

WORLD
AIDS DAY

1 DECEMBER 2018

COMMEMORATING
30 YEARS

LIVE LIFE
POSITIVELY

Know your **HIV** status

“HIV TESTING IS AN
**ESSENTIAL ENTRY POINT
TO HIV TREATMENT,**
PREVENTION, CARE AND
SUPPORT SERVICES.”

Michel Sidibé | Executive Director, UNAIDS

LIVE LIFE POSITIVELY

On World AIDS Day 2018, HIV testing is being brought into the spotlight. And for good reason. Around the world, 37 million people are living with HIV, the highest number ever, yet a quarter do not know that they have the virus.

Knowing your HIV status has many advantages. It is an essential entry point to HIV treatment, prevention, care and support services. People who test positive for HIV should be linked immediately to antiretroviral therapy to keep them alive and well and, when viral load suppression is reached, prevent transmission of the virus.

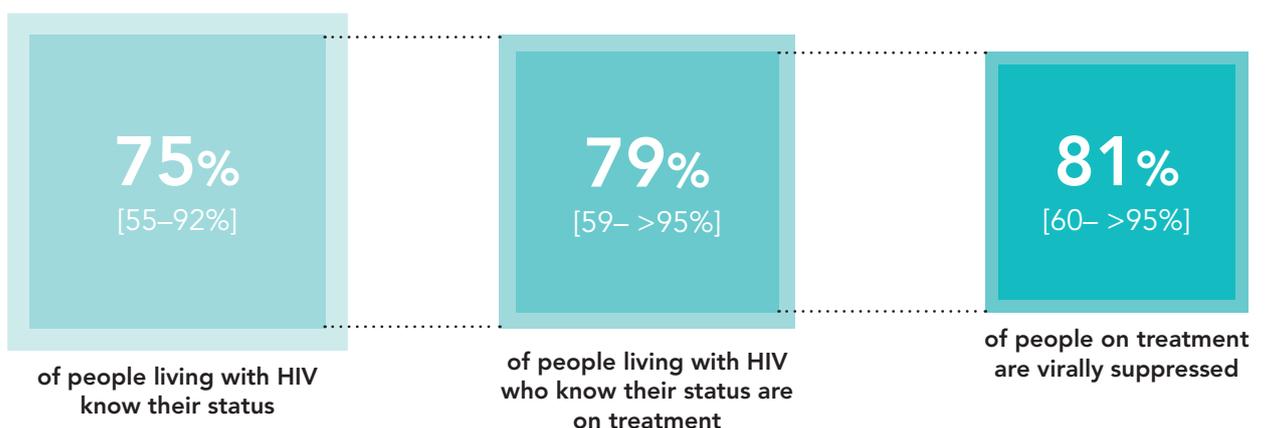
Knowing your HIV status also enables people to make informed decisions about HIV prevention options, including services to prevent children from becoming infected with HIV, male and female condoms, harm reduction services for people who inject drugs, voluntary medical male circumcision and pre-exposure and post-exposure prophylaxis.

