ANNEX 3. Case examples

Global examples of HIV testing services

Acknowledgements:

The development of this document would not have been possible without the help of the organizations that submitted case examples, and the amazing people working within them.

1+N (China, Xiaodong Wang, Yu Fei), **Adhara** (Spain, Antonio Susperregui), **AIDS Concern** (Hong Kong SAR, Andrew Chidgey, Mandy Cheung), **Barcelona (BCN) Checkpoint** (Spain, Ferran Pujol), **Callen Lorde Community Health Center** (USA, Asa Radix), **Cambodian Women for Peace and Development** (Cambodia, Ny Socheat), **Ath and Thess Checkpoint** (Greece, Sophocles Chanos), **CheckpointLX** (Portugal, João Brito), **Thanh Hoa Provincial AIDS Centre** (Vietnam, Van Thi Thuy Nguyen), **Demetra Association of HIV Affected Women and Their Families** (Lithuania, Loreta Stoniene), **DEVO Project** (Spain, Jordi Casabona Barbara), **Excellence and Friends Management and Care Centre** (Nigeria, Akinola Patience Ezinne), **Fondazione LILA Milano ONLUS** (Italy, Lella Cosmaro), **Lingnan Partners Community Support Center** (China, Meng Gang), **Heineken International** (The Netherlands, Herbert Schilthuis, Patrick Chukwumah), **HERA** (The former Yugoslav Republic of Macedonia, Tanja Stankova), **United Nations Development Programme Kyrgyzstan** (Kyrgyzstan, Daniiar Saliev), **Ibis-Hivos** (The Plurinational State of Bolivia, Carolina Montes Portugal) , **IN-Mouraria** (Portugal, Ricardo Fuertes, Pedro A. Pina), **Jacobi Medical Center** (USA, Julie Hoffman), **Jhpiego** (Mozambique, Kelly Curran), **Love Yourself** (Philippines, Chris Lagman), **LVCT** (Kenya, Lilian Otiso), **Marsa Sexual Health Center** (Lebanon, Diana Abou Abbas), **Medecins du Monde** (Myanmar, Renaud Cachia), **Medicos del Mundo** (Spain, Cristina Torro), **MOSAIC** (South Africa, Xander Flemming), **Nai Zindagi Foundation** (Pakistan), **OPHID** (Zimbabwe, Diana Patel), **PharmAccess** (Rwanda, Tobias Rinke de Wit), **Re-Action!** (South Africa, Sharon White, Petrou Rousseau), **Reproductive Health Uganda-RHU** (Uganda, Daniel McCartney), **FHI 360** (Ghana, Nana Fosua Clement), **Society for Family Health** (Namibia, Lavinia Shikongo), **Transgender COLORS Inc** (Philippines, Francheska MacRae Dabon, Pengfei Zhao), **USAID Uganda** and **Ministry of Health Uganda** (Uganda, Jacqueline Calnan and Benson Tumwesigye) and **Viva Melhor Sabendo** (Brazil, Miriam Franchini).

Special thanks to **Rebecca Mathews** (University of Canberra, Australia) and **Gretchen Parrott** (WHO consultant) for coordinating the case examples process. The following people were also involved in developing these case studies: **Vladanka Andreeva** (Joint United Nations Programme on HIV/AIDS (UNAIDS), Thailand), **Joumanna Hermez** (WHO Regional Office for the Eastern Mediterranean), **Avinash Kanchar** (WHO Global TB Programme), **Alice Armstrong, Shona Dalal, Carmen Figueroa, Elizabeth Marum, Michelle Rodolph** and **Annette Verster** (WHO Department of HIV, staff and consultants) and **Vincent Wong** (USAID, USA).

Additional support was provided by: **Guideline development group** of the WHO Consolidated guidelines on HIV testing and counseling, and the following WHO staff, consultants and interns: **Vladanka Andeeva, Rachel Baggaley, Joumana Hermez, Avinash Kanchar, Elizabeth Marum, Rebecca Mathews, Michelle Rodolph, Annette Verster, and Vincent Wong.**

Overall coordination: **Gretchen Parrott[1], Carmen Figueroa[1], and Cheryl Johnson[1].**

[1] World Health Organization, HIV/AIDS Department, Geneva

3.1 Introduction

The WHO Consolidated Guidelines on HIV testing services (HTS) were created to combine all recommendations and technical guidance into one user-friendly document. In addition a series of web annexes are included to provide additional in-depth information. This annex provides case examples of HTS to augment the information from reviews of the published literature on HTS approaches.

Key populations (men who have sex with men (MSM), sex workers (SW), people who inject drugs (PWID), transgender people and people in prisons or closed settings) are disproportionately affected by HIV. Pooled HIV prevalence is 10-50 times greater than in general populations *(1-3)*. Every year there are over two million mew HIV infections worldwide, and it is estimated that 40% of all new adult HIV infections are among key populations*(4-6)*. Despite such high HIV burden and the increasing global coverage of HIV testing and treatment services, key populations are underserved *(6)*. This is often due to existing stigma, discrimination and criminalisation of key populations and their behaviours *(5)*. Although there have been efforts to increase access to HTS for key populations these programmes have not often been at large scale and coverage remains low. Furthermore there is limited evidence in the published peer-reviewed literature on key populations; particularly in resource limited setting and WHO focal countries. Therefore, additional information to support country implementation and scale-up a series of HTS case examples is presented.

Additionally, in the current era of life saving treatment and care for all HIV positive individuals, failure to engage and be retained in care can be associated with negative outcomes for both the individual and the community*(7)*. Despite increasing success in the uptake of HIV testing, there remains limited research being devoted to long-term follow-up of HTS clients as they progress along the HIV continuum of care. Case examples, in this annex, also provide insight into ways to support linkage.

To better reflect on-going programmatic work, as well as these and other gaps in the peer-reviewed literature, we sought to collect case examples from the field on HIV testing services. These examples may inspire new ideas and strategies to increase uptake of HIV testing, repeat testing for high-risk populations, and linkage further care and treatment. The case examples presented here describe work on HIV testing services across all WHO regions and cover the following topics: unique approaches to service delivery, critical enablers, implementation of test for triage, the use of lay providers, promotional strategies, and tactics to increase linkage to care.

3.2 Methodology

We adapted the WHO methodology for collecting case examples as described in the WHO Consolidated Guidelines on HIV diagnosis prevention, care and treatment for key populations *(5)*. For case examples regarding key populations we used the survey and template used during the development of this guideline *(6)*. Changes were made to the template to determine specific features of each programme related to HTS. The template included general questions on programme characteristics (e.g. key population group, country region, organization, type of programme) and more detailed programme-specific information (e.g. description of activities, results/achievements, and monitoring and evaluation).

We identified prospective contributors for case examples by:

1. Reviewing recent WHO guidelines to identify relevant case examples related to key populations and HIV testing services.
2. Using a list of prospective contributors created by WHO HIV department organizations or points of contact were asked to submit relevant case examples.
3. Contacting WHO regional offices and focal points; UN partners; key population and civil society networks; international and national NGOs; and individuals managing or implementing programmes; and all members of the WHO Steering Committee, Guideline Development Group and Peer Reviewers for the Consolidated Guidelines on HTS.

4. Contacting organizations that provide HIV/TB services, including people who inject drugs, in collaboration with the WHO Global Tuberculosis Programme.

Participation was voluntary. Organizations could also elect to maintain anonymity in publicly available documents.

A second round of solicitation was completed by experts in the field of HTS, to retrieve case examples from organizations in specific areas of service (e.g. workplace HIV testing, integrated TB testing, and integrated voluntary medical male circumcision) that were not already covered by the first round of solicitation. These were selected and included based on priority areas identified thought the peer review process and through consultation with the Steering Committee and Guideline Development Group.

All case examples were reviewed and edited by a minimum of two reviewers to standardise and ensure quality of the case examples. During this process, reviewers identified when additional information was needed or if inconsistent or unclear data in any of the case examples submitted. One reviewer followed-up and worked closely with all organizations to collect this additional information. WHO consultants finalised the case examples along with the contributors to ensure that the content was accurate, up to date and representative of the HTS programme.

To determine which case examples should be prioritized for inclusion in the guidelines, we asked members of the WHO Steering Group and Guidelines Development Group to review and score a random allocation of four case examples. We used SurveyMonkey, an online survey tool, to collect and aggregate these scores. Case examples with the highest scores were then considered for inclusion in the guidelines. In additional to the scoring, case examples were selected based on consultation and consensus with the WHO Steering Group and Guidelines Development Group. This process was actively supplemented with suggestions from experts and peer-reviewers who were participating in the selection groups, therefore some case examples did not went through the selection process.

Selection Process Results

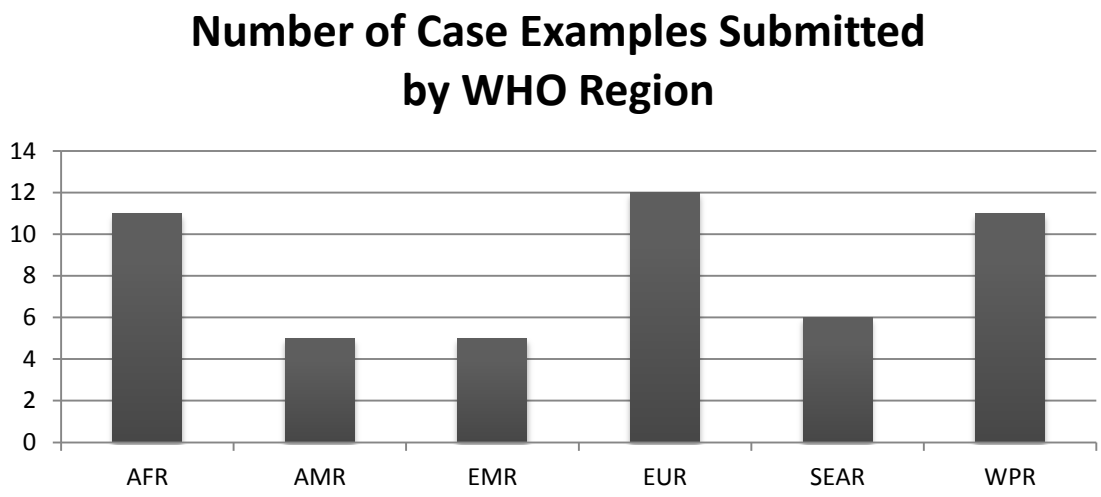
In total, 45 case examples were submitted, of which 43 met the initial criteria for consideration. Programmes responding to the solicitation request presented interventions supported by governments, UN agencies, international and national non-governmental organizations and community-based organizations. The programmes offer a range of services, including HIV testing, counseling, sexually transmitted infection (STI) screening and treatment, antiretroviral therapy, and advocacy and social support along the HIV cascade of care. Further follow-up questions and editing resulted in the inclusion of 40 case examples for review and online ranking by the WHO Steering Group and Guidelines Development Group.

A total of 18 cases examples were included in entirety within the Consolidated Guidelines on HTS. Other select case examples were chosen by experts in the field to supply the bulleted examples due to high quality and unique illustrations of service in the field. All the 40 case examples, which met the criteria for inclusion, are found within this annex.

