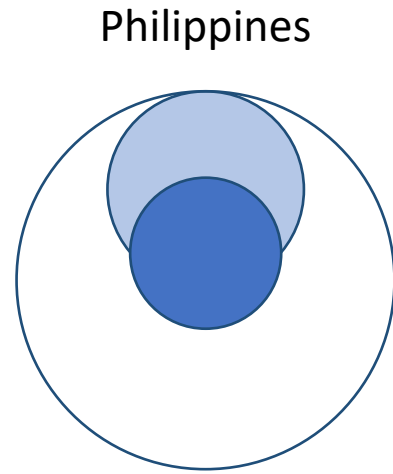
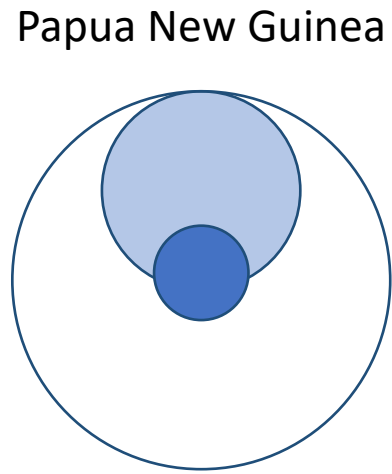
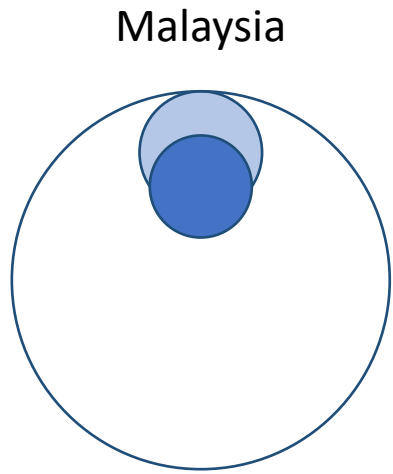
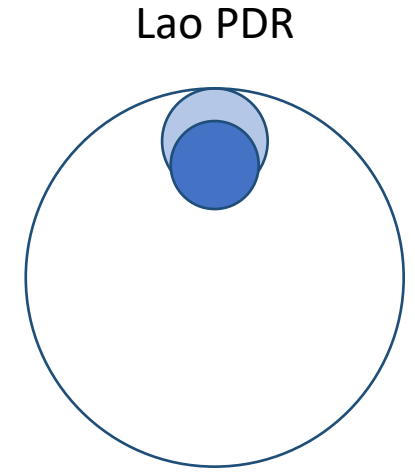
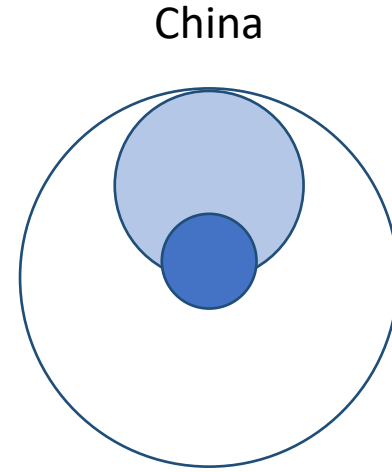
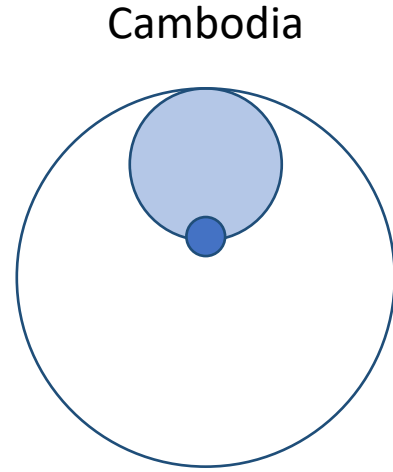
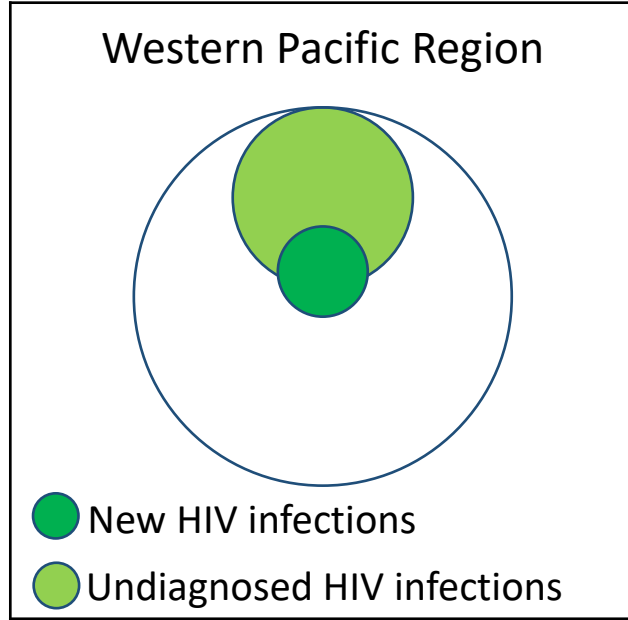
UNAIDS/WHO 2020 estimates

What do we know about the undiagnosed?

Western Pacific Region 2019



Proportions of new and undiagnosed HIV infections vary by country



● New HIV infections

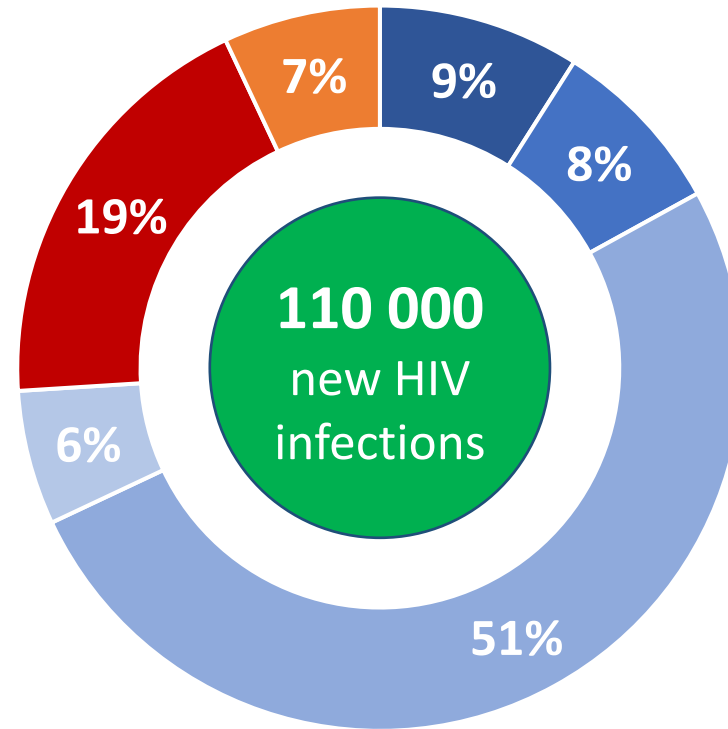
● Undiagnosed HIV infections

○ Estimated PLHIV

UNAIDS/WHO 2020 estimates
China, Lao PDR and Viet Nam – programme data

New HIV infections in the Western Pacific Region in 2019

26% are in people who would likely **NOT** see themselves as 'key population'