90-90-90

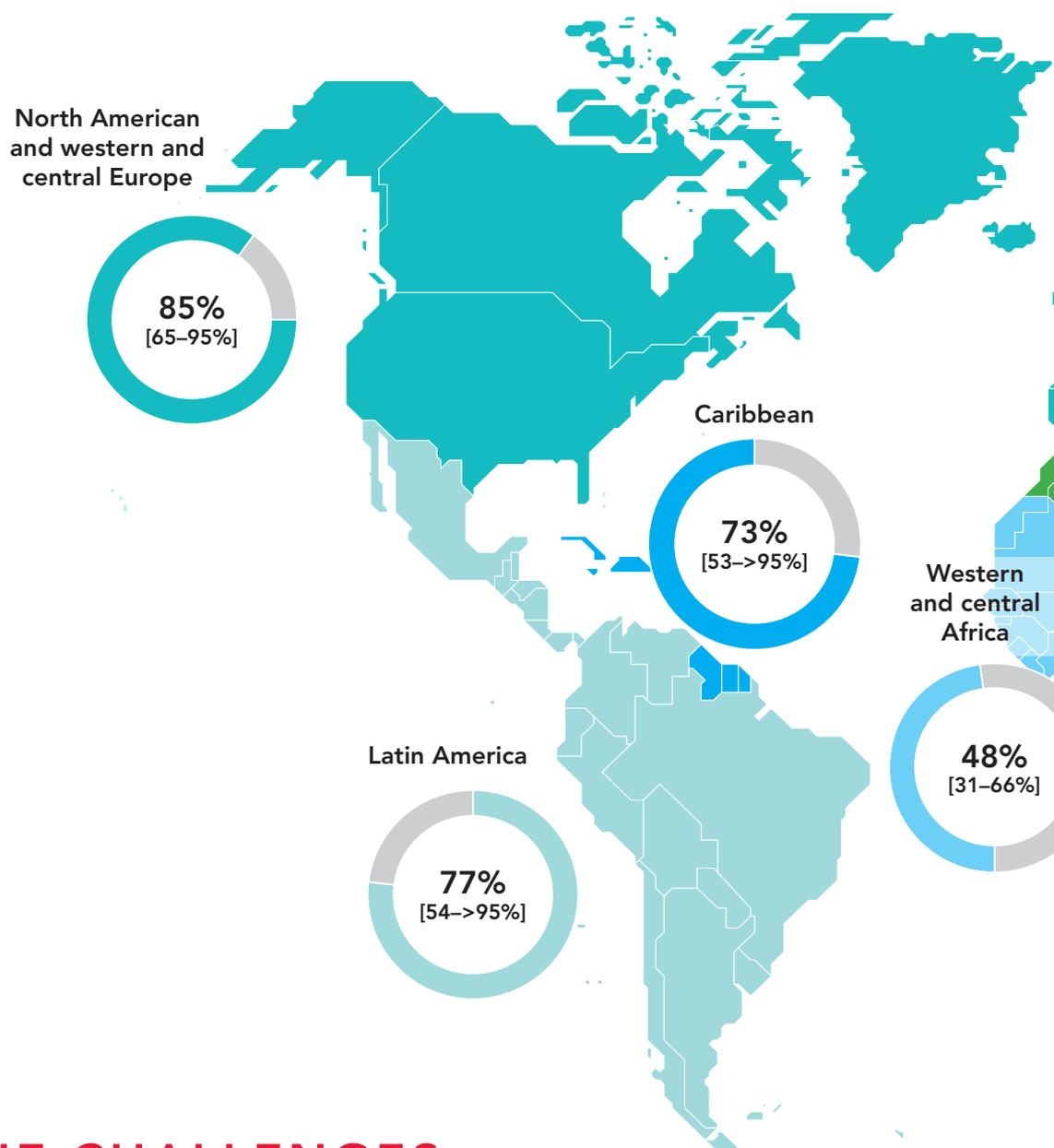
There has been good progress on HIV testing and treatment, driven by a strong and growing global commitment to achieve the 90-90-90 targets by 2020. The 90-90-90 targets are that, by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people living with HIV will have access to antiretroviral therapy and 90% of all people on antiretroviral therapy will have viral suppression.

In 2017, an estimated 75% of people living with HIV knew their HIV status; among them, 79% were accessing antiretroviral therapy and 81% of people accessing treatment had suppressed viral loads. The largest gap remains at the first 90, people who know their HIV status.