Case Examples Profiles

This section presents a summary of the programmes that contributed selected case examples. The programmes included offer a variety of services and interventions including HIV/STI testing implemented by lay providers, education, information, counseling, treatment and care, harm reduction, sexual reproductive health, support (social, psychological, legal and peer-led outreach), training and advocacy.

Fig.3.1A. The number of case examples submitted by WHO region members



3.3 Case Examples

The case examples included here are in alphabetical order as listed by title organization name within their respective WHO regions. Each case example provides a short description of the programme, including the focus area(s) and important elements of programme activities. Some case examples also note key successes and challenges encountered during implementation and service delivery. Case examples with an asterisk were included in the Consolidated Guidelines on HTS.

AFRO- African Region

Nigeria **Excellence and Friends Management Care Centre**
http://expertmanagers.org

Excellence and Friends Management Care Centre (EFMC) is a non-governmental community-based organization that works with the general population, sex workers and people in prison, in particular, difficult to reach with HIV services due to the lack of HIV testing confidentiality and increased need for treatment in prison settings. Different programmes and services are primarily provided in the states of Nasarawa and Imo as well as the Federal Capital Territory and City of Abuja.

The following programmes are selected examples of an integrated HIV prevention programme aimed to reach:

People in prison. In order to provide HIV services to people in prison, EFMC first organized and met with prison wardens and other relevant authorities. After obtaining support from the prison authorities, EFMC staff provided information to the people in prison on the importance and benefits of knowing one's HIV status, HIV prevention and behavioural change messages, and offered free HTS. HTS is provided in accordance with the national testing algorithm, using Determine™ HIV-1/2 (Alere Healthcare (Pty) Ltd., Japan) followed by Unigold™ Rocombigen® HIV-1/2 (Trinity Biotech PLC, Ireland). Additional services within the Imo State Prison include the creation of a behavioural change support group with bi-weekly meetings. This support group provides peer counseling and regularly encourages members to develop and attain personal goals within and outside of prison.

As a result of this intervention, from May 2013 to September 2013, over 800 people in prison received an HIV test (700 from Imo state prison and 128 from Nasarawa state prison): 31 HIV positive cases were diagnosed from Imo State Prison, and 3 HIV positive cases were recorded in Nasarawa State Prison. Successful linkage to care was achieved through individual shared- confidentiality with prison wardens and contact with the nearest antiretroviral treatment centre. With the help of the wardens, the inmates were sent to the hospital for viral load and CD4 testing. All HIV positive cases from Imo and 2 from Nasarawa State Prison, who were eligible for antiretrovirals, completed their adherence counseling and commenced antiretroviral therapy. Currently, EFMC maintains continuous follow-up through phone calls and periodic review of patient files to ensure HIV treatment and other pharmaceutical drugs and services, are regularly provided.

Sex workers. Before programme implementation, EMFC mobilises community engagement, conducts advocacy and creates demand for HTS using storytelling techniques and a series of casual informal meetings with key gatekeepers. During this period, owners of the brothels, as well as potential participants are identified and befriended. Then, a behaviour change communication programme is implemented, covering topics such as goal setting, income generating activities, and condom use. HTS are offered to all sex workers in the brothels. One strategy to enhance programmatic success was the provision of "room-to-room" HTS – as many sex workers reported that they wanted more privacy when testing for HIV. HTS is provided in accordance with the national testing algorithm, using Determine™ HIV-1/2 (Alere Healthcare (Pty) Ltd., Japan) followed by Unigold™ Rocombigen® HIV-1/2 (Trinity Biotech PLC, Ireland). Clients who test HIV positive are then linked to care and treatment services.

From 2013 to 2014, a total of 1 466 sex workers received an HIV test in the City of Abuja and Nasarawa State. During this same reporting period, 189 were tested and diagnosed HIV positive. Of those diagnosed HIV positive, 145 accepted referral and were linked to care and treatment. Twenty-four already knew they were HIV positive and were on treatment, while the remaining 20 rejected referral and refused treatment although they were counselled. Three participants have linked to other income generating activities and no longer sell sex. Many sex workers report that they practice safe sex and use condoms regularly, as a result of the behaviour change programme. In Nigeria, national laws prohibit and criminalize sex work; this is a major challenge to providing services to this population. Sex workers report that learning to trust the EFMC staffs was integral, as many have had negative experiences with other programme staff and when accessing health services, previously. Other challenges identified through this programme include: sex workers demanding financial incentives to participate in the programme, as well as corruption and harassment from security agencies with periodic extortion of money or sex.

***Mozambique** **Jhpiego**
http://www.jhpiego.org/

Jhpiego, with funding from PEPFAR in collaboration with CDC, has supported the Government of Mozambique's HIV prevention programmes, including its voluntary medical male circumcision (VMMC) programme and its home and community-based HTS programme. The HTS programme uses lay counsellors who are employed by local community and faith based groups; they are known as community counsellors. Home-based HTS has been very acceptable to Mozambican communities, with more than one million clients tested between 2007 and 2014. Over the years, the role of the community counsellors has expanded to include additional health screening and education. For example, community counsellors now measure blood pressure to screen for hypertension. Clients who are referred to a health facility for any reason (testing positive

for HIV, suspected TB, pregnant women who haven't received antenatal care, victims of GBV) are actively followed up by the community counsellors to ensure that they get the care they need.

The Mozambican VMMC programme began in November 2009 and has reached 322,129 men as of February 2015. In 2012, as the number and capacity of VMMC sites expanded, a decision was taken to train the community counsellors to refer men testing HIV-negative at home or at other community settings to VMMC services. Considerable effort was made to ensure that the community counsellors would be perceived as credible sources of information about VMMC. First they attended a VMMC counseling training, followed by a two week "internship" at a VMMC site. During their internship, they did HTS for VMMC clients and had the opportunity to observe client flow from group education to post-operative follow up. Two thirds or 67.8% of men linked to the VMMC site, received circumcision services.

Kenya, Nairobi & Kisumu **LVCT Health**
http://www.lvcthealth.org

In 2004, LVCT Health started a key population programme to respond to the sexual and reproductive health needs of men who have sex with men and sex workers. Traditionally in Kenya, these groups often have poor access to and low uptake of health services due to criminalisation and stigmatisation of their behaviour. The programme was developed and planned in collaboration with men who have sex with men and sex workers who informed how and what services should be delivered. As a result of this planning process men who have sex with men and sex workers are now offered a comprehensive package of HIV services, in which outreach HTS is the entry point to other STI and other sexual reproductive health services. Trained peer-educators also provide psychosocial support and follow-up with newly diagnosed clients to support treatment adherence and retention.

Other services provided by the programme include:

- Testing and treatment for sexually transmitted infections;
- Cervical cancer screening;
- Post-exposure prophylaxis for those who are HIV negative;
- Condom distribution;
- Linkage to care and treatment for clients with a HIV positive diagnosis

LVCT offers HTS in health facilities and through outreach. After identifying places where men who have sex with men and sex workers spend time regularly, peer-educators visit these locations and mobilise the community to create demand for HTS. During this mobilisation period, gatekeepers to the community and security guards of brothels and bars are identified and sensitised to the health needs of the key populations of interest. All participants are given an opportunity to enrol in support groups. For clients who test HIV negative, they are provided information on HIV prevention interventions in support groups; including where and how to access services. On-the-job training and mentorship are continuously offered to peer-providers and health workers to maintain the quality of services delivered. The programme works closely with the local and national government. In particular, by drawing from lessons learned during programme implementation, LVCT informs the development of evidence-based policy.

From 2011 to 2014, 220 health workers and 43 peer-educators have completed sensitivity training. Also during this time, over 4 058 men who have sex with men and 4 231 female sex workers accessed integrated HIV prevention, treatment, care and sexual and reproductive health services. Of those accessing services, 1 668 men who have sex with men and 2 269 female sex workers received HIV testing for the first time. During this same period, 650 men who have sex with men and 254 sex workers were diagnosed HIV positive with over 75% of them effectively linked to treatment in Kenya. Of those, 164 HIV positive men who have sex with men enrolled in the LVCT clinics and started antiretroviral therapy. To

date, follow-up in this cohort maintains over 95% (n=156/164) treatment adherence rates and among those retained, 90% viral suppression.

South Africa **MOSAIC Men's Health Initiative**

http://icap.columbia.edu

In 2012, the International Center for AIDS Care and Treatment Programmes (ICAP) at Columbia University in South Africa launched the MOSAIC Men's Health Initiative. The programme's aim was to increase access, coverage, and quality of HIV prevention services for men who have sex with men. The programme supports men who have sex with men organizations to develop peer-led outreach and community-based HIV prevention activities together with the ICAP regional and technical teams.

The package of services includes:

- HTS, available through mobile services, couples and partner testing and home-based testing;
- STI and TB screening and referral for treatment;
- Referral for substance abuse treatment and mental health services;
- Male condom, female condom and condom-compatible lubricant distribution;
- Referral for post-exposure prophylaxis (PEP);
- Linkage of men who have sex with men diagnosed HIV positive to care and treatment services.

ICAP in SA Limpopo team

MOSAIC activities are implemented in connection to a monitoring and evaluation framework that specifies various indicators and targets. On-going monitoring allows for performance appraisal and addresses gaps and challenges. A simultaneous capacity-building programme sensitises health-care workers to the needs of men who have sex with men. Governmental agencies, civil societies and men who have sex with men community organizations have been established to guide and lead the efforts. These providers then form MOSAIC's referral network. Some providers in the network have vast experience in men who have sex with men programming, whilst others receive capacity building and mentoring to increase their knowledge and skills with regards to the implementation of men who have sex with men programmes. Peer outreach workers are recruited and trained on evidence-based HIV prevention interventions including how and when to offer PEP to HIV negative men who have sex with men. Clinicians receive training to bolster their knowledge and skills around men who have sex with men-related health issues, followed by on-the-job mentorship. This process contributes to the sustainability of HIV prevention services available to men who have sex with men.

From 2012 to February 2015, 13 980 men who have sex with men have received HIV prevention services, 2,010 health-care workers have received sensitisation training, 269 clinicians have received clinical training, and 24 health facilities are being provided with on-going mentorship. The programme has demonstrated that local engagement can be used to increase coordination, and therefore, effectiveness of men who have sex with men-focused programming.

***South Africa[2]** **HIV testing services strategic planning**

In 2012, National Department of Health in the Republic of South Africa (RSA) with support from U.S. Centers for Disease Control and Prevention and University of California San Francisco held a series of workshops to build capacity on the use of program and surveillance data in strategic planning for HIV testing programs. This included sessions on

[2] Website not provided

compiling data across multiple sources to generate tables, charts, and maps, and analyses of program gaps and needs. This led to action plans for improving program alignment to populations and geographic areas with disproportionate burden.

Decision-makers in RSA were interested in understanding where best to scale-up community HTC efforts and where there was need to strengthen facility HCT coverage. Participants concluded that, while the number of people tested increased from 2011 to 2012, community testing strategies remained a small proportion of the overall numbers. They also found that testing coverage was often higher in provinces and districts that did not have the highest HIV prevalence. These results were highlighted to guide efforts to increase HIV testing coverage in the higher burden districts, including expansion of community-based testing in those areas.