- Female sex workers
- People who inject drugs
- Men who have sex with men
- Transgender people

- Clients and sex partners of key populations
- Risk unknown or undisclosed

UNAIDS/WHO 2020 estimates

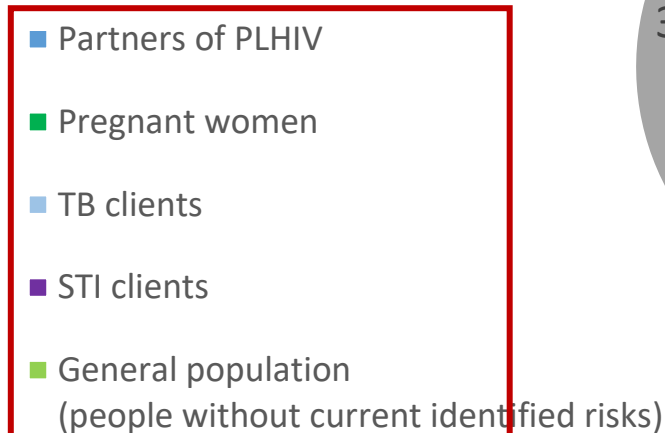
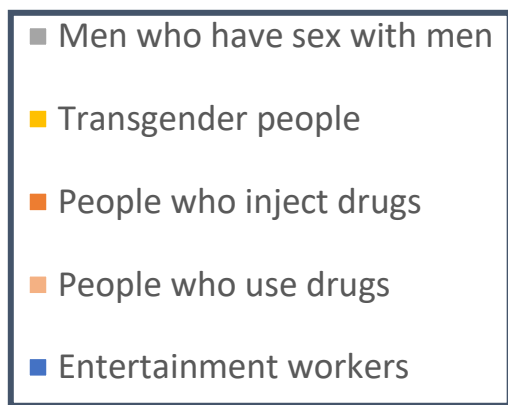
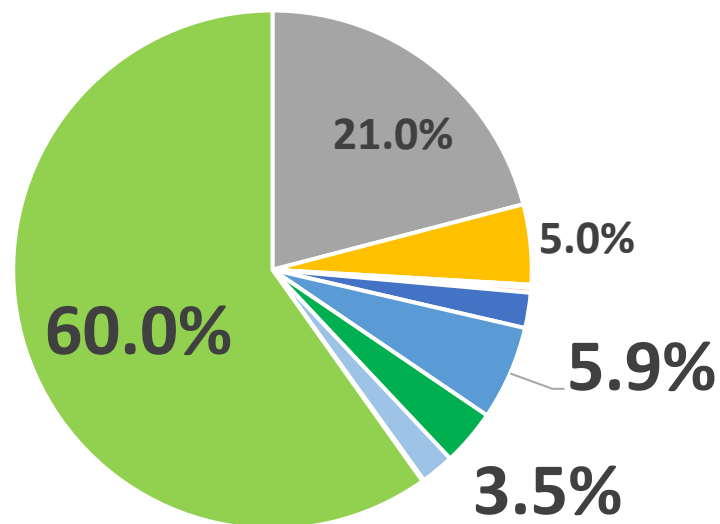
Countries contributing data:

Australia, Brunei Darussalam, Cambodia, China, Fiji, Japan, Lao People's Democratic Republic, Malaysia, Mongolia, New Zealand, Papua New Guinea, Philippines, Republic of Korea, Singapore, Viet Nam

Data on new HIV diagnoses

Cambodia

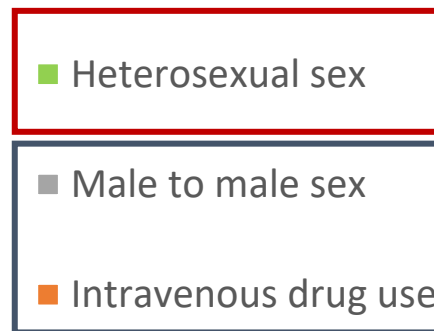
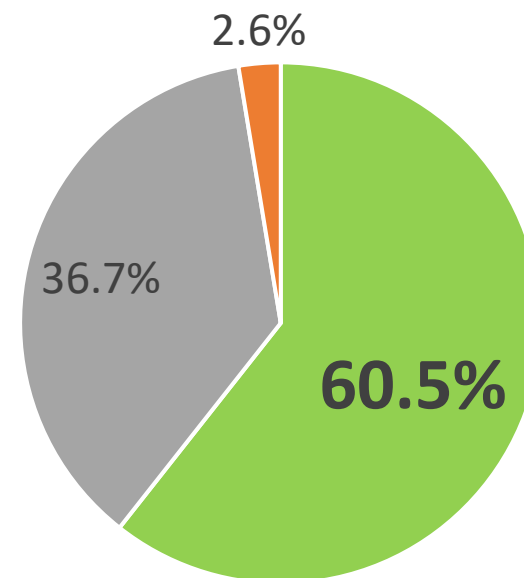
Newly identified PLHIV by population group



Boosted-Integrated Active Case Management
NCHADS Cambodia data (2019)

