



***4th edition of International  
Testing Week  
20 to 26 November 2023***

***Stepping up testing to bring an  
end to the HIV epidemic!***

***Coalition PLUS advocacy pitch***



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# ***Context and rationale behind International Testing Week***

## **International Testing Week, a community response to the decline in testing worldwide!**

The HIV epidemic remains a major public health problem on a global scale, with over 84 million people who have acquired HIV [1] and over 40 million deaths since its emergence in the early 1980s.

Founded in 2008, Coalition PLUS [2] is an international coalition of community-based NGOs in the fight against AIDS. It operates in 53 countries alongside some one hundred civil society organizations involved in community-based testing, increased sexual health services, harm reduction, community-based research, advocacy, and capacity-building.

Throughout the year, the member associations of Coalition PLUS organize testing activities for the key populations affected by HIV, viral hepatitis and other sexually transmitted infections. Nevertheless, faced with the decline in the number of tests due to the COVID-19 epidemic, Coalition PLUS decided to organize a week of extensive international campaigning every November, a few days ahead of World AIDS Day.

In just three editions, **International Testing Week (ITW [3]) has become the largest testing operation on a global scale, with some 40,000 tests carried out on average over five days.** This campaign is supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNAIDS.

For this fourth edition of International Testing Week, Coalition PLUS is launching a final call, in the run up to the 2025 targets, to step up community-based testing.

## **The UNAIDS “2025 Aids targets”**

Mid-2018, UNAIDS decided to launch targets to achieve for 2025 [4] in particular to bring an end to the HIV epidemic by 2030. In the 2021 Political Declaration on HIV

and AIDS [5], the United Nations Member States agreed to place the priority on HIV prevention and to reduce new infections to less than 370,000 per year by 2025. These commitments are anchored in the 2025 Global AIDS Strategy targets [6], which include the following targets:

- **The 95–95–95<sup>[7]</sup> targets for access to HIV services**, i.e. to diagnose 95% of all HIV-positive individuals, provide antiretroviral therapy (ART) for 95% of those diagnosed and achieve viral suppression for 95% of those treated by 2030.
- **The 10–10–10<sup>[8]</sup> targets for removing social and legal impediments to accessing or using HIV services**: less than 10% of countries should have punitive legal and policy environments that deny or limit access to services, less than 10% of people living with HIV and key populations will experience stigma and discrimination, and less than 10% of women, girls, people living with HIV, and key populations will experience gender inequality and violence.
- **Use of integrated approaches<sup>[9]</sup> to link at least 90% of people who are at heightened risk of HIV infection to the services they need for their overall health and well-being**: that is to say invest in health and social protection systems to provide 90% of people living with, at risk of and affected by HIV with people-centered and context specific integrated services.

## Global statistics on HIV and new infections in 2022<sup>[10]</sup>

- 39 million people were living with HIV globally.
- 1.3 million people became newly infected with HIV.
- 630,000 people died from AIDS-related illnesses.
- 29.8 million people were accessing antiretroviral therapy.
- 40.4 million people have died from AIDS-related illnesses since the start of the epidemic.
- 85.6 million [64.8 million–113.0 million] people have become infected with HIV since the start of the epidemic.
- About 5.5 million people did not know that they were living with HIV in 2022.
- 14% of infected people do not know their status.
- 46% of all new HIV infections were among women and girls. In sub-Saharan Africa, women and girls accounted for 63% of all new HIV

infections. In all other geographical regions, over 70% of new HIV infections in 2022 occurred among men and boys.

- Every week, 4,000 adolescent girls and young women aged 15–24 years became infected with HIV globally in 2022 and 3,100 of these infections occurred in sub-Saharan Africa.

Source: UNAIDS

## Gaps in access to testing

### **Middle East and North Africa (MENA)** <sup>[11]</sup>

In the MENA region, 1 out of 3 HIV-positive individuals do not know their status. The delays in HIV testing contribute to poor results: in 2022, the differential was **28 points** <sup>[12]</sup> to make up in testing to achieve the first 95 target.

The different exercises of the programmatic cascades available in the MENA region show that the highest attrition rate is found in testing, with half – or even more in some countries – of people living with HIV unaware of their HIV-positive status. And although the region’s countries share the same typology of the HIV epidemic overall (low level among the general population but concentrated within key populations which notably consist of injecting drug users, men who have sex with men and sex workers), the fact remains that they have testing policies that are not all at the same level of performance and targeting. <sup>[13]</sup>

**The percentage** <sup>[14]</sup> **of people newly diagnosed coming forward for testing at an advanced stage of HIV disease rose from 27% in 2017 to 37% in 2019.** Furthermore, HIV testing services are not centered on the most at-risk key populations.