***Zimbabwe** **OPHID**

http://www.ophid.co.zw

Early diagnosis of children living with HIV is necessary for accessing timely HIV care and treatment services as well as optimising outcomes. In 2008, the Organization for Public Health Interventions and Development (OPHID) developed a play centre project as an addition to on-going PMTCT programmes to administer care and education to vulnerable children within three rural districts of Zimbabwe.

A total of 176 community volunteers staffed sixteen play centres by 2011. Over the 18-month period, following construction; 697 children were enrolled into the play centres. The majority of children were of preschool age between 3 and 5 years (n=580, 83.2%), reported having both parents living (n=346, 50%), though only 37% reported living with both parents (n= 257). After joining the play centres and being linked with primary care, 90% of children were up to date on their immunisations (n=629), with their vaccination schedule completed. Reports from staff and volunteers also indicate improvements in growth, physical strength, confidence, and increased interaction due to play therapy and supplementary feedings.

Even with a model of close continuous care, not all children could be tested for HIV. While attending the play centres 59% of children enrolled were tested for HIV. HIV testing always required the consent of the caregiver or guardian and could only be considered to be in the best interest of the child. This "best interest" was defined as the child would benefit from treatment and would not be stigmatised, discriminated against or isolated. All children diagnosed as HIV positive successfully progressed from diagnosis to treatment. The use of standardised registers acted as a successful method for preventing loss to follow-up. Guardians of children who were recorded as not having received their medications were visited at home and offered support and assistance by community mobilisers.

***Rwanda** **PharmAccess International Foundation**

http://www.pharmaccess.org/

In Rwanda, the national adult HIV prevalence is estimated to be between, 2.6% and 3.1%, with over 180,000 people living with HIV. Beginning in 2001, to better serve its employees, Heineken Breweries partnered with PharmAccess International Foundation and they jointly launched a workplace HIV/AIDS treatment programme at its Rwanda facilities in Gisenyi and Kigali called, "the Heineken Access to HAART Programme". This programme represented the final building block in a comprehensive HIV prevention strategy that was already in place. After Rwanda, this access to HAART programme was launched in all Heineken African Operating Companies (including DRC, Congo-Brazza, Ghana, Namibia, Sierra Leone, Nigeria), as well as in Vietnam and Cambodia.

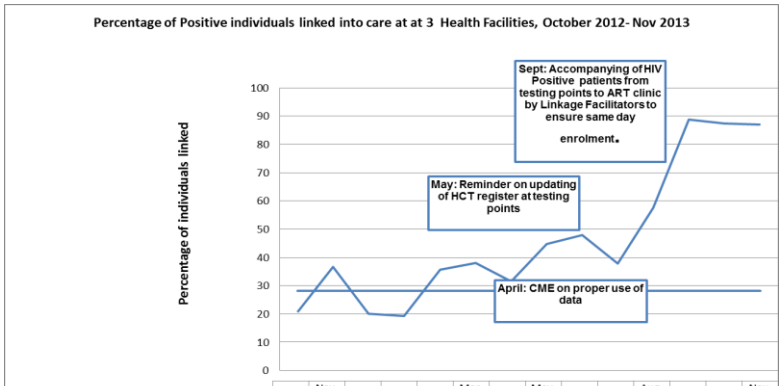
Benefits through this programme are offered to all employees and their immediate dependents, including children, as an addition to existing medical care services. Once on treatment for HIV, the patient retains this right until the end of life, even if he/she is laid off. The programme is ongoing and enters its 15th year of existence.

By January 2005, 736 out of 2 595 eligible individuals in Rwanda had received HTS. In total, 73 % (380/521) of employees, 62% (254/412) of spouses, 6.5% (99/1517) children and 2.0% (3/145) retirees received HTS. As a result, 109 HIV positive individuals were identified—that is 15%. Stigma and mistrust were have been to influence uptake of HTS; however, the proportion of HIV positive cases identified and participating in the programme has grown as employees observe successful treatment outcomes and witness that Heineken is honouring its commitment not to discriminate against those with HIV.

***Uganda[3]** **Quality Improvement**

Uganda has adapted a modern Quality Improvement approaches to improve linkage and enrolment from HTS into care and treatment. Individuals diagnosed HIV positive are linked to care and treatment within the facility or other facilities based on clients' preferences. Situational knowledge possessed by the PITC staff at three health facilities in Uganda identified several high potential and relevant interventions that could be implemented within the facility to improve linkage to care, including: 1) Changing the HIV testing point from the laboratory to a designated room, 2) Visual reminders for staff to update HTS registers, 3) Referral slips for newly diagnosed clients to the ART clinic, 4) Providing HIV positive peer escorts to the ART clinic, 5) Enrolling HIV positive clients into care on the same day.

Only two of the aforementioned interventions resulted in a significant improvement in linkage (4 and 5), and resulted in an increase of HIV positive clients linked to care from 58% in August of 2013 to 89% in April 2014. Quality Improvement requires the identification of relevant and specific interventions followed by a tracking period to determine which are most successful at resolving the issues identified.



	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
# of HIV Positive Individuals linked into care	6	11	4	5	5	8	18	26	23	17	19	55	28	27
Total No. of HIV Positive individuals identified	29	30	20	26	14	21	57	58	48	45	33	62	32	31
Percentage of of HIV Positive individuals linked into HIV Care	20.7	36.7	20.0	19.2	35.7	38.1	31.6	44.8	47.9	37.8	57.6	88.7	87.5	87.1
Median	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2

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[3] Website not provided

***Uganda** **Reproductive Health Uganda**
www.rhu.or.ug

In 2012, Reproductive Health Uganda (RHU) started implementing a three-year project in the urban slum areas of Kampala to increase access, coverage and quality of sexual reproductive health (SRH) and HIV services for sex workers. Operating through the RHU Bwaise Clinic, the programme operates a peer-led, community-based programme to provide a comprehensive package of SRH and HIV services including mobile and home-based HTS. Services include STI screening and management, family planning services including counseling and contraceptives, substance use counseling, male and female condom distribution, consultation and referral for post-exposure prophylaxis, and referrals to HIV care and treatment programmes for people diagnosed HIV positive.

A team of health-care providers and social workers were identified and trained to provide SRH and HIV services to sex workers and other key populations. Three, five-day training sessions were conducted with 90 peer-educators from the community. Training covered various topics, such as evidence-based HIV prevention interventions, HTS, how to recruit and mobilise the community, and how to provide referrals. For sex workers specifically, HTS was offered at their homes or other private location, along with contraceptive and other tailor made information and services. On-going monthly meetings are held with peer-educators and health-care providers to discuss challenges and to plan for subsequent outreach activities.

As of February 2015, over 1 000 male and female sex workers have received HTS through RHU's activities. An unexpected result of the community outreach has been a greater uptake of sexual reproductive health and HTS among men who have sex with men. Through both an associated clinic- and community-based activities, 350 people have been newly diagnosed HIV positive, of which 73 are men who have sex with men. All but 24, who were lost to follow-up, were linked to HIV treatment and care. The project has demonstrated that local engagement can be used to increase coordination, and therefore, effectiveness of key population focused programming. This partnership between stakeholders, peer educators, key population communities, and sensitised health care providers has also helped to overcome barriers to accessibility.

Ghana, Accra **USAID, SHARPER Project**
http://www.fhi360.org/projects/

In Ghana, deep-rooted social stigma towards men who have sex with men impacts their ability to access HIV information and services. In order to increase access to HTS for men who have sex with men, the SHARPER project contracted known men who have sex with men community liaison officers (CLOs) to engage other men who have sex with men through social media campaigns. Through the CLOs' efforts, six underground establishments of male sex workers (MSWs) and one telephone-based escort service consisting of MSWs and their clients were identified. The owners of these establishments agreed to work regularly with the CLOs and the SHARPER project to negotiate the implementation of mobile HTS services for men who have sex with men in Accra.

Between December 2012 and March 2014, seven sessions of venue-based mobile HTS with MSWs were carried out. The owners of each known establishment invited participants and HTS sessions were provided by SHAPER project staff, CLOs, and selected healthcare providers from the Ghana Health Service. All service providers were trained in conducting rapid HIV testing and sensitised to the needs of key populations.

Each of the sessions provided:

- Group counseling sessions focusing on HIV and STI prevention and testing;
- Rapid HIV testing and STI screening;
- Provision of condoms and water-based lubricants;

- Referral to HIV care and treatment, as well as STI services when needed

A total of 276 participants attended at least one of the organized HTS sessions. Of those, 56% (n=155) accepted HIV testing. Among those tested, 25 were diagnosed HIV positive and are now enrolled in treatment and care services. Severe stigma is experienced by the men who have sex with men community in Ghana, establishing trust and a willingness to collaborate between stakeholders and members of key populations was integral to the success of this programme.

Namibia **Society for Family Health**
http://www.sfh.org.na

In 2011, Namibia's Strengthening HIV Prevention, Care and Treatment among Key Populations project began with the objective of contributing to the reduction in HIV transmission among men who have sex with men, sex workers and their clients.

Goals of the project include:

- Improving access to HIV prevention, care and treatment interventions to reduce HIV transmission;
- Increasing ability development within local key population-led organizations to provide HTS;
- Improving the enabling environment for key population-led advocacy, networking and collaboration with the Republic of Namibia and stakeholders

As part of the project, key population-led organizations offer HTS within a larger package of sexual health services provided. Services are offered through stand-alone, mobile and moonlight facilities to increase uptake. Trained lay providers offer group, sexual risk reduction, and counseling sessions and then offer HTS to all participants. Clients diagnosed HIV positive are linked to a referral network for enrolment in antiretroviral therapy and other care and support services. Project activities are implemented in six urban areas, under the leadership of the Society for Family Health in collaboration with the Ministry of Health and Social Services.

Between October 2013 and September 2014, 12 609 sex workers and 2 219 men who have sex with men received HIV prevention interventions, 71 lay providers were trained to offer HTS and 20 law enforcement officers were sensitised to healthcare needs of the key populations at risk. In total, 1 959 rapid HIV tests were performed. Of those, 236 (12%) clients were diagnosed HIV positive and initiated ART. In the same reporting period, 636 HIV negative clients received risk reduction counseling, 17 received prevention of mother to child transmission therapy, four received post-exposure prophylaxis therapy and 40 underwent male circumcision. Other services provided to clients include treatment of STIs and other HIV related opportunistic infections, vaccination against viral hepatitis, and Pap smears.

South Africa **Voices of Change (Re-Action!)**
http://www.re-action.co.za/

In 2011, Re-Action! began a combination prevention programme focused on sex workers and their clients known as Voices of Change. In partnership with the Department of Health at local, sub-district, district, provincial and national levels, Re-Action! has created an enabling environment to support clinical and behavioural prevention services to sex workers in South Africa. Four rotating mobile vans offer clinical services in a 28-day cycle to high HIV transmission areas, such as brothels, taverns, or public spaces where sex work is common.