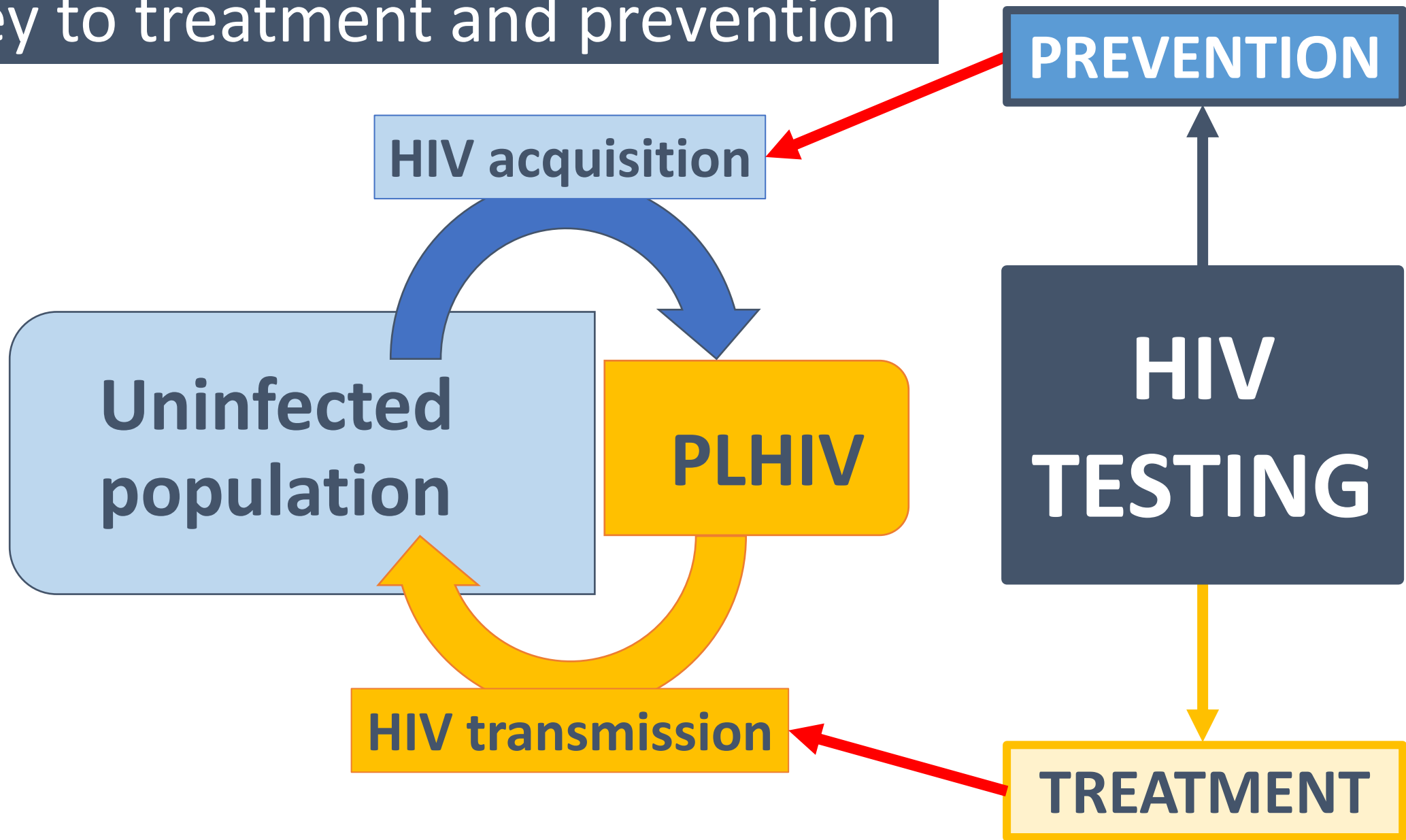
China

New HIV infections by mode of transmission



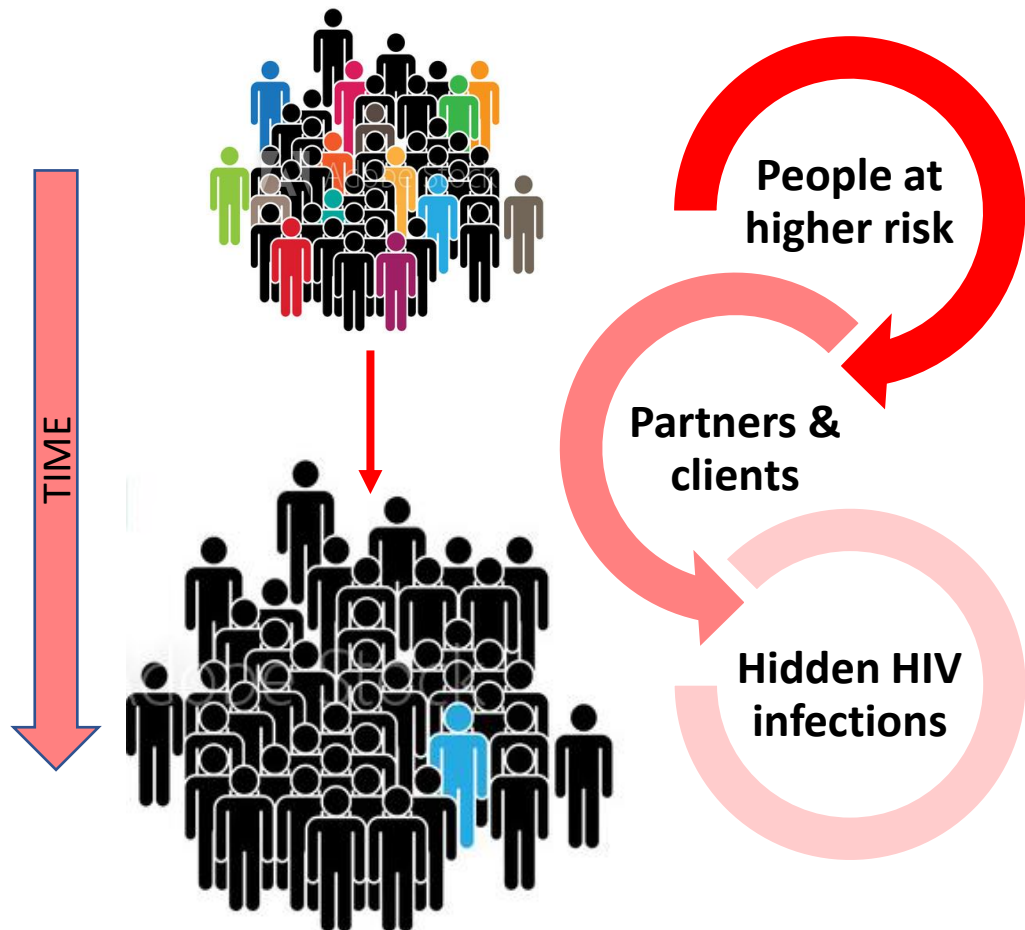
NCAIDS China CDC data (2019)

HIV testing is the key to treatment and prevention



HIV epidemics evolve over time

HIV epidemic evolution



Efficient HIV transmission

Higher HIV prevalence but smaller absolute numbers

People move in and out of groups



Sex workers



People who inject drugs

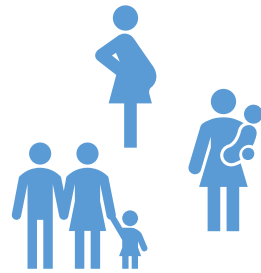
HIV is transmitted to intimate and other partners

Further downstream transmission

Lower HIV prevalence but larger absolute numbers



**Who are the
unreached?**



**'Key
populations'**
current, former and
hidden

Partners and
clients

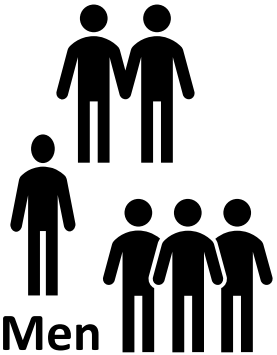
Risk unknown, unidentified



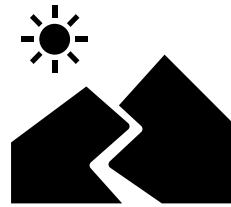
Young people



Older people



Men



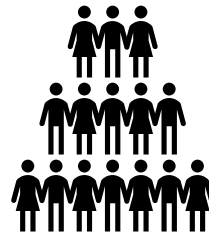
Rural communities



Prisoners



People with disabilities



Migrants

Other groups which may be under-reached, vulnerable or marginalized

Barriers to HIV testing

Knowledge gaps and misinformation

Stigma and discrimination

Labelling people as 'key population'