Progress towards 90-90-90, global, 2017



People living with HIV who know their status (%) by region, 2017



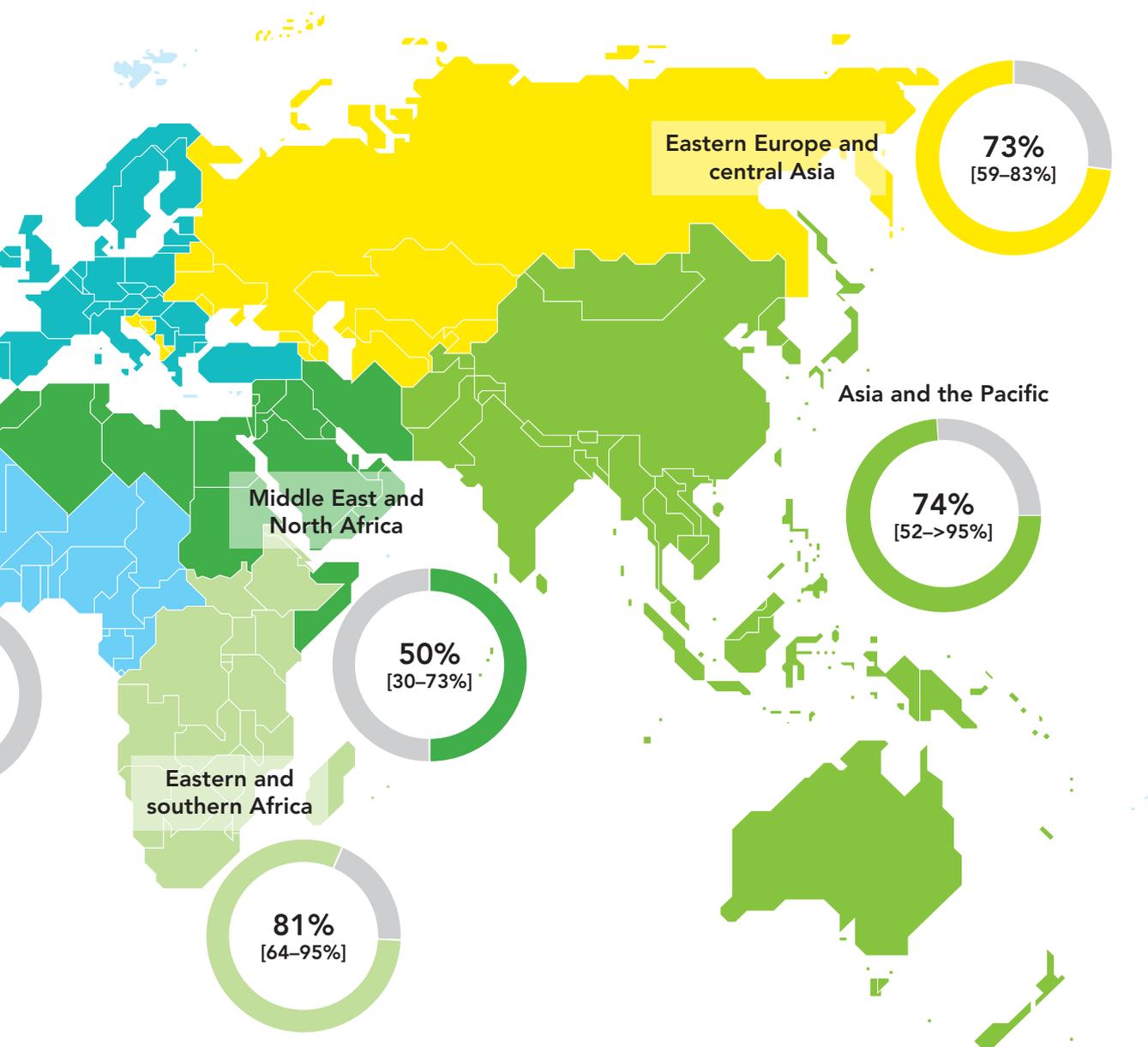
THE CHALLENGES

REGIONAL DISPARITIES

In North America and western and central Europe, 85% of people living with HIV knew their HIV status, and in the region most affected by HIV, eastern and southern Africa, 81% knew their HIV status. However, in western and central Africa only 48% of people living with HIV were aware they were living with HIV, and in the Middle East and North Africa only 50% knew that they had the virus.