The programme provides HTS as the entry point to other health services such as sexual and reproductive health as well as chronic illness screening and treatment for diabetes, hypertension, and obesity. All services are provided free of charge, in a confidential manner, free from discrimination and stigma. In each mobile van, two outreach teams provide HTS; while peer-educators provide counseling, nurses carry out HIV testing. To improve access to health services among sex workers, HTS are provided in a user-friendly environment, available at convenient times (usually at night).

From 2011 to 2015, Re-Action! has conducted 12 993 HIV tests among sex workers at five sites. Re-Action! also offers at least quarterly repeat testing for HIV-negative sex workers in their cohort. In total, during the same reporting period, the positivity rate across all sites was 13%. Some 1 685 sex workers have been newly diagnosed HIV positive. At one site, all (100%) of 38 newly diagnosed HIV positive clients were registered into HIV care featuring clinical monitoring, risk-reduction counseling, and psychosocial support. Of those 38 women, 20 were eligible (CD4 below 500 cells/mm^3) and initiated antiretroviral therapy. In 2014, the results of the first Re-Action! client satisfaction survey indicated 72% clients are satisfied with pre- and post-test counseling and all respondents (100%) find mobile staff acceptable and sensitive to their needs. A great success for this programme has been the recruitment of 14 peer-educators from the existing sex worker population.

AMRO- American Region

***Bolivia, Santa Cruz** **Association Ibis-Hivos**
http://www.hivos.nl/dut/community/partner/10008578

In Bolivia, the HIV epidemic mostly affects men who have sex with men and transgender people. In 2010, a study in the cities of La Paz, El Alto, Cochabamba, and Santa Cruz showed an overall HIV prevalence of 9.9%. In 2012, the same study among transgender people in the same geographic regions reported a prevalence of 19.7%. The Association Ibis-Hivos developed a mobile health service strategy, which includes HTS, to more easily reach men who have sex with men in locations that are convenient and acceptable. Services offered include risk-reduction strategies, promotion and proper use of condoms, syphilis testing and timely referral for confirmatory HIV testing. Trained peer-promoters are utilised as part of this outreach strategy. The strategy compliments existing interventions provided by the Departmental Centre for Surveillance and Reference (DCSR) and civil society recipient organizations.

The mobile unit works 24 nights per month, distributed as follows: 10 nights with men who have sex with men and transgender people, 10 with female sex workers, and 4 with the homeless. HTS services are provided six days a week in night shifts with a median of 5 hours. The mobile unit staff operates in two separate teams, one team, includes peer-promoters and performs outreach to clients, the other team performs rapid HIV tests. All people with a reactive HIV tests or requiring other medical or psychological attention are referred to DCSR for confirmatory tests and appropriate care, using a written referral.

In the two years since the implementation of the mobile unit, 6,541 rapid tests were performed for either HIV or syphilis. From those 1,116 men who have sex with men or transgender people, 1,762 female sex workers, and 493 homeless were tested for HIV, with most men who have sex with men (73%) and female sex workers (46%) under age 25. In total, 117 people were referred to DCSR following a reactive HIV rapid test, of which 51 were confirmed HIV positive. From those 43 people were newly diagnosed and eight people reported knowing they were HIV positive. The mobile HTS unit strategy is efficient and effective because it breaks down the barriers of geographical and cultural accessibility to health services and compliments the formal health services provided by the DCSR.

USA, New York City **Callen-Lorde Community Health Center**
www.callen-lorde.org/our-services/hott/

Callen-Lorde Community Health Center serves lesbian, gay, and transgender adolescents, as well as people living with HIV/AIDS. In 2013, through both an on-site medical suite and mobile medical unit, about 1,100 young people (aged 13-24) received services. The programme uses a harm reduction approach and provides free health care in a transgender-affirming environment, to youth who identify as a key population, most of whom are homeless or at risk of homelessness. Training of all staff (medical providers, nurses, case managers and lay providers) in a transgender sensitive and competent service manner facilitates this transgender-affirming environment.

Services include:

- Providing men who have sex with men- and Trans-inclusive programme literature and health education materials;
- Using a trauma informed approach to care education on managing transphobia in multiple environments (e.g., in workplace, school, or correctional settings);
- HIV testing and counseling at a main facility site and the mobile medical unit;
- Using cognitive and behavioural interventions for HIV prevention, and providing information and access to biomedical interventions such as pre- and post-exposure prophylaxis

In 2014, 1,287 youth aged 24 years and under were tested for HIV, including 657 men who have sex with men, and 249 transgender women. Of those, 27 men who have sex with men and 5 transgender women were confirmed HIV positive. In the last 2 years, improved rates of HIV and STI testing were due to the implementation of HIV testing included with routine services and clients self-swabbing for anal/pharyngeal/urethral gonorrhoea and chlamydia tests. Additional keys to success have been the hiring of transgender staff, specifically in nursing, health education and as HIV testers. This action resulted in increasing client uptake and acceptability of services from 21% (173/816 clients) in 2013 to 40% (269/667 clients) in 2014. The most recent success for this programme was the implementation of a medical mobile unit outreach session held at a local dance club, with many transgender youth attendees, from midnight until 3:00 am. Annual patient satisfaction surveys and feedback on services and quality of care from the Youth Advisory Board will create additional opportunities for improvement of services in the future.

USA, New York City **Garifuna Community in the Bronx**
http://jacobimed.org

There are approximately 200 000 Garifuna living in New York City, with the largest community located in the Bronx neighbourhood. The Garifuna, an ethnic minority of African Caribbean descent, are an insular community and little is known about their health problems. Garifuna people are reluctant to come to traditional medical settings, preferring to seek care through traditional healers. This programme will provide rapid HTS by involving the traditional healers, buyeis[4], as both stakeholders and point-of-care contacts, in the Garifuna community. Pending approval, the programme will begin in March of 2015 and will be funded for a minimum of nine months by the Albert Einstein College of Medicine.

Five chief buyeis will undergo training to offer health education and rapid HTS to Garifuna community members seeking health care. Following the training, the buyeis will be asked to consent to participate along with the Jacobi Medical Center (JMC) HIV clinic at the Albert Einstein College of Medicine. In the event of a reactive HIV test result, the buyei will bring the client to JMC HIV clinic for confirmatory testing and treatment. If successful, the programme will expand the project to other sites throughout

[4] a traditional shaman, healer, and leader of Garifuna cultural practices

New York City. Adjustments to the programme will be made based on on-going monitoring and evaluation of HIV testing and linkage to care.
A preliminary feasibility study began with a buyei who brought several people to JMC for HIV testing. This buyei, sees approximately 10 clients weekly, and was trained to offer and provide HIV rapid diagnostic tests to his clients. Over the course of several months he tested 20 people for HIV, 3 of which had reactive results. Of those, 2 were confirmed and diagnosed HIV positive and successfully linked to treatment and care, while one patient refused to come to any hospital or clinic.

***Brazil** **Viva Melhor Sabendo "Live Better Knowing"**
http://www.blog.saude.gov.br...viva-melhor-sabendo

In January 2014, Brazil's Ministry of Health, STD/AIDS and Viral Hepatitis Department launched this fully funded project. The aims of Viva Melhor Sabendo are to increase the availability and uptake of HIV testing among key populations and contribute effort to the early diagnosis of HIV infection. The four key populations focused on are: men who have sex with men, people who inject drugs, transgender people and sex workers. Peer educators, from the key groups, provide oral-fluid based rapid HIV testing in venues and places that are convenient and friendly to their peers, including bars, clubs, saunas, and urban streets. A computerised system is used to track field visits, the number of HIV tests performed, the number of reactive test results, and the number of people who are referred to additional services. This programme is currently being implemented in 35 cities in partnership with 50 non-governmental organizations (NGOs).

The strategy provides an excellent way of reaching key populations at times when formal health services are typically closed. The partnership with NGOs, the use of lay providers and the adoption of the oral fluid-based rapid HIV test has increased coverage in key populations throughout Brazil. Coordination between NGOs and the health services responsible for confirmatory testing also assists key populations to avoid the stigma, discrimination and barriers associated with clinical health services.

In Brazil, HIV prevalence among key populations is significantly higher than the general population: 10.5% among men who have sex with men, 5.9% among people who inject drugs and 4.9% among sex workers, and only 0.4% among the general population. From May 2014 until March of 2015, 28 400 tests have been performed through Viva Melhor Sabendo. During this reporting period, 2.7%(765) of all rapid HIV tests were reactive: 4.7%(241) among men who have sex with men, 2.3%(92) among people who inject drugs, 1.6%(81) among female sex workers, 4.5% (43) among male sex, and the highest prevalence of 13.0%(138) among transgender people. Approximately 82% of individuals determined to be HIV positive are referred to health service centre for additional testing for confirmatory diagnosis. Individuals determined to be HIV positive are further linked to treatment and care.

EMRO- Eastern Mediterranean Region

Morocco **Association de Lutte Contre le Sida**
http://www.alcs.ma

In Morroco, the Association de Lutte Contre le Sida (ALCS) has engaged in HTS activities since 1992 and currently, is running more than 25 stand-alone HTS sites and 5 mobile outreach HTS in both urban and rural areas. HTS is offered among a package of prevention education tools, psychosocial support, and key population specific prevention services.

Trained physicians, using a single rapid HIV test, perform testing. Confirmation of HIV infection still requires additional testing, and this service is only available in some selected sites, causing considerable delay in results received by clients. This was identified as one of the major causes of losing clients along the continuum of care.

In 2010, ALCS lobbied the National AIDS Program (NAP) to amend the national policy on referral. The intense advocacy from ALCS persuaded the NAP to endorse a new approach involving immediate post-test counseling and referral to HIV Care Units. The HIV Care Unit then performs a single venous blood draw; to be used for both additional testing to confirm diagnosis and the analyses needed for care decisions such as, CD4, viral load, and screening for concurrent infections. Physicians of the HIV Care Units were very reluctant to comply with the new policy initially and first refused to provide care to the clients referred. This only caused further attrition. However, sensitisation conducted by both ALCS and the NAP is helping to overcome this reluctance and improve the flow of clients from community testing sites to HIV Care Units.

***Lebanon, Beirut** **Marsa**
http://www.marsa.me

Established in 2010 and officially opened in March 2011, Marsa, is a specialised medical centre offering sexual health services. Marsa specifically focuses on providing services to key populations, including men who have sex with men, sex workers and transgender people. The centre is located in Beirut and offers access to health services without discrimination. It provides a comprehensive package of services, including HTS, general medical consultations, psychosocial counseling and dietetic counseling. HTS is provided using rapid test kits. Free testing is also available for Hepatitis B and C and rapid syphilis testing is available for a small fee.

All Marsa services follow the most recent guidance from the World Health Organization and the Centers for Disease Control and Prevention. In addition to providing health services, Marsa also holds refresher trainings for staff; to maintain and improve the quality of services delivered while performing HTS. When HTS services are provided, data on client sexual history and risk behaviour are also collected. This data is collected along with other epidemiological information, using adapted questionnaires developed by the Lebanese National AIDS Control Programme (NAP).