Punitive laws and policies

Gender-based/key population violence

Access barriers to existing services

Health workforce capacity

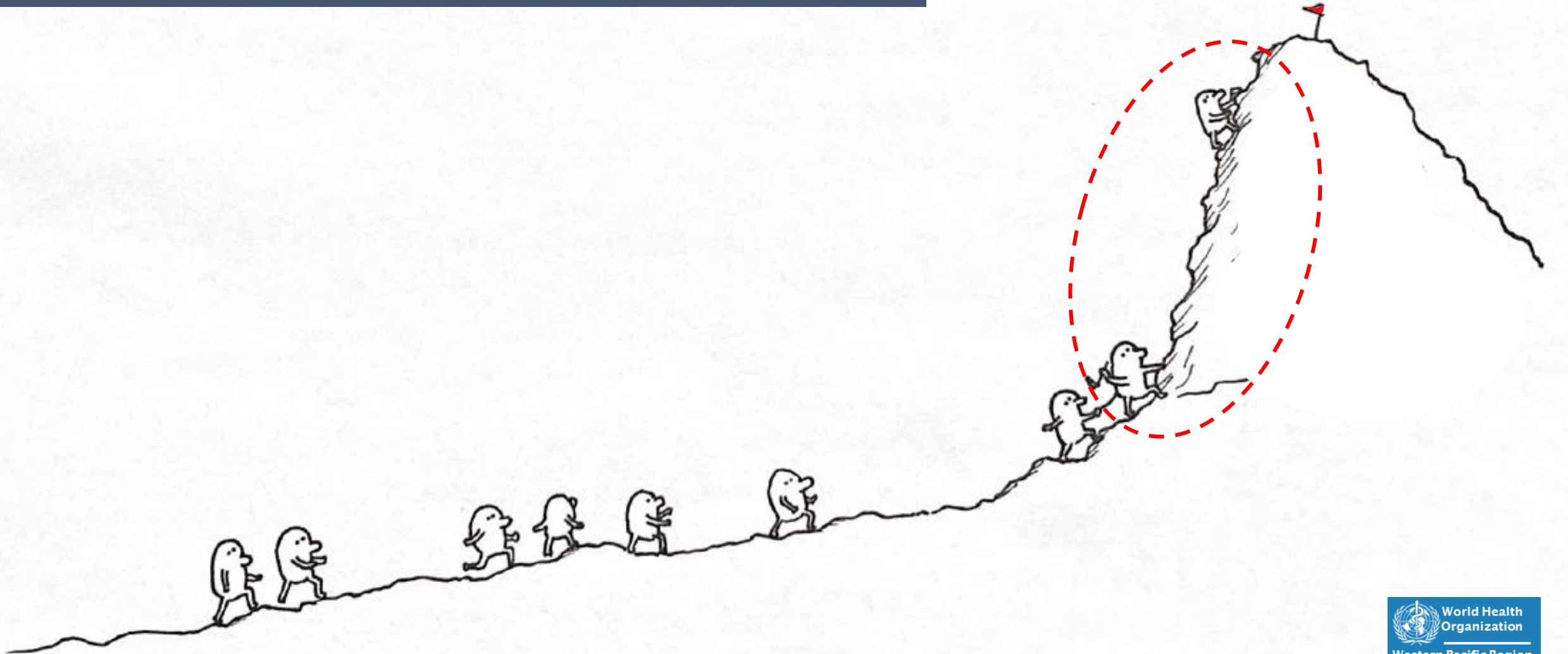
Hierarchical health policies which hinder task shifting

Data collection procedures

COVID-19



Travelling towards elimination - the last mile is hard



The last mile, looking for needles in haystacks...



Part 2: Key messages for a systems approach to HIV testing to reach the unreached

1. Challenges of 'key populations' terminology for reaching the unreached
2. What is the way forward? Key observations and next steps.

We categorize people by 'key population' and assume this aligns with risk behaviours