### **Central and East Africa** <sup>[15]</sup> **and West Africa** <sup>[16]</sup>

The Central and East Africa region is still a long way off from the first 95. The differential is 13 points for this first 95. Around 860,000 people living with HIV in WCA did not yet know their HIV-positive status at the end of 2022<sup>[17]</sup>. The gap between the performance recorded at the end of 2022 and the target to achieve for the 1st indicator in the care continuum for the end of 2025 is around 620,000 people living with HIV who should newly test positive. As part of this momentum to achieving the first 95 testing targets, 9 countries have

recorded performances that are not far off the targets (Cameroon, Nigeria,



Burkina, Benin, Senegal, Togo, Burundi, Cape Verde, Côte d'Ivoire).

Incidentally, the remarkable progress made in Burundi earned this country a noteworthy reward from PEPFAR at the latest COP/ROP 23 conference in Johannesburg in February 2023. <sup>[18]</sup>

One of the main reasons why disparities in the HIV response remain so considerable and persistent is that in some countries, we have not succeeded in addressing the societal and structural factors that increase vulnerability to HIV and reduce people's ability to access HIV services and effectively benefit from them. <sup>[19]</sup>

Testing and knowledge of HIV status are particularly low among homosexual men in Togo (3%) and Guinea (15.9%).

## **Indian Ocean (PFOI) [20]**

The challenges to the HIV response in the states in the Indian Ocean region are unique, notably natural disasters and migration. Key populations and young people are the most affected. <sup>[21]</sup>

**The gap to reach the first 95 target is 36% in the Comoros, 80% (in 2020) <sup>[22]</sup> in Madagascar and 36% in Mauritius.**

Improvements in access to testing have been noted in Mauritius in particular. The HIV and Aids Amendment Bill was voted in by the National Assembly on March 28, 2023. Among the key provisions of this bill, it will henceforth be possible to take a HIV test at home using a HIV self-testing kit. <sup>[23]</sup>

In Madagascar, where there is a very low rate of testing coverage (80% gap by 2025) <sup>[24]</sup>, efforts are needed to integrate testing within national events, as well as to increase the involvement of the national authorities, collaboration with members of civil society, and to reduce acts of stigmatization and discrimination. Better targeting of populations and geographic zones with the extension of differentiated approaches to HIV testing will make it possible to accelerate the achievement of the testing targets.

## **Europe (PFE) [25]**

This region regularly makes progress towards the first two 95 targets (HIV testing and treatment). Several countries have achieved all or part of the three 95–95–95 targets. In the European Union and the European Economic

Area, 22% fewer HIV diagnoses were recorded in 2021 compared to 2019. Late HIV diagnosis remains a problem in a large part of the region, hence the need to deploy outreach strategies for communities that do not visit care structures.

## **South and Southeast Asia (PFSASEA)**

In 2022, one out of five people did not know their status. The gap to reach the first 95 target is 14%. This is due to the innovative approaches introduced across the region, particularly oral pre-exposure prophylaxis (PrEP), HIV self-testing and online prevention. However, efforts must be sustained to scale-up these approaches so as to address the significant shortcomings that persist in the coverage of testing services among key populations. Only two countries (Indonesia and Thailand) in the region have put in place a HIV self-testing policy, but few countries provide testing kits in public or private health services or in pharmacies.

## **Latin America and the Caribbean (PFAC)**

The Latin America region has made very little progress in reducing new HIV infections in the region since 2000. In 2021, 2.2 million people in the region were living with HIV. Out of the people living with HIV in 2021, 13% did not know their HIV status.<sup>[26]</sup>

In the Caribbean region, 11% of infected people did not know their HIV status in 2021.<sup>[27]</sup>

In Canada, an estimated 62,790<sup>[28]</sup> people were living with HIV at the end of 2020. Among those living with HIV, some 90% had been diagnosed. Women are less aware of their HIV status and are less represented in treatment and suppressed viral loads rates. Some populations (e.g. people who inject drugs) are disproportionately affected by HIV and estimates concerning these groups are lower with regard to awareness of their HIV status.

## **Focus on the countries in the Coalition PLUS Lusophone Network** <sup>[29]</sup>

This network currently encompasses 10 community-based organizations, all dedicated to the fight against HIV, viral hepatitis and/or tuberculosis in 8 lusophone countries (Angola, Brazil, Cape Verde, East Timor, Guinea-Bissau, Mozambique, Portugal, São Tomé and Príncipe).

In 2022, 7 countries in the lusophone network implemented community-based testing during International Testing Week (ITW). Out of the 5,404 screening tests and 17,715 RDTs (rapid diagnostic tests), 4.5% came back positive.

Most of the countries in the lusophone network are faced with a serious challenge linked to new HIV infections among young people. One of the obstacles to testing among young people is parental consent, in Angola in particular.<sup>[30]</sup>

## **Focus on the AGCS PLUS network**

AGCS PLUS <sup>[31]</sup> is a pan-African Francophone network that defends the rights of sexual minorities. It covers 11 countries and mobilizes 20 LGBT identity-based and AIDS associations in Francophone Africa.