Between 2011 and 2015, Marsa provided more than 2 500 unique clients access to health services and over 4 000 HIV tests were performed. From those HIV tests 69 men who have sex with men were newly diagnosed HIV positive and 5 cases were diagnosed in men who have sex with men and women. The success of the Marsa HTS programme can be attributed, partly, to the strong support from the Lebanese Ministry of Public Health and the NAP; both of which support HTS trainings and manage the supply chain and logistics for HIV rapid test kits. Sex and sexual health continue to be taboo topics in Lebanon. This is a barrier to promoting and advertising Marsa services. As a result, promotion is primarily accomplished through: word-of-mouth, outreach campaigns, external referrals from health-care providers, and through social media.

Pakistan **Nai Zindagi Foundation**
http://www.naizindagi.org

The Nai Zindagi Foundation is a non-profit organization in Pakistan with the primary goal of helping people and communities affected by drug use and HIV. It seeks to empower people who inject drugs, as well as other people living with HIV of all ages, to improve their knowledge, health, socio-economic wellbeing and increase their access to essential services. As part of this programme, HTS are recommended for all people who inject drugs, their partners and the children of clients living with HIV.

From 2012 to 2013, approximately 17 725 people who use or inject drugs were registered in 19 districts in partnership with 6 sub-recipient organizations. Of those, 11 430 accepted HTS (2,839 were found to be HIV positive). Among those who were HIV negative, 3 489 were retested for HIV three months later. Also from 2012 to 2013, 439 partners accessed HTS; 32 of these women were HIV positive. Because the risk of acquiring HIV is so great with unsafe injections, repeat-testing is recommended for people who inject drugs at least every 3 months. Approximately 70% of repeat-testers return for HTS regularly.

***Eastern Mediterranean Region** **Test, Treat, Retain**
http://www.emro.who.int

In an effort to improve access to treatment, the WHO Eastern- Mediterranean Region developed a tool to assess the barriers to HIV testing, linkage to and continued engagement of PLHIV with care and treatment. The tool guides its user on applying the cascade model, together with contextual qualitative data, to assess the magnitude and determinants of engagement along the continuum of diagnosis and care. It also explores opportunities to improve the access to HIV testing, linkage to and retention in lifelong treatment.

This assessment using the tool was implemented in Sudan, Pakistan, Morocco, Egypt and Iran. Patient-level factors such as the fear of stigma and discrimination and lack of trust in the HIV services were salient reasons for people, who are newly diagnosed with HIV in all countries, not to be linked to care and treatment. Complicated testing strategies that are dependent on complex laboratory procedures and that delay returning the final test results were key factors that cause PWID to drop-out after the initial triage test from Islamic Republic of Iran and Pakistan. Service provider attitude and exclusion of PWID from treatment eligibility also caused PWID not to link to care and treatment in those countries. Hijra[5] sex workers in Pakistan feel unwelcome, by both the health care providers and the clients, in conventional health services, thus they learn their HIV status but remain reluctant to seek care and treatment.

In addition to identifying barriers, multiple stakeholders participate in identifying context-adapted solutions. For example, in Sudan efforts are underway to improve linkage by introducing peer-navigators to assist and support linkage to care. In Pakistan, involving NGOs in supporting the adherence of PWID to treatment will eventually increase the trust of health care providers in the feasibility of providing them with ART, and therefore, increase their likelihood to seek treatment. In Egypt, the patient-flow along the continuum of HIV diagnosis, treatment and care will be revised in a way that optimises the conditions for the clients to navigate through the system.

EURO- European Region

***Spain, Sevilla** **HIV/AIDS Association**
http://www.adharasevilla.org

Adhara HIV/AIDS Association is a patient association attending to the needs of the local people in Sevilla and neighbouring towns. It primarily provides services to men who have sex with men and people at high risk from the general population. It offers community-based HTS, within two hospital infectious disease units and detached community centres. In Spain, lay providers are permitted to perform oral fluid-based rapid HIV testing. Within the infectious disease units, HIV positive peer-educators implement a community-based HTS programme, paying special attention to index testing among the sexual partners of known HIV positive clients. If an oral fluid-based rapid HIV test is reactive, the

[5] A traditional population group composed of transgender people

index partner is promptly linked to a consultation with an HIV specialist. Individual confirmatory testing and consultations can occur the same day as diagnosis but not later than 24-hours following the first visit. HTS are also performed within the detached community centres, where index testing is not promoted. The comparison of the two approaches is below.
Although 2,185 people were voluntarily tested at the detached community centre, the HIV positivity rates were low; 1.2% (n=27) and 0.4% (n=9) for heterosexual men and women, respectively. In contrast, 268 people were tested through index testing operated by the peer educators inside the infectious disease units. Of these, HIV positivity rates in heterosexual men and women were high when compared to the detached community centre, 12.9% (n=35) and 13.1% (n=36), respectively. For men who have sex with men, the number of newly diagnosed HIV positive cases at the detached community centre was 7.9% (n=173) but increased to 15.3% (n=41) using the index patient testing strategy. The high success of the index referral strategy in this programme can be in part attributed to the strong support of physicians and nurses working within the infectious disease units.

Spain, Catalonia **BCN Checkpoint**
http://www.bcncheckpoint.com/

In 2006, Projecte dels NOMS-Hispanosida created Barcelona (BCN) Checkpoint, a community–based centre for men who have sex with men in Barcelona. This centre offers the following services: HIV testing, peer counseling, information on post-exposure prophylaxis, as well as linkage to medical care for people diagnosed with HIV infection. Testing is also offered for syphilis, gonorrhoea, chlamydia, and hepatitis C. Additionally, vaccinations are available for hepatitis A and B. BCN Checkpoint offers education programmes on HIV treatments to assist people living with HIV/AIDS to make informed decisions regarding treatment, adherence and to improve relationships with their health team.

Every client is offered pre- and post-test counseling along with both a HIV and a syphilis rapid test. Empathetic and openly gay staff, some of who are living with HIV, offer peer counseling. Clients are encouraged to talk openly about their sexuality, their perception of HIV risk, and safe sex practices, without fearing prejudice or stigma. Clients with a reactive test result receive immediate emotional support from a HIV positive peer. Support continues throughout the additional testing to confirm diagnosis process. Although discussion around false positives occurs, in more than 99% of cases the test result is confirmed HIV positive. If diagnosed HIV positive, clients are offered an appointment at one of Barcelona's HIV units in a public hospital. Clients with negative results receive risk-reduction counseling, and are invited to retest every 3-12 months depending on their level of risk and frequency of risk exposures. BCN Checkpoint has been observing a cohort of HIV negative men since 2008 with the aim to obtain a realistic estimate of the HIV incidence among men who have sex with men in Catalonia and to evaluate the effect of new and more prevention tools. This cohort currently contains over 5 000 men with at least one repeat testing event.

From 2006 to 2014, the programme has performed a total of 28 687 tests to 12 540 unique individuals. The rapid HIV test was reactive 942 cases, with 34 determined to be false reactive after confirmatory testing, and 23 individuals refusing to accept confirmatory testing. For the years 2009 to 2013, the cases detected at BCN Checkpoint represent approximately one-third of all cases reported among men who have sex with men in Catalonia (647/2 007). At the end of 2014, a total of 885 men who have sex with men had positive HIV results. One-third of all newly diagnosed HIV positive cases at BCN were recent infections. Of people newly diagnosed 90% were linked to HIV care through BCN Checkpoint services, 5.4% decided to seek care themselves, 3.5% reported that they would seek care in their home country, and only 1% were lost to follow-up. The cohort of HIV negative men who have sex with men has a calculated 13 095 person/years of follow-up has shown a HIV incidence of 2.34 per 100 person/years.

***Greece, Athens and Thessaloniki** **Ath and Thess Checkpoint**
http://athcheckpoint.gr

Checkpoint is an initiative of Positive Voice (the People Living with HIV Association of Greece). It operates in collaboration with the AIDS Healthcare Foundation, Prometheus (Liver Patients Association of Greece) and the Hellenic Centre for Disease Control and Prevention, which offers special training, on-going supervision and evaluation of the project. Checkpoint is a non-clinical, community-based HIV, hepatitis B and C prevention and testing promotion centre serving populations at high risk for HIV infection, such as men who have sex with men. Services include rapid testing for HIV and other STIs, as well as, peer counseling and support to link people with a reactive HIV test to confirmatory testing and those with a HIV positive diagnosis for care and treatment at Special Infections Unit in a public hospital.

Foundational goals of Checkpoint include:

- Reduce the number of undiagnosed people living with HIV;
- Reduce the number of men who have sex with men who have never been tested;
- Promote regular HIV and STI testing for individuals at high risk for HIV;
- Increase populations' awareness on the benefits of early HIV diagnosis and treatment initiation;
- Facilitate early diagnosis and linkage to prevention, care, treatment and support services;
- Minimise effects of stigma, misconceptions and myths about HIV, and how it is transmitted in the men who have sex with men community.

From November 2012 to February 2015, 13 438 people have received free HIV testing and counseling services using an oral fluid- or whole blood-based rapid diagnostic test; of which 304 were found to have a reactive test result and 303 confirmed HIV positive. Of the 303 clients sent to confirmatory testing, 4 cases had weak results to the rapid HIV tests; those 4 cases were confirmed positive and diagnosed with acute HIV infection. Clients can choose either oral fluid- or whole blood-based test. Some request the oral-fluid because they are "afraid" of the fingerstick but the majority of people (98%) report preferring the rapid blood test. Since March of last year, 3 510 people have been tested for hepatitis C and 2 782 people have been tested for hepatitis B with 102 and 19 confirmed positive cases, respectively. Furthermore, Checkpoint advocates for risk-reduction strategies by providing information on safer sex practice through counseling service. The counseling service also aims to stimulate discussion between the counsellor and client with the ultimate goal of eliminating HIV-related stigma effects. It further aims to change peoples' stance towards rapid HIV, hepatitis B and C testing, as an effective and accurate testing option compared to laboratory-based testing.

***Portugal, Lisbon** **CheckpointLX**
http://checkpointlx.com

In 2011, Grupo Português de Ativistas sobre Tratamentos de VIH/SIDA (GAT) opened the first community-based HTS centre for men who have sex with men in Portugal. CheckpointLX is a walk-in centre located in Lisbon and aims to contribute to sexual health literacy improvement, facilitate early diagnosis of HIV and STIs, and support linkage to prevention, care and treatment services. All services are provided free of charge and include peer-based testing services. Services provide condoms and lubricants, rapid HIV, syphilis and hepatitis C testing, sexual health counseling, referrals, and linkages for people with a reactive rapid HIV test to confirmatory testing and for HIV negative men who have sex with men to post exposure prophylaxis, provided by the National Health Service (NHS).
men who have sex with men peer counsellors provide HTS and STI testing, as well as referrals for confirmatory testing and prevention, care and treatment services. The men who have sex with men peer counsellors along with physicians identify local health needs and advocate, with other community leaders, for increased access to sexual health services. Outreach testing is focused on men who have sex with men through permanent marketing campaigns at venues

through flyers, posters, volunteers, word of mouth and spot video publicity on local TV and mobile phone applications. men who have sex with men knowledge and behaviour change outcomes, as well as project activities are assessed by collecting and analysing: (1) HIV and STI testing registers, (2) bi-annually occurring men who have sex with men cohort surveys, and (3) case reporting from infectious disease clinics from men who have sex with men referred to confirmatory testing at CheckpointLX. Project quality assurance is assessed regularly; see http://qualityaction.eu/succeed.php.