MSM

PWID

TG
people

Sex
workers

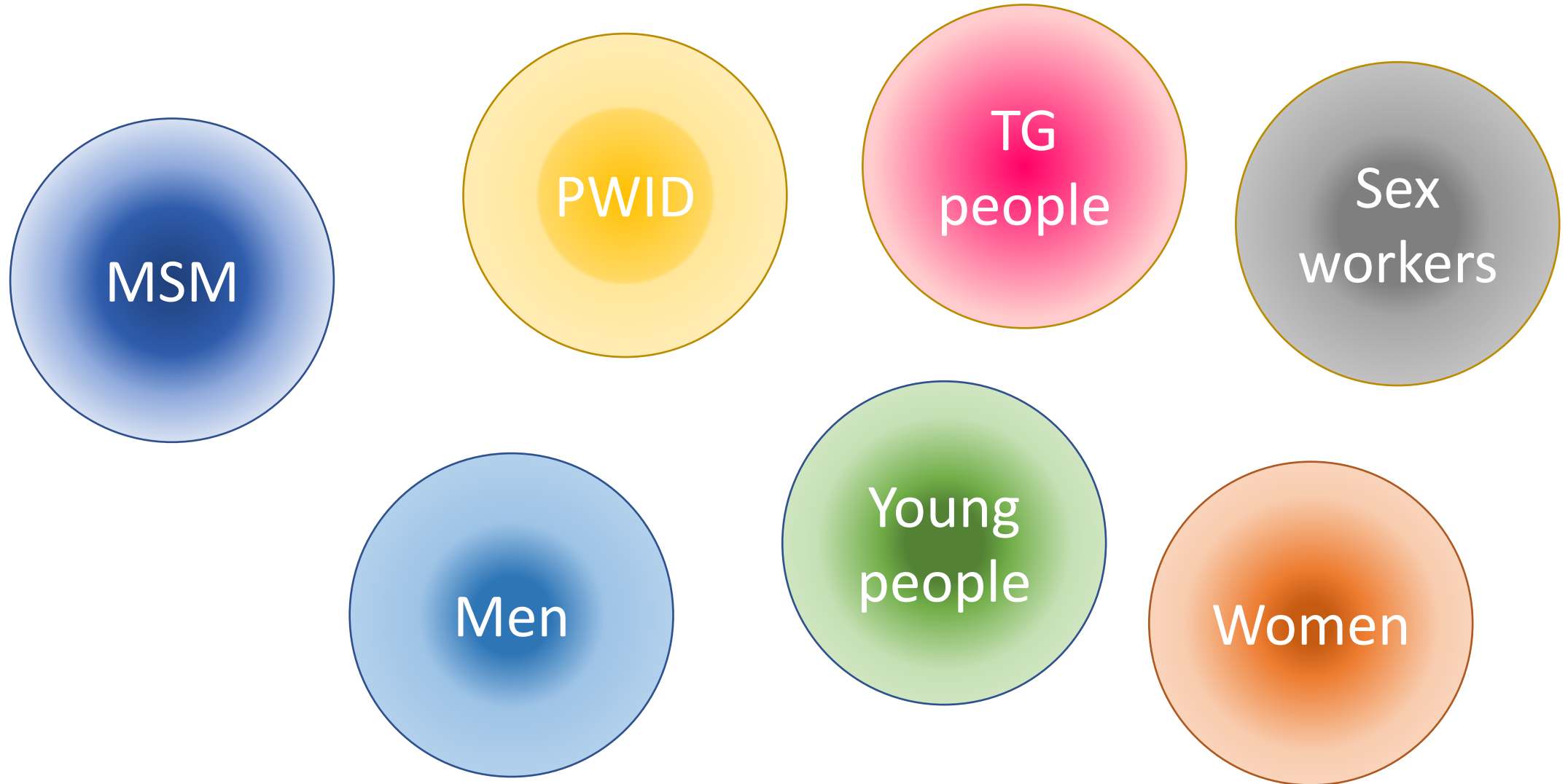


Men

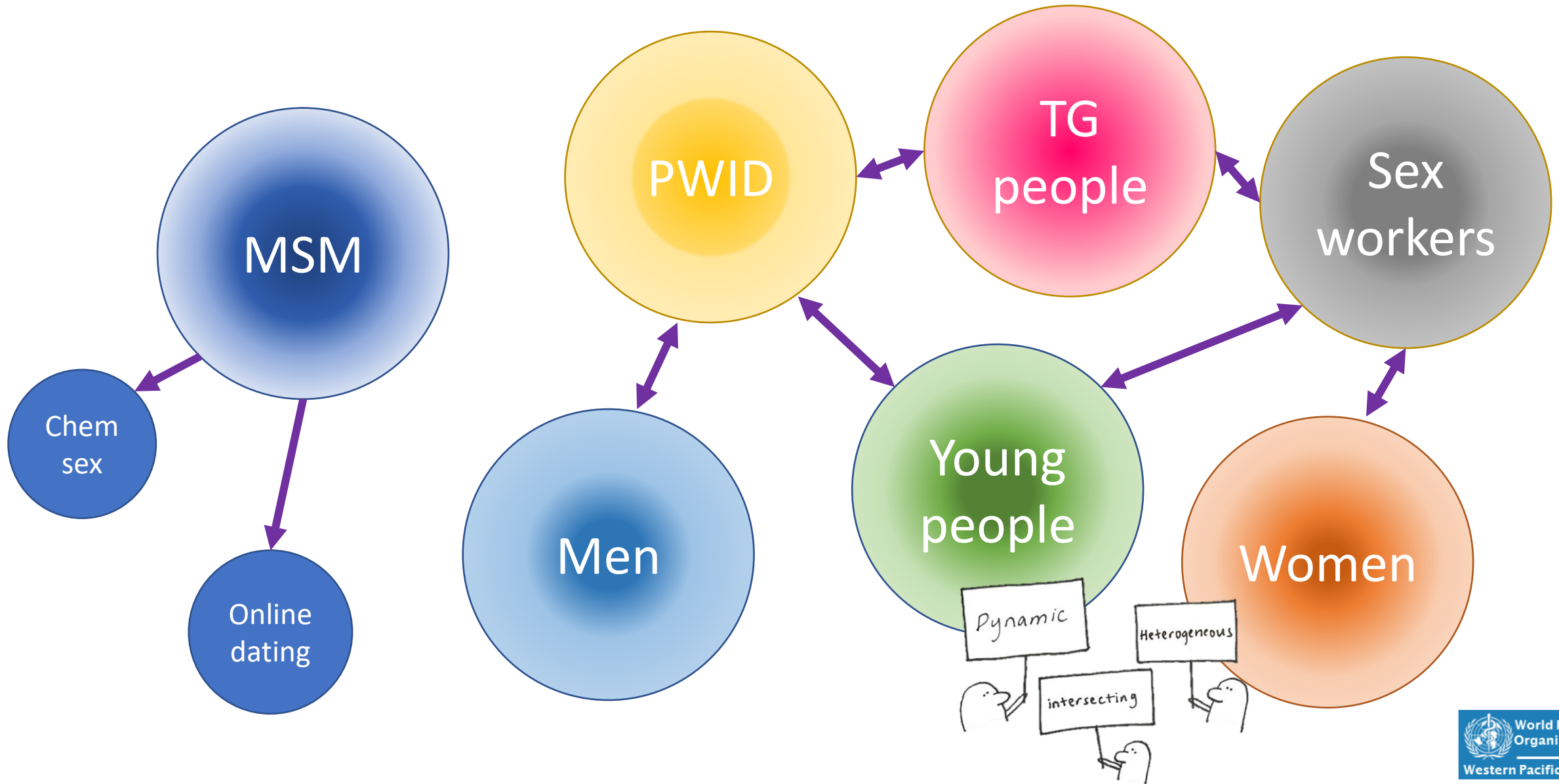
Young
people

Women

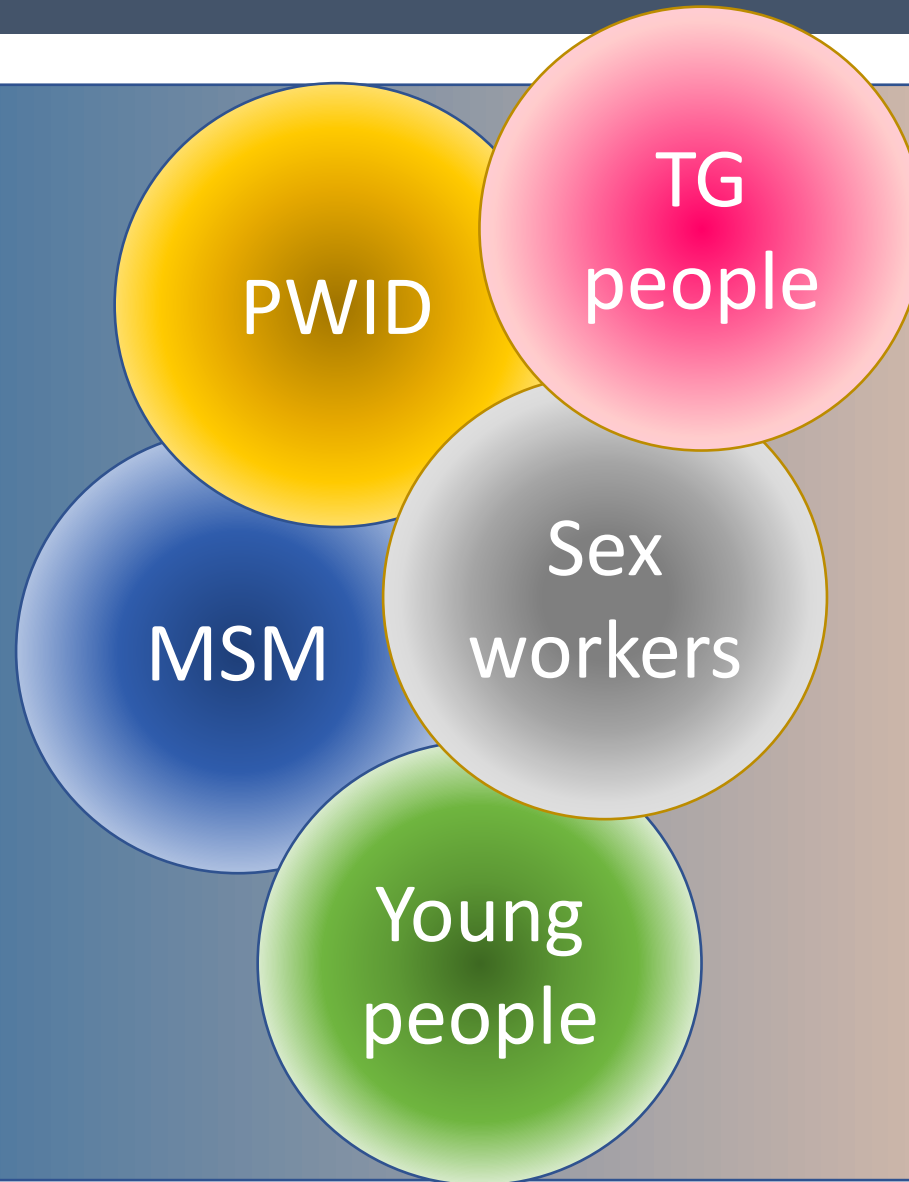
But within any one group, people have different levels of risk