AGCS PLUS contributes to increasing the volume and quality of its services, both in terms of prevention and care, particularly to men who have sex with men (MSM). **This involves, for example, the promotion and reinforcement of demedicalized community-based testing.**

In a context of heightened stigmatization, discrimination and even repression of LGBT individuals, the community-based associations that are members of AGCS PLUS have developed fresh responses that have proven to be effective. The strength of these organizations itself resides in their ability to mobilize and to involve the people concerned, but also to build a relationship of trust with them that promotes adherence to care.



## **Advocacy**

### **Our demands**

#### **Better access to testing and prevention for populations**

Advances in reducing new HIV infections are too slow and concern too few countries to achieve the global targets.

In the MENA region, HIV prevalence rates in the general population are among the lowest (0.1%), although the situation remains particularly worrying among key and vulnerable populations, which account for the majority of cases of new HIV infections. The cause? One of the world's lowest coverage rate for HIV prevention and treatment. The lack of reliable data on the situation and the needs on the ground which hinder an adapted response and long-term improvements to access to **testing** and health services.

**In the WCA region**, access to combined HIV services for key populations remains restricted within most of the region's countries. In some contexts, prevention services for some key populations are non-existent.

Stigmatization and discrimination, as well as punitive laws and policies increase vulnerability to HIV and restrict access to prevention services for key populations.

#### **Differentiated approaches to services**

Several factors have contributed to some countries lagging behind in the achievement of the targets of the first 90 and then the first 95. Common reasons include limited access to screening tests with low rates, barriers accessing health care, shortfalls in the input supply chain and the persistent challenges of stigmatization and discrimination surrounding HIV.

WHO has recommended a "differentiated care approach" to overcome current challenges. This approach is based on the principle of recognition of diversity and preferences as to how services are provided and how patients access HIV services.

## **For a scale-up of PrEP worldwide**

PrEP is a potentially crucial tool for HIV prevention for people who are at high risk of acquiring HIV, including people from key populations, and women and adolescent girls.

The total number of people using oral PrEP globally has risen from a little over 233,000 in 2019 to over 2.5 million in 2020. According to The Global PrEP Tracker, an estimated 5 million people have started PrEP to date. From just over 233,000 in 2019 to over 2.5 million in 2020, with the steepest increases occurring in eastern and southern Africa.

Overall, however, the expanded provision of PrEP is limited to a small number of countries. The biggest gaps are among people from key populations, in low- and middle-income countries, especially in Asia and the Pacific, where almost a quarter of new HIV infections occurred in 2022. Data reported through the Global AIDS Monitoring system indicate that women slightly outnumbered men among people who use PrEP <sup>[33]</sup>.

## **Make HIV self-tests widely available to empower people in testing**

Despite the broadening of testing options in several countries, missed opportunities remain. Particularly in health structures, due to the failure of medical staff to identify people at risk of HIV (risk not mentioned by the patient and not questioned by staff).

The failure of medical staff to identify people at risk of HIV explains the inadequate testing among key populations in health structures. This raises the issue of the use of self-testing and the role of peer educators in dispensing HIV self-tests.

WHO has recommended this testing technique since 2016. It considers it “a safe, accurate and effective way to reach people who may not test otherwise, including people from key populations, men and young people”. The implementation of this new method has since spread, reaching Africa in recent years. Although there is no ambiguity regarding its accuracy and its means of dispensation, its social acceptance and its scale-up remain dubious in many countries, in Africa in particular.

## **Recognizing peer educators as an important link in access to testing and health services**

Evidence shows that programs and policies on the roll-out of testing produce the best results when they are implemented by those most affected. Coalition PLUS supports this fundamental approach that places community workers, and more specifically peer educators, at the center of the non-medicalized approach to testing.

Despite the WHO's call for the mainstreaming of community-based testing<sup>[34]</sup>, there is an overmedicalization of HIV services and insufficient decentralization of health services which leaves no room for wide-scale deployment of community-based strategies, thus impeding achievement of the results connected with the first 95.

Even though communities are vital to the fight against HIV, the ability of responses led by communities and key populations to fully contribute to bringing an end to AIDS by 2030 is compromised not only by severe funding shortages, but most of all by the lack of community engagement and integration in the national responses of many countries.

Community-based actors, and more specifically peer educators, have consistently shown their added value by bridging the shortfall in the identification of people who do not know their status, particularly among those most affected, marginalized and hardest to reach.

And yet, despite the effectiveness of peer education programs, some challenges, such as the official non-recognition of the status of peer educators or poor compensation, still place these professionals in a situation of great precarity which in turn negatively impacts the sustainability and efficacy of their actions, and therefore also HIV prevention, testing and treatment actions.

It is thus with the goal of better utilizing their potential that Coalition PLUS is leading the project to introduce certification for the profession of peer education.

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