From 2011 to February 2015, 8 311 HIV rapid tests have been administered. Approximately 4% (n=296) HIV tests have been reactive in the men who have sex with men population and 0.3% (n=20) have been reactive in women and men who have sex with women. In total 243 men who have sex with men with a reactive test result were linked to a NHS facility for confirmatory testing. Of the men who have sex with men who were referred to NHS facilities, and were indeed positive, data on first clinical assessment was available for 127 cases. In these cases a median CD4 of 498 cells/mm^3 and median viral load of 270 009 copies/mm^3 was reported; and nearly all (98%) initiated antiretroviral therapy immediately. Since 2012, 4 974 syphilis rapid tests and 552 hepatitis C rapid tests have been performed, with 5.4% and 1.1% reactive results, respectively. All reactive tests have been referred to confirmatory testing and if positive, linked to treatment through the NHS. Based on 2012 and 2014 client satisfaction surveys, users report they are highly satisfied with CheckpointLX facilities, receptionist support, waiting time, and the quality and usefulness of provided information.

***Lithuania** **Demetra**
http://www.demetra.lt

In 2012, the Association of HIV Affected Women and their Families (Demetra) organized and implemented a mobile HTS summer tour. The aim of this tour was to increase access and uptake of HTS for all population groups, with special attention for key populations, including: men who have sex with men, people who inject drugs, sex workers, homeless, and people in prison or previously in prison. Services were provided in settings that were convenient and acceptable to populations of interest. In addition to HTS, this organization also offers a wide range of other activities, including: meeting with key policy makers in municipalities, public health authorities, and mass media representatives. Due to its success, this programme has been repeated annually since 2012 and runs for approximately 4-10 days. It has been provided in the northern, southern and eastern areas of Lithuania stopping in a total of 14 cities, some with repeat visits.

HTS are provided in accordance with national guidelines and AIDS Healthcare Foundation principles to actively link all people with a HIV positive diagnosis to care and treatment. Demetra maintains a health coordinator for medical purposes and a social coordinator to counsel clients as needed. Mass media was informed about the tours using press releases. Since 2012, over 80 communications have been dispersed through newspapers, radio and TV. Tour dates were also used to conduct meetings with different stakeholders in each area. In total, 25 meetings have been conducted with local decision makers, antiretroviral therapists, people who live with AIDS, city Mayors, prison authorities and prisoners.

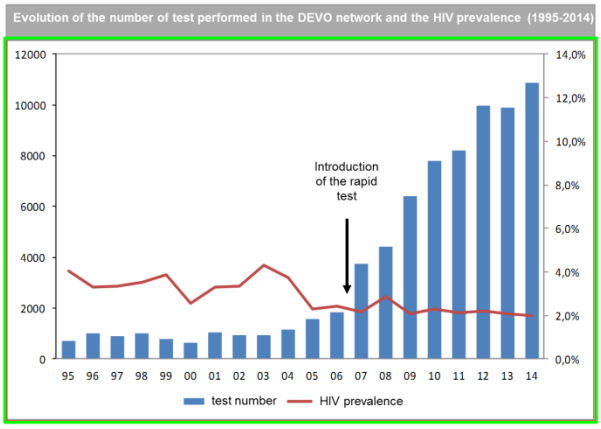
Since 2012, 2,644 rapid HIV tests and counseling sessions were provided through Demetra. The majority of people (86%) were first time testers, of which 25% were from a key population group. In total, 11 clients had reactive results, were referred to confirmatory testing, and diagnosed HIV positive. There were no false positives. In addition, 39 000 condoms were distributed with correct information about HIV prevention. As a result of the well-constructed advocacy messages, five health care providers were motivated to join the existing HIV testing network and agree to future cooperation for outreach. The Demetra key to success involves communicating geographically distinct HIV situations for key populations to local authorities and policy makers. Additionally, each tour is followed up with communication reports presenting the data to all partners and donors, assuring the project can move forward every year.

Spain, Catalonia[6] **DEVO Project**

In 1994, the Catalan Health Department (currently Catalan Agency of Public Health, ASPC) funded a network of community-based organizations to offer free, voluntary and confidential HTS in the region. The purpose of this programme was to complement existing facility-based HIV testing. This initiative, known as the DEVO Project, has been increasing its HIV testing coverage and collecting harmonised and systematic data on activities, processes, and results ever since. Currently, the network includes 12 HTS sites, mainly operated by non-governmental organizations, serving various populations. Some of the testing sites provide services to men who have sex with men, people who inject drugs, sex workers or young people (aged 15-24); however most sites attend any person who may be at risk for HIV infection.

Peer-counsellors have been recruited and trained to collect fingerstick whole blood-based samples and to perform and interpret rapid test results for HIV and syphilis. In addition to providing HTS, most organizations affiliated with the DEVO Project also provide HIV prevention services. Sites across this project use a web based data entry tool through which data can be analysed and disseminated in collaboration with the Center for Epidemiological Studies on HIV/STI of Catalonia (CEEISCAT), as part of the ASPC. For monitoring and evaluation purposes, the network uses the standardised core indicators defined in the HIV-COBATEST (www.cobatest.org). The indicators allow programmes to evaluate and compare their performance to other similar sites both within the country and in other countries using this tool (www.eurodat.org).

Between 1995 and 2013, the DEVO Project has performed 63 102 HIV tests with a total positivity rate of 2.4%. From 1995 to 2006 there was only a two-fold increase in the number of HIV tests performed in Catalonia annually, from 716 to 1 849 HIV tests respectively. In 2007, rapid HIV tests replaced traditional ones; and, in 2013, DEVO performed 9 905 tests with a positive rate of 2.1%. However, despite the increase in number of tests performed annually, the overall positivity rate remains constant. Currently, the DEVO Project is diagnosing 20 % of all HIV cases reported in Catalonia. This suggests that HTS programmes can successfully be more strategic and focused to reach people living with HIV who currently do not know their status.



Source : CEEISCAT, 2015

The Former Yugoslav Republic of Macedonia **HERA**
http://hera.org.mk/

In 2007, outreach HTS were established in the Former Yugoslav Republic of Macedonia as part of the Global Fund to Fight against Tuberculosis, AIDS and Malaria. This programme, organized by the Health Education and Research Association (HERA) in collaboration with the Ministry of Health, the Public Health Institute and Civil Society, created two mobile units offering outreach HTS located in 11 cities and 10 rural areas throughout the country. Populations of

[6] Website not provided.

interest include male and female sex workers, men having sex with men, people who inject drugs and people in prison. HTS were designed to reach the needs of these vulnerable and marginalised populations.

HERA staff and event organizers are health professionals and laboratory workers trained in providing community-based HTS sensitised to the needs of key populations. Services are provided using peer-counsellors from different key population groups. These peer-counsellors are responsible for mobilising the community, creating demand for HTS, and providing information on the benefits of HIV testing, among key populations in their district. Promotion of HERA services was further emphasised by national activities focused on increasing the knowledge of HTS and its benefits. One such activity included the members of the national parliament taking the HIV test and receiving services from the mobile HTS units.

Through this mobile outreach programme, clients have the opportunity to use the following services:

- Rapid, whole blood-based HTS provided in a voluntary and confidential manner;
- Pre- and post-test counseling, for all clients. For those testing HIV negative they are provided information on risk-reduction and referral to prevention services;
- Referral to confirmatory HIV testing for those with a reactive rapid HIV test result; and if diagnosed HIV positive, referral to treatment and care;
- Hepatitis C testing, as well as screening for other STIs, and counseling when needed;
- Distribution of condoms, lubricants and information, education and communication materials

From 2007 to 2014, 13 071 clients have received HTS, of which 85% are from a key population group. Since 2007, 33 clients with reactive rapid test results were later confirmed to be HIV positive. Although annual detection rates vary, since 2007, HERA mobile units are consistently responsible for reporting an average of 27% (range: 18.5% to 42.8%) of all new HIV cases in Macedonia. HERA has also recruited 60 counsellors, 25 laboratory workers and more than 100 local gatekeepers and trained and involved them in implementing HTS outreach. Since 2007, outreach HTS in the Former Yugoslav Republic of Macedonia is the only service that has been providing HTS consistently to key populations throughout the country. The collaboration between the government institutions and civil society organizations has provided a favourable environment to increase the access to HTS services for key populations, through outreach programmes, such as HERA.

***Kyrgyzstan** **HIV rapid testing at NGOs of Kyrgyzstan**

https://www.facebook.com/UNDPGFKG

In Kyrgyzstan, the laboratory diagnosis of HIV is regulated by the order of the Ministry of Health, according to which HIV testing can only be carried out in HIV laboratories at AIDS centres. In order to create a legal ground for piloting rapid HIV testing in NGOs of Kyrgyzstan, UNDP, jointly with the Republican AIDS Centre prepared a draft order. In September 2012 the order was signed by the Minister of Health, and gave the right to 12 NGOs in Kyrgyzstan to begin to conduct oral fluid-based rapid HIV testing. The same order has also approved guidelines for quality control in HIV rapid testing.

In Kyrgyzstan, the HIV epidemic is primarily driven by undiagnosed infections among key populations. Following the selection of NGOs working with people who inject drugs, men who have sex with men, and sex workers, NGO staff members were certified and trained to implement rapid HIV tests. To increase participation from key populations, incentives, such as prepaid mobile phone cards, were procured and distributed.

During the first year of the project, 4 500 NGO clients received HIV testing. Of those, 226 had a reactive test and were referred to the nearest AIDS centre for additional HIV testing to confirm diagnosis. Only 64 of those with a reactive test results ultimately attended confirmatory testing. In total, there were 22 new HIV positive diagnoses: 12 men who have sex with men, ten people who inject drugs and six sex workers, 36 previously determined HIV positive cases which never received their test results, and 6 out of the 64 clients never completed the confirmatory testing. The possibility of receiving HIV testing outside the formal health services reintegrated 36 people into care. All 12 HIV positive men who have sex with men were linked to further HIV treatment and care. Although pilot results are small, the project was able to successfully reach men who have sex with men; a group that AIDS centres did not have access to before in Kyrgyzstan.

Portugal, Lisbon **IN-Mouraria**
www.gatportugal.org

In 2012, the non-governmental organization Portuguese Group of Activists on Treatments started the IN-Mouraria project. The project goals include performing harm reduction interventions and HTS, primarily for people who inject drugs and migrant populations. Services are provided to clients without an appointment, free of charge, and without the need for personal identification. The centre is located in an urban quarter of Lisbon where migration, drug use, sex work, and homelessness coexist. IN-Mouraria takes part in a broader network of organizations established and led by the local government to promote the rehabilitation of the quarter.