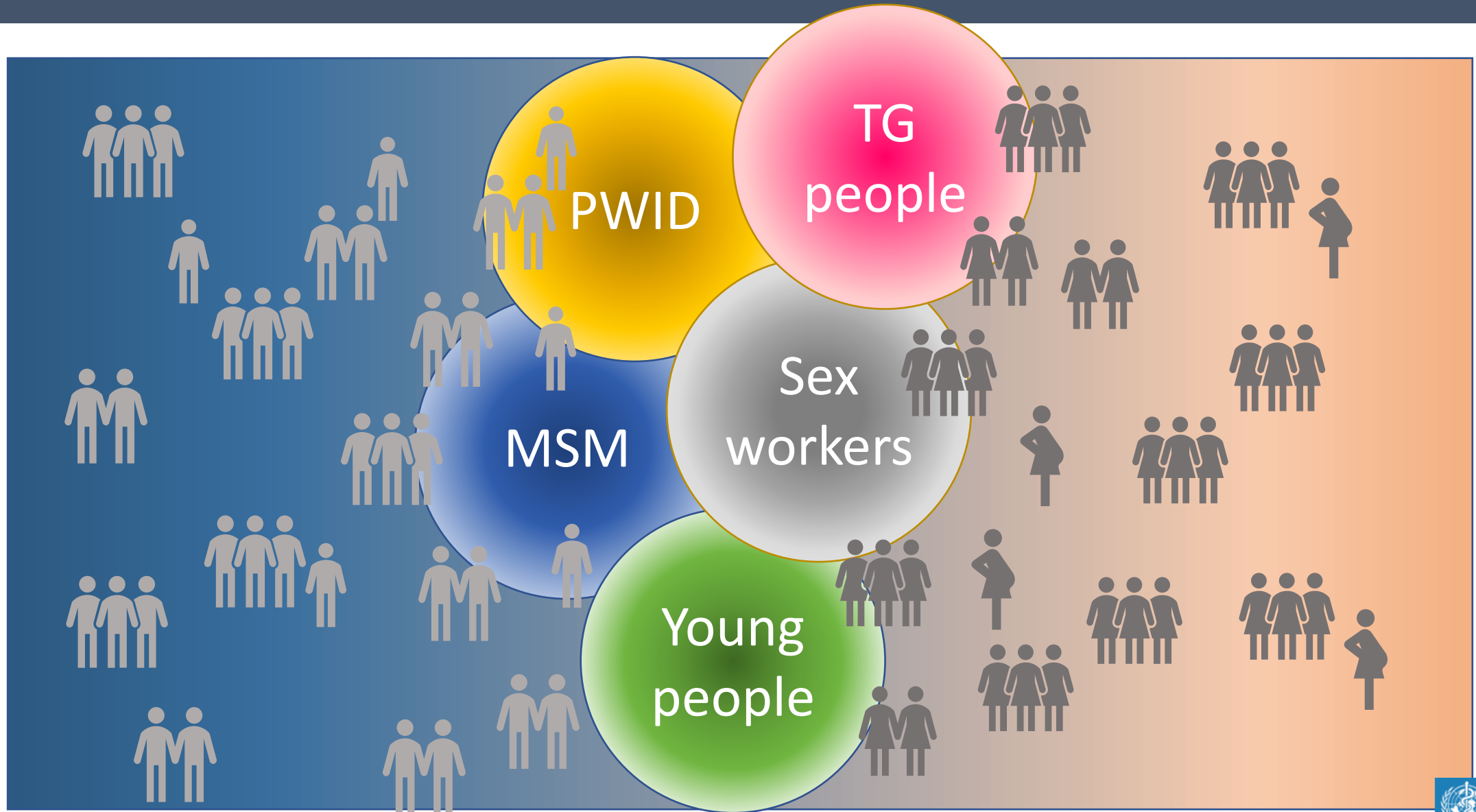
New behaviours emerge, people's behaviours change over time



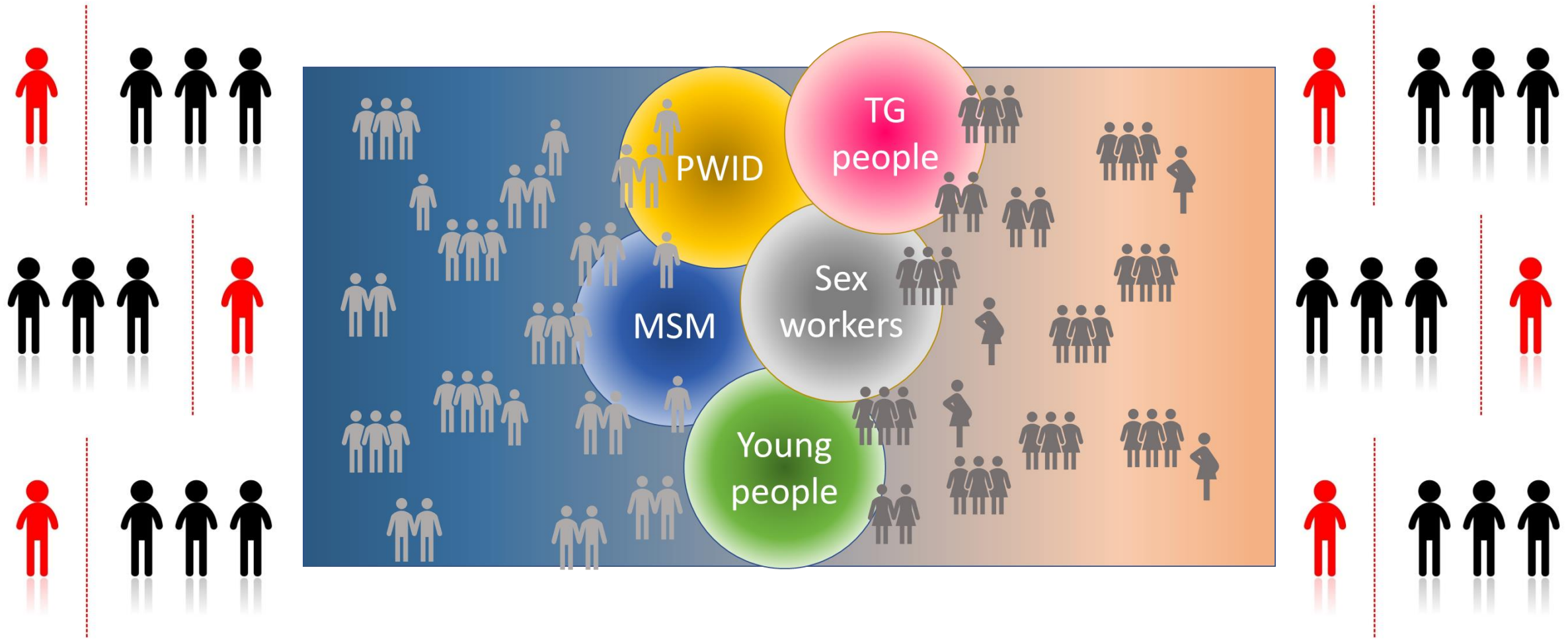
and people don't always fall neatly into single categories



Most importantly, **INDIVIDUALS** lie at the heart of everything



STIGMA, DISCRIMINATION, CRIMINALIZATION → VULNERABILITY



People are more hidden and more difficult to reach

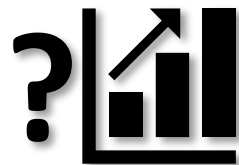
Programmes, providers and person-centred care



Essential services



COVID-19



Scale-up



Community-led services are critical in the response



If key populations are employed for outreach, they will reach the right people for testing for HIV.

(Cathy Ketepa, Friends Frangipani, Papua New Guinea)



Embedding safer sex norms through sex workers has been the most effective way of reaching sex workers and clients.

(Jules Kim, Scarlet Alliance, Australian Sex Workers Association)

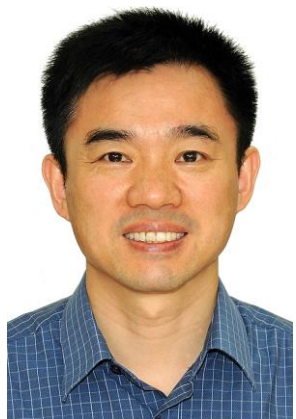
Thailand – Key Population Led HIV Services (MSM and TG) (1)

KPLHS found to be efficient in enabling earlier diagnosis, preventing HIV infection, loss to follow up and leading to earlier treatment initiation.

Strengthen integrated and people centered service delivery



The Tangerine Clinic in Thailand offers a package of transgender and sexual health services including HIV testing. (2)



We do have community programs in some provinces for older people for NCDs, diabetes etc. and we try to integrate HIV testing.

(Dr Wu Zunyou, CDC China)



Australia, New Zealand and Western Europe have demonstrated that **integrated hepatitis C, HIV and harm reduction services can lead to increased access to healthcare among people who use drugs,** particularly when programmes involve peer outreach workers. (3)

Contact tracing can increase the reach of HIV testing to the partners of higher risk populations

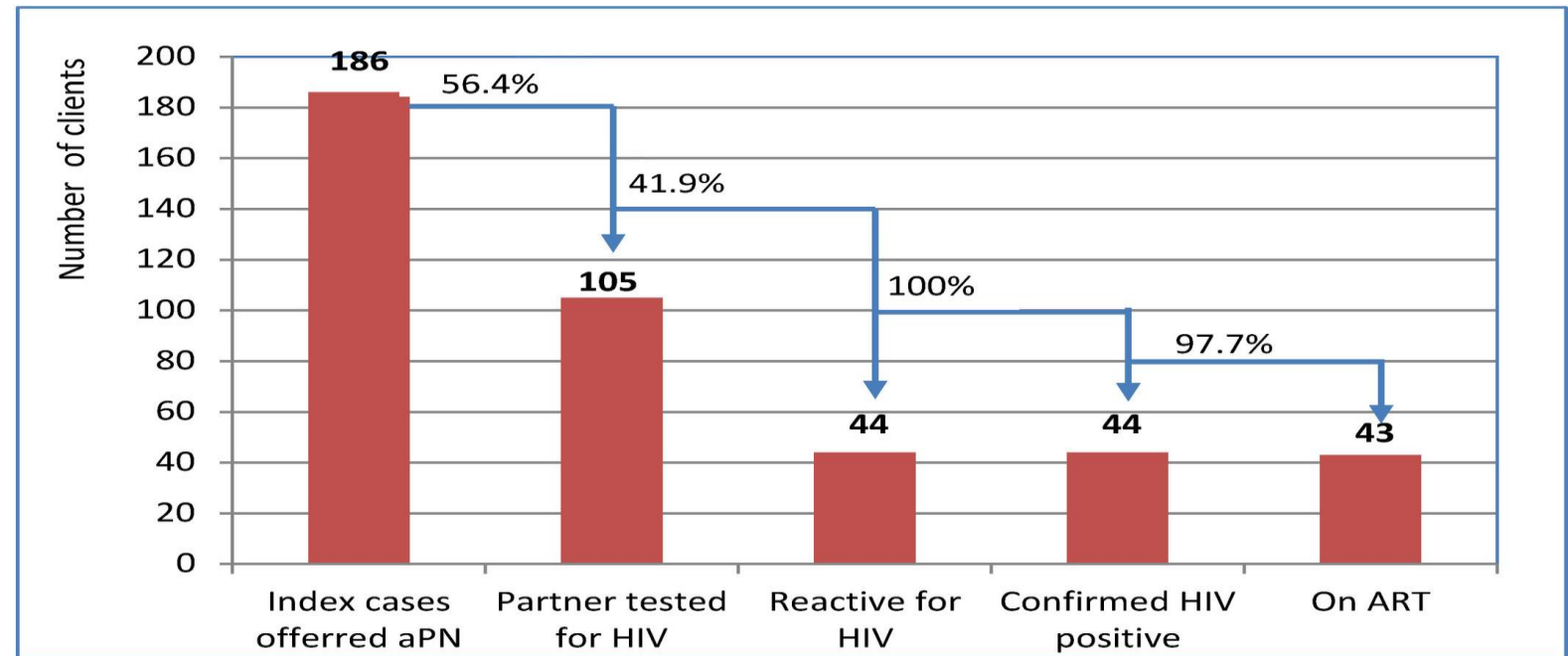


People may better understand the need for contact tracing because of COVID and this may be beneficial to the HIV world as well.

(Steve Wignall, Technical Advisor, FHI360 Cambodia)

In a study of community-led, peer educator-delivered HIV Self Testing serving MSM, PWID, female sex workers and transgender people in Viet Nam:

186/207 (90%) PLHIV agreed to partner referral and 105/186 (56.4%) partners of PLHIV were reached by HIV Self Testing.(7)



Digital platforms present opportunities for education and testing



Social media is changing very rapidly. There are multiple platforms and hook-up apps, and different communities exist in different spheres and therefore need different messaging to reach them.

(Midnight Poonkasetwattana, APCOM)

A systematic review/metanalysis on the effectiveness of social media - showed **HIV testing uptake among MSM and transgender people increased** after implementation of social media interventions, and peer-driven initiatives are especially effective. (8)

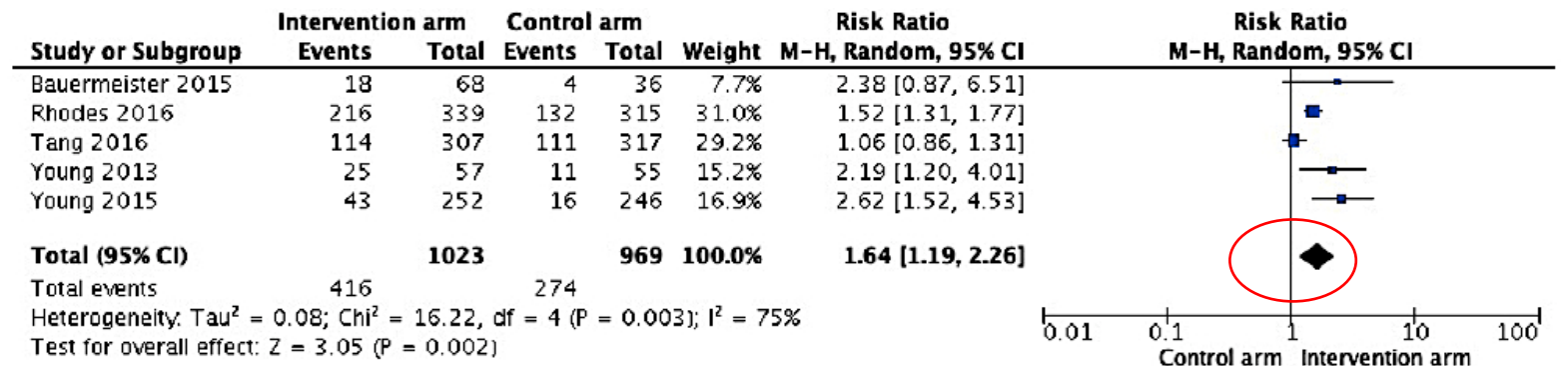


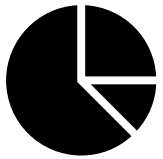
Figure 1. Comparison of HIV testing uptake between the intervention arm and the comparison arm in the RCTs (n=5).