Trained health professionals, using rapid HIV tests, perform HTS and peer counsellors provide information and referrals. Testing for other STIs, including viral hepatitis B and C and syphilis are also offered to clients depending on their risk. Strategies to reach people who inject drugs as well as migrant populations include peer-based outreach and the referral to IN-Mouraria services from affiliated drug user and migrant associations. IN-Mouraria uses the HIV-COBATEST tool (www.cobatest.org).

Between October 2012 and December 2014, 845 clients received HTS: 52% migrants, 29% general population, 11% people who inject drugs and 8% other key populations including men who have sex with men and sex workers. The overall HIV seropositivity rate was 2.1%. The highest number of positive cases was found among people who inject drugs (4.4%), followed by men who have sex with men (3.8%) and migrants (1.6%). Active referrals to the infectious disease clinic have been offered to all clients newly or previously diagnosed HIV positive, regardless of migrant status. Clients can request to be accompanied to their first medical appointment by peer. The project has been successful in reaching migrant populations, primarily from sub-Saharan Africa. Of the migrants who received HTS, 59% were from sub-Saharan countries. IN-Mouraria owes to its success the close partnership with migrant associations, stakeholders, and individuals throughout the local community.

Italy, Milano **Fondazione LILA Milano ONLUS**
http://www.lilamilano.it

Since 1989, the NGO Fondazione LILA Milano, has provided HIV prevention and support services to people at risk of and living with HIV. In October 2013, LILA Milano began DETECT-HIV; a 12-month outreach project focused on reaching people at high risk of HIV infection, mainly men who have sex with men, PWID, and migrant populations. In collaboration with other local NGOs, this project offered HTS outside of a health facility, in places where key and

vulnerable populations regularly spend time. In Italy, when performing a HIV test, national policy requires a physician be present. Therefore, the DETECT-HIV team included trained, professional and volunteer, counsellors and physicians.

LILA Milano's primary role in implementing DETECT-HIV involved strengthening linkages with other NGOs and training staff on issues related to providing HTS to key populations, including how to perform a rapid HIV test. If a client has a reactive HIV test result, they are referred to a HIV/AIDS unit in a public Milanese hospital for additional testing to confirm diagnosis. Clients then diagnosed HIV positive were then referred to care and treatment services. Individuals from a key population or other vulnerable group were also offered accompaniment to formal health services. During this project, anonymous socio-demographic data, information on sexual behaviours and drug use was collected during pre-test information sessions, using the COBATEST form (www.cobatest.org).

Since DETECT-HIV began, rapid HIV testing has been offered in various settings. From October 2013 to September 2014, LILA Milano and affiliated NGOs performed 399 rapid HIV tests: 180 in men who have sex with men venues, 100 in a migrant clinic, 48 in a public drug treatment centre, and 71 on LILA premises. In total, seven clients had a reactive HIV test result. Five of these clients were linked to confirmatory testing, all of whom were diagnosed HIV positive. Three of the HIV positive clients were linked to care, one of which began antiretroviral therapy. Two out of three had a CD4 count over 500 cells/mm^3. Over one-third of clients reached through DETECT-HIV report they had never received an HIV test before. These clients stated that prior to the project; they never found the "right time" or the motivation to access a HTS. The opportunity to receive HIV testing outside a health facility influenced their decision to accept HTS. Clients also reported that they appreciated the presence of non-medical staff and peer-counsellors.

Spain **Médicos del Mundo España**
http://www.medicosdelmundo.org/

Médicos del Mundo (MdM) is an independent humanitarian organization that provides emergency and long-term psychosocial support as well as clinical care to vulnerable populations. With this aim, MdM has been performing traditional HIV testing since 2003 and rapid diagnostic testing since 2007. The programme takes place at branch locations in various cities throughout Spain. HTS are primarily provided to those who are socially excluded with a high-risk HIV of infection; mainly sex workers, drug users, and undocumented migrants.

Médicos del Mundo prioritises the use of services offered through the National Health System (NHS) to provide information and HTS. Those reluctant to use the public system are either accompanied to NHS services or are offered testing inside the MdM branch offices. Fingerstick whole blood- and oral fluid-based HIV rapid tests are performed free of charge alongside pre- and post- test counseling. All services within MdM branch offices are provided by a multidisciplinary team, including supervised lay providers, trained using WHO guidelines and recommendations. Individuals with a reactive HIV test result are referred to the HIV/AIDS unit within a public hospital for confirmatory testing. Individuals who are diagnosed HIV positive are linked to treatment and care. In the case of undocumented migrants, MdM provides advice and support throughout the process of receiving benefits from the National Health System. Confidentiality of tests and test results are always ensured and Spain's data protection law is closely followed.

Between 2008 and 2012, a total of 3,251 people were tested and referred to public hospitals for confirmatory HIV testing; of which, 2 253 were women, 897 were men, and 101 were transgender people. First time testers were 32.3% (n=1 051). The programme uncovered 72 new HIV diagnoses confirmed by the public hospital. Key to the success of this programme is the provision of services provided to clients without an appointment, free of charge, and without the need for personal identification. These services supplement the traditional HIV testing programmes in Spain offered through the NHS.

SEARO- South East Asian Region

***India**[7] **TB-India**

In India Counsellors or health worker at HIV testing facilities screen each client for the presence of cough for two weeks, fever, weight loss and night sweats or other symptoms suggestive of pulmonary or extra-pulmonary TB. This screening is an integral part of pre-test counseling. All symptomatic patients are systematically referred and enrolled for investigations in same facility. This activity is routinely reported to the district, state and national levels. The following table summarises of the data for four recent years.

Year	**Total patients attending HIV testing centres** (excluding pregnant women)	**Presumptive TB cases identified**	**Total TB cases diagnosed among presumptive**	**Proportion of HIV-positive TB patients started on ART**
2010	7 678 746	484 617	51 412	57%
2011	9 774 581	580 695	55 572	59%
2012	9 193 113	552 350	46 863	59%
2013	7 264 722	620 539	64 506	88%

***Myanmar, Yangon** **Médecins du Monde**
http://www.medecinsdumonde.org/

Since 2005, Médecins du Monde (MdM) has developed and implemented a programme aimed at reducing harm associated with unsafe sexual practices among the most at risk populations in Yangon, Myanmar. These populations include female sex workers, men who have sex with men and transgender people. The programme was developed in close collaboration with the affected populations. It provides a comprehensive range of services, delivered both through outreach and at drop-in centre. Services provided include health education and behaviour change communication, condom promotion and distribution, HTS, STI testing and treatment, HIV care including treatment for opportunistic infections, antiretroviral therapy, and psychosocial support.

Peer-led outreach enables the programme to reach high risk key populations in settings such as brothels, karaoke bars and night clubs. Clients attending MdM drop-in centre are free to access medical care or just relax. At the drop-in centre, recreational and other social activities, participate in support groups, or just relax. Other social activities include health oriented entertainment events, meditation in dedicated areas, games, hair dressing and manicures. A tea shop, located near the drop-in centre and managed by a self-support group of HIV/AIDS clients, provides drinks and salads at low cost, while a free lunch is offered to clients attending the clinic or waiting for a HIV test the result. All services are provided in a user friendly, non-discriminatory, and sensitive atmosphere.
In 2014 alone, 668 female sex workers and 637 men who have sex with men have accessed HTS at the Yangon drop-in centre; of these, 130 female sex workers (19%) and 190 men who have sex with men (30%) tested HIV positive and received a second rapid test on the premises of the drop-in centre. Nine clients (2.8%) had inconclusive results (first test positive; second test negative) and were asked to return in 6 weeks for repeat testing.

[7] Website not provided.

All newly enrolled HIV+ clients are referred for anti-retroviral treatment (ART); of those newly tested in 2014, 41 female sex workers (32% of newly tested) and 63 men who have sex with men (33%) were on ART by the end of 2014. Historically, retention rates on ART have been high in spite of the challenges experienced by these groups; the 24 month retention rate is 85% for female sex workers and 90% for men who have sex with men.

More than 99% of clients accessing testing at MdM since the programme began have received their test results and as a result, more than 84% of all female sex workers and 90% of all men who have sex with men who attended MdM drop-in centres knew their status. However, many sex workers are still unable to access fixed location facilities, primarily due to distance and time constraints as well as restrictions on travel imposed by their pimps. Thus, MdM is planning to implement mobile HTS services in mid-2015 in order to make accessing HIV testing services easier for female sex workers and men who have sex with men.

WPRO- Western Pacific Region

China, Hong Kong SAR **AIDS Concern**
www.AIDSconcern.org.hk

The HTS through AIDS Concern primarily provides services to men who have sex with men, clients of female sex workers, and youth with high risk for HIV infection. HTS are provided in collaboration with the owners of the gay bars, escort services and youth centres, which willingly provide the venues where services take place. HTS is also offered through mobile outreach the more remote New Territories. In addition, the Government Department of Health provides technical support to the services. To enhance awareness of HIV, create demand for and increase uptake of HTS services, AIDS concern conducts promotion using social media, offers online appointment scheduling, and has launched multi-media campaigns. As a result, the service has grown to be the largest non-governmental HTS operation in Hong Kong SAR. Anonymous surveys, conducted during HTS, collect information including client characteristics, HIV testing behaviour, and condom use. From these surveys, services offered can be improved and adapted; and additional services can be developed.

In 2014, AIDS Concern conducted over 4 000 rapid HIV tests. Individuals diagnosed HIV positive were referred for follow-up services, including emotional support, HIV treatment and disclosure counseling. The infection rate among clients accessing HIV testing through AIDS Concern ranges from 1.0% to 2.9% annually. Most infections are concentrated within men who have sex with men with 53 positive cases identified out of 2 258 tests. The success of this programme is due to strong engagement with community stakeholders and the additional training that is provided to HTS workers to increase capacity and sensitivity. Despite success, impediments and barriers to HTS remain, including strong stigma associated with HIV and behaviours of young men who have sex with men, many who do not believe they are at risk for HIV infection.

Cambodia, Battambang **Cambodian Women for Peace and Development**
www.cwpd.net

In 2008, a new law on "the Suppression of Human Trafficking and Sexual Exploitation" was introduced in Cambodia; and with it, prostitution and associated acts became illegal. As a result, many women who had been working in brothels have now become employed in non-brothel based entertainment establishments. To reach this population, Cambodian Women for Peace and Development (CWPD) implemented HTS in urban areas within entertainment establishments or through freelance services in homes and counseling centres. Some women working within entertainment establishments are selected by CWPD to operate as peer-providers. In 2013, the training of CWPD peer-providers and staff was provided by the National Centre for HIV and AIDS, Dermatology and STDs. Peer-providers are trained to rapid

HIV testing, pre- and post-test counseling, risk-reduction counseling, as well as mobilise the community and create demand for HTS among entertainment service workers and their clients

As part of implementing the CWPD programme, peer-providers and staff coordinate and schedule time to offer HTS within willing entertainment establishments. CWPD staff creates and provides a unique "service kit". The service kit includes a rapid HIV test and separate rapid syphilis test kit, condoms, and referral slips. The referral slips are discreetly managed by peer-providers to maintain confidentiality of test results. Programme coordinators also provide on the job refresher trainings to maintain and improve the quality of HTS, ensuring that providers obtain consent, provide appropriate counseling, have friendly attitudes, work to reduce stigma and discrimination, and ensure the confidentiality of client.