Dig deep, look at granular information



Variability underlies the need for granular data

- need disaggregated data including qualitative data
- which populations are hard to reach by which services
- populations which can be more easily reached by existing services



No one-size-fits-all solution, multiple models of service delivery are needed



Dynamic nature of situations, means there is a need for flexible, responsive data systems, for detailed understanding



Tailored, adaptive responses are needed

Need to scale up comprehensive sexuality education and peer education to reach youth

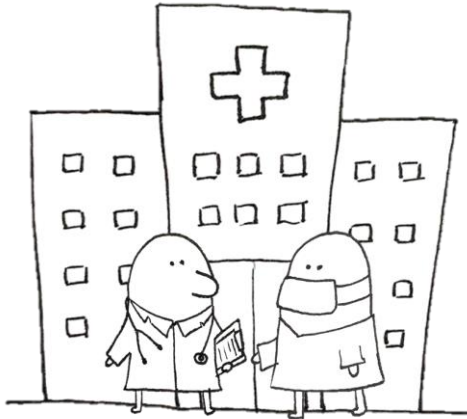


Peer education - this is good for working with young people because difficult to talk to parents about sexuality. Easier to talk openly with peers, feel that they can trust each other.

(Tergel Jargalsaikhan, Y Peer Mongolia)



Systematic review and meta-analysis – **Any form of comprehensive sexuality education in schools improved outcomes** in terms of HIV-related knowledge, condom use, self-efficacy, number of sexual partners, and initiation of sex. (11)



SERVICES



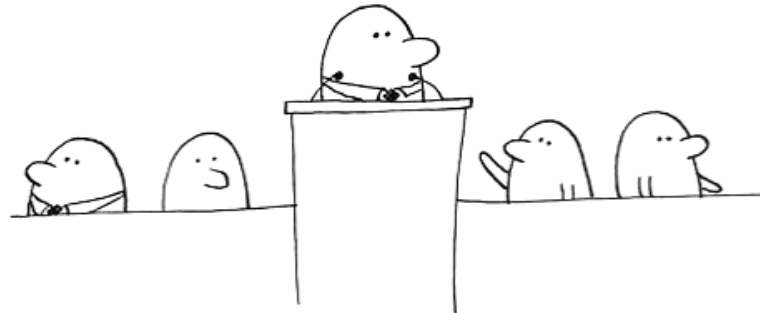
INFORMATION



HEALTH
TECHNOLOGIES



HEALTH WORKFORCE



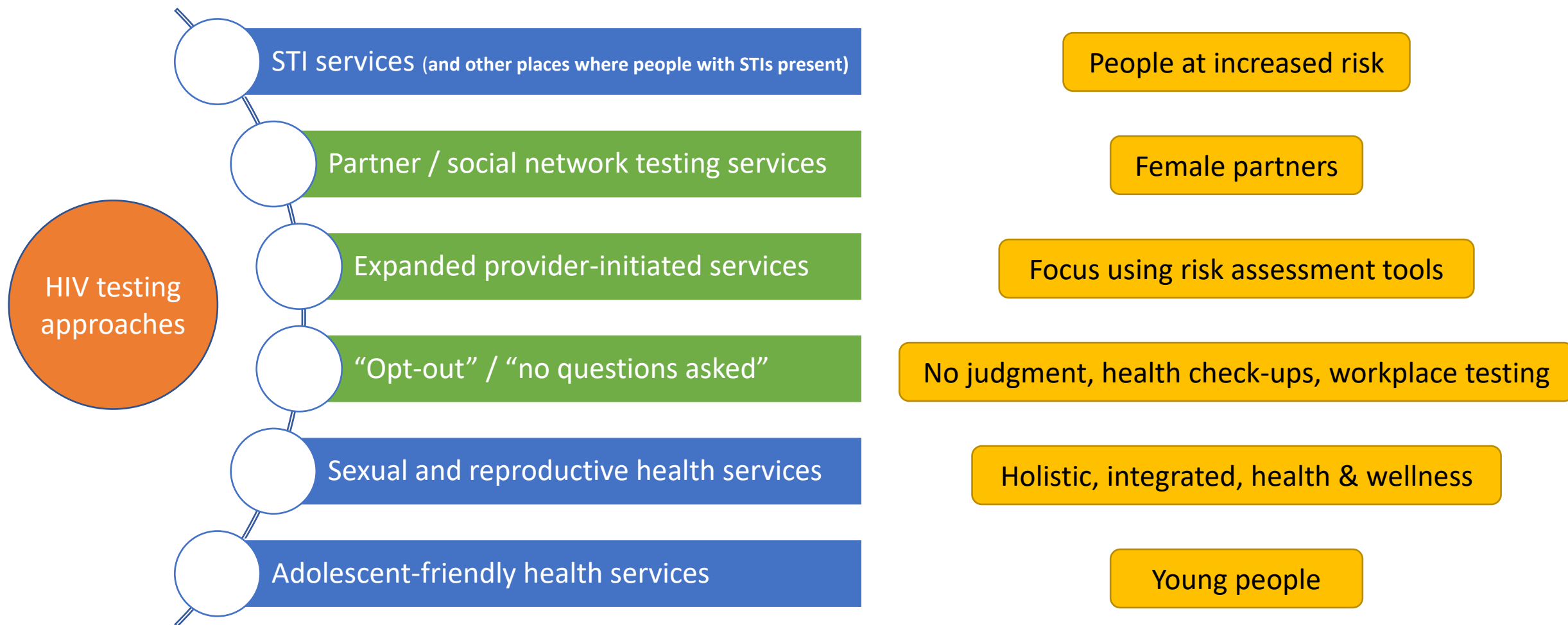
GOVERNANCE



FINANCING

ENABLING ENVIRONMENT

Is HIV testing reaching people who are hidden or unaware of their risk?



Expand HIV testing entry points for people that are unreached

Strategic HIV testing to reach the unreached: a systems approach towards HIV elimination in the Western Pacific Region

Content: Guiding principles, supportive actions and details of HIV testing settings or approaches to consider, review and/or strengthen to reach people currently unreached by HIV testing

Annex 1. Assessing the HIV epidemic and response to identify people missed for HIV testing, and
Annex 2. Evaluating HIV testing approaches

Thank you