In 2014, 52% (n=1 406/2 019) entertainment service workers in the CWPD Battambang site received and HIV test. In total, eight entertainment workers had reactive test result. Of which seven were referred to and accepted confirmatory HIV testing. All seven were diagnosed HIV positive and linked to treatment and care at a facility. For client testing HIV negative (n=1,039), individuals received post-test counseling and risk reduction messages.

***China, Chengdu** **Chengdu Tongle Counseling Service Centre**

http://www.weibo.com/tongle2002

The community-based HTS programme, "1+N", focuses on men who have sex with men in Chengdu. Since 2007, collaboration with the local Centers for Disease Control (CDC) has allowed the provision of high quality and accessible HTS for men who have sex with men including rapid HIV testing, pre- and post-test counseling, confirmatory testing for those with a reactive test result, and initial follow-up visits and referrals for HIV positive individuals. In addition to the daily on-site offering of these services, "1+N" also maintains mobile HTS in four gay saunas and near escort services, such as "money boy clubs".

The programme recruits peer-volunteers to become counsellors. These peer-counsellors are trained provide rapid HIV testing anonymously, at a convenient and free location for men who have sex with men. As a result, the stigmatisation and discrimination experienced by clients is minimised. To recruit clients, men who have sex with men are approached through a variety of methods, including outreach through gay venues, online recruitment, and word-of-mouth. Moreover, close collaboration with the Chengdu CDC ensures that all individuals with a reactive HIV test are linked to confirmatory testing, as well as prevention care and treatment services depending on their serostatus; thereby, reducing the risks of secondary HIV transmission.

The number of individuals accessing services annually through "1+N" has increased from 243 in 2007 to 4 762 in 2013. By the end of 2014, "1+N" will have provided community-based HTS to 18 683 men who have sex with men. Over 90% of people with a reactive rapid HIV test accept and receive confirmatory testing. As a result, the programme diagnoses approximately 250 HIV positive cases annually, and retains 85% of those in care for more than one year. In 2015, an initiative based on client satisfaction and input will be implemented to provide a more comprehensive package of HIV services including regular CD4 testing, antiretroviral therapy, psychological support, and adherence counseling. The "1+N" programme owes its success to the dedicated work of community-based organizations and stakeholders in the men who have sex with men community and long-term, close collaboration with Chengdu CDC.

Cebu City, Philippines **Femina Trans (Transgender COLORS Inc.)**
http://colorsphilippines.org

Transgender COLORS Inc. is a non-profit organization based in Cebu City, working for the development and equality of transgender people. The organization is funded by WHO-WPRO and collaborates with the Cebu City Health Department's Social Hygiene Clinic and the officials of Barangays. In 2013, COLORS and other key stakeholders saw the need for community outreach HIV interventions. The Femina Trans programme was conceptualised and implemented by COLORS to educate and reduce stigma towards transgender people and HIV health issues as well as enhance demand, accessibility, and acceptability of health services, specifically HIV prevention, treatment and care.

HTS for Femina Trans were provided by a peer-educator from COLORS and could be accessed every Wednesday. Peer-educators from COLORS conducted group lectures and one-to-one education sessions in selected Barangays[8] with HTS provided to participants afterwards. Most clients (92%) were between 15 and 34 years old, the largest group of participants were people between 19 and 24 (39%). Adolescents needed consent of parents/guardians to receive HTS. Clients were advised to come back to get their results and for post-test and psychosocial counseling. Referral to a physician was provided for those with HIV, syphilis or other reactive results.

From March until June 2014, 508 transgender women were reached through peer education. Of these, 317 (63%) underwent HTS and syphilis testing, and 12 clients (3.7%) were ultimately diagnosed HIV positive. Of the 317 people, five (1.6%) were positive for syphilis and referred for treatment. In a client satisfaction survey 431 out of 434 (99%) were satisfied with the service and agreed that peer educators, counsellors, medical technologists or staff were supportive and that they were comfortable asking them questions.

***China, Guangdong Province** **Lingnan Partners Community Support Center**
http://www.gztz.org/

Established in 1998, Lingnan Partners Community Support Center (LPCSC, formerly known as Guangzhou Tongzhi) has conducted several programmes providing health services and health education. LPCSC provides HTS primarily to men who have sex with men and transgender people in the Guangdong Province. Since 2008, with support and collaboration from Guangzhou Centre for Disease Control and Prevention (Guangzhou CDC), HTS has been expanded through this programme in eight locations across five cities in southern China. The most attended site is located in the central business district of Guangzhou.

Due to the high volume of participants, the LPCSC programme now provides online HIV prevention services to clients. Services provided through this platform incorporate interactive interventions including an online HIV risk self-assessment system, and HIV service platforms such as a 24-hour online HIV test scheduler and Easy Tell®, an anonymous partner notification system. Since 2014, HIV self-testing online support was created. This service sends a home test kit to clients, and provides online testing support, including: on-screen pre- and post-test counseling, in process guidance, referral to confirmatory testing for individuals reporting a reactive self-test result, and information on where and how to seek additional support services.

[8] the smallest administrative division in the Philippines and is the native Filipino term for village, district, or ward.

In a period of 5 months, LPCSC has sold 199 kits to users within the Guangdong province for approximately 23USD including a 16USD refundable deposit following feedback submission. Of those, 174 have submitted feedback online, among whom; four had a reactive HIV result. From this self-testing service six clients sought follow up care on-site at LPCSC. Unsupervised self-testing kits are sold online ranging from 5USD to 16USD.

The affiliated website GZTZ.org of LPCSC is China's first and most widely known men who have sex with men and transgender website. It is the most commonly used platform to provide health education and to conduct surveys among men who have sex with men and transgender populations. Annually, based on Google Analytics, the website has over 500 000 unique visits and has retained 100 000 registered members. At the HTS sites, CDC staff offers on-site HIV confirmatory testing and collect data. Meanwhile, LPCSC provides high-quality and timely pre- and post-testing peer counseling, psychosocial support, and retention in care. Together one-stop HTS are easily accessed.

From January 2008 to December 2013, 22 282 men who have sex with men accessed HTS in Guangzhou through this programme. During this same reporting period, the annual number of men who have sex with men accessing HTS increased 7 fold, with 1 064 and 7 754 men who have sex with men receiving HTS in 2008 and 2013, respectively. Other programme successes include providing HTS to 80% of all estimated men who have sex with men in Guangzhou as well as the detection of 82% (999/1 218) of newly diagnosed HIV cases among men who have sex with men. From 2008 to 2014, a total of 999 HIV positive men who have sex with men cases have been detected through this HTS programme accounting for 57% (999/1 753) of HIV positive men who have sex with men cases in Guangzhou City. Among these positive cases, 95% of clients were linked to the national HIV/AIDS care and support programme, of which 89% were retained in care receiving regular follow-up and CD4 testing biannually.

Manila, Philippines **Love Yourself/RITM**

http://www.loveyourself.ph/

Founded in 2011, Love Yourself is a non-governmental organization in Manila. It primarily receives financial support from the Research Institute for Tropical Medicine (RITM). The organization seeks to promote self-acceptance among men who have sex with men and mobilise them to access the provision of HTS at the RITM satellite clinic. All services are provided free of charge.

The clinic offers rapid HIV testing and pre- and post-test counseling, in accordance to national policy. Syphilis and hepatitis B testing are also offered to all clients. At RITM, if two consecutive rapid HIV tests are reactive, clients are referred for clinical assessment and confirmatory testing at the RITM hospital. Individuals diagnosed HIV positive are followed-up closely by volunteers and given treatment adherence counseling. An additional service offered by Love Yourself is a discreet third party service that coordinates HIV testing in a unique, private location at a convenient time for the client. A Love Yourself staff member will arrive to the arranged location to perform HTS and deliver testing results and appropriate referrals the same day.

Since 2011, almost 200 clinic-based volunteers have been recruited and have become peer-educators. In this programme all volunteers are HIV negative, modelling the message that it is possible to be sexually active and free of HIV. The RITM Satellite Clinic in Malate sees 20 to 40 clients a day primarily referred by online social media and networking campaigns. From June 2011 to September 2014, 14 662 men were tested and 2 451 (16.7%) were diagnosed HIV positive. Of those diagnosed HIV positive, 2 113 (86.2%) were enrolled in antiretroviral treatment and care. The provision of adherence counseling has led to an 85-90% success rate of people who are retained on treatment. A long-term goal of Love Yourself is to open a resource centre for youth and men who have sex with men that will provide education and counseling.

Vietnam[9] **Thanh Hoa Provincial AIDS centre**

As a mechanism for integrating services into the primary health care system, Vietnam decentralised HTS from district primary health care to facilities known as commune health stations (CHS) in several provinces. Although decentralisation to CHS sites has brought access of HTS to many people, access to the CHS sites is still very difficult in remote districts. In response, the Vietnam Authority for HIV/AIDS Control and the Ministry of Health with support from the WHO and UNAIDS piloted outreach community-based HTS. Instituted in provinces with high burden of disease, Thanh Hoa and Thai Ngyuen, the goal was to increase the uptake of HTS among key populations such as, people who inject drugs and their partners.

Programme design features bi-monthly HTS offered in select villages of Muong Lat and Quan Hoa districts of Thanh Hoa, with a large number of people who inject drugs. The outreach team includes two CHS staff, one village health worker and one peer-educator. The team was sensitised and trained on how to provide HTS, including performing rapid HIV tests. People who inject drugs and serodiscordant partners were invited to a convenient location by the village health worker or peer-educators, counselled on HIV testing and voluntarily underwent rapid HIV tests. In the case of a reactive test result, a venous blood sample was collected from the client, properly stored and handled, and sent to a confirmatory laboratory by CHS staff. Clients with confirmed HIV positive diagnosis were provided post-test counseling and linked to outpatient clinics for treatment and care.

From September 2014 to January 2015, seven of 79 (8.9%) people tested were newly diagnosed HIV positive. This positivity rate is approximately four-fold higher than the positivity rates observed at health facilities for these districts. Five of the seven newly diagnosed HIV cases initiated antiretroviral therapy. The results of this pilot programme suggest that community-based HTS is a feasible and efficient method to increase knowledge of HIV status in people who use drugs and their partners. Peer-educators and village health workers were integral to reaching the target population. This model will inform Vietnam's national AIDS programme towards developing further guidelines on community-based HTS.

3.4 Conclusion

Globally, programmes are being created to respond to the needs of the people and communities affected by HIV. They are innovative in their responses and the services provided are tailored to meet the needs of those they serve. When faced with challenges from the social, legal, political, or logistical environment, programmes are developing new ways to reach and encourage uptake of services.

The interventions in this compilation represent some of the leaders in the field of HTS delivery. While there are limitations to presenting only a few case examples with limited content, we encourage all readers to reach out and contact the programmes for more information. Together we can move forward toward obtaining increased HIV testing in all populations around the world.

[9] Website not provided.

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