STIGMA AND DISCRIMINATION

Stigma, discrimination, lack of confidentiality, coercion and fear of repercussions, as well as lack of appropriate and affordable health services, resources and supplies, prevent people from testing and accessing essential services, including HIV treatment.



Fear of HIV-related stigma and discrimination, and in some cases the possibility of violence, can deter people from testing. Women and girls are particularly at risk of stigma and discrimination when testing HIV-positive—women have reported experiencing intimate partner violence, discrimination in reproductive health services and forced or coerced sterilization.

Stigma and discrimination directed towards key populations (gay men and other men who have sex with men, transgender people, sex workers, people who inject drugs, prisoners and other people in closed settings and migrants) can act as an additional barrier to testing, due to fear of stigma from health-care workers.

ACCESSIBILITY

Accessibility can have a significant impact on uptake of services. Issues such as cost, user fees, distance to travel, particularly in rural areas, opening hours and stigma can affect the accessibility of services.

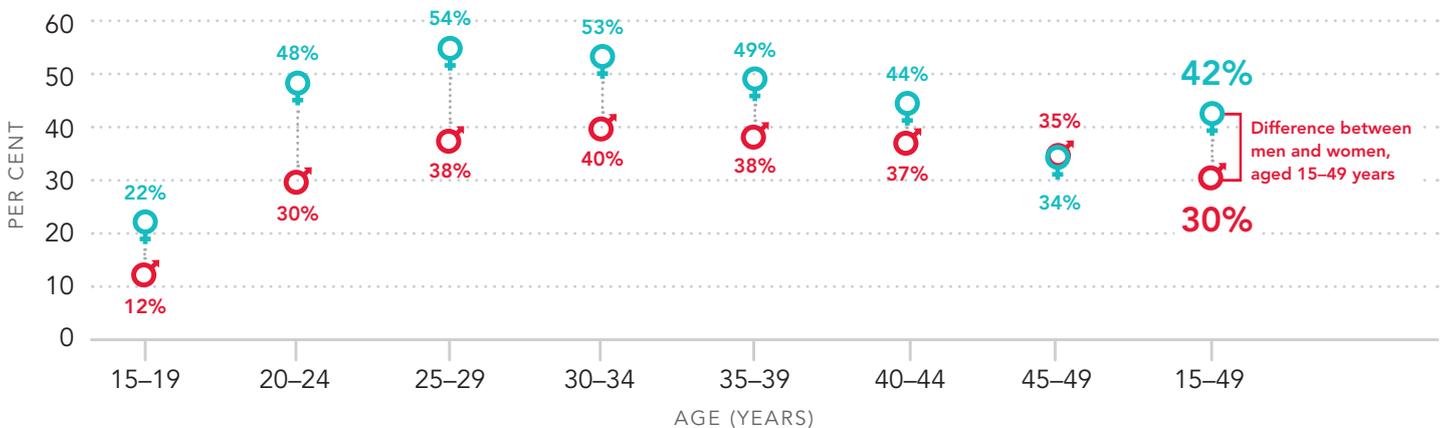
Certain groups have less access to HIV testing services. Young people, men and people from key populations have considerably lower access to HIV testing services, are less likely to be linked to treatment and care and have lower levels of viral suppression.

For people living with HIV, limited household resources and the inability to pay user fees rank among the top factors limiting access to health-care services, including treatment.

Young people—adolescents, particularly girls, are at increased risk of HIV infection compared to their same-age male counterparts. However, HIV and sexual and reproductive health services are not adapted to the specific needs of young people.

Poor access and uptake are often due to actual or perceived poor-quality services, stigma and discrimination from health-care providers and restrictive laws and policies—for example, age of consent laws for HIV testing or sexual and reproductive health services that prevent adolescents from accessing HIV testing services.

Percentage of men and women who have ever tested for HIV and received the result, by age, sub-Saharan Africa, 30 countries, most recent data, 2011–2016



♂ Men ♀ Women

Source: Population-based surveys, 2011–2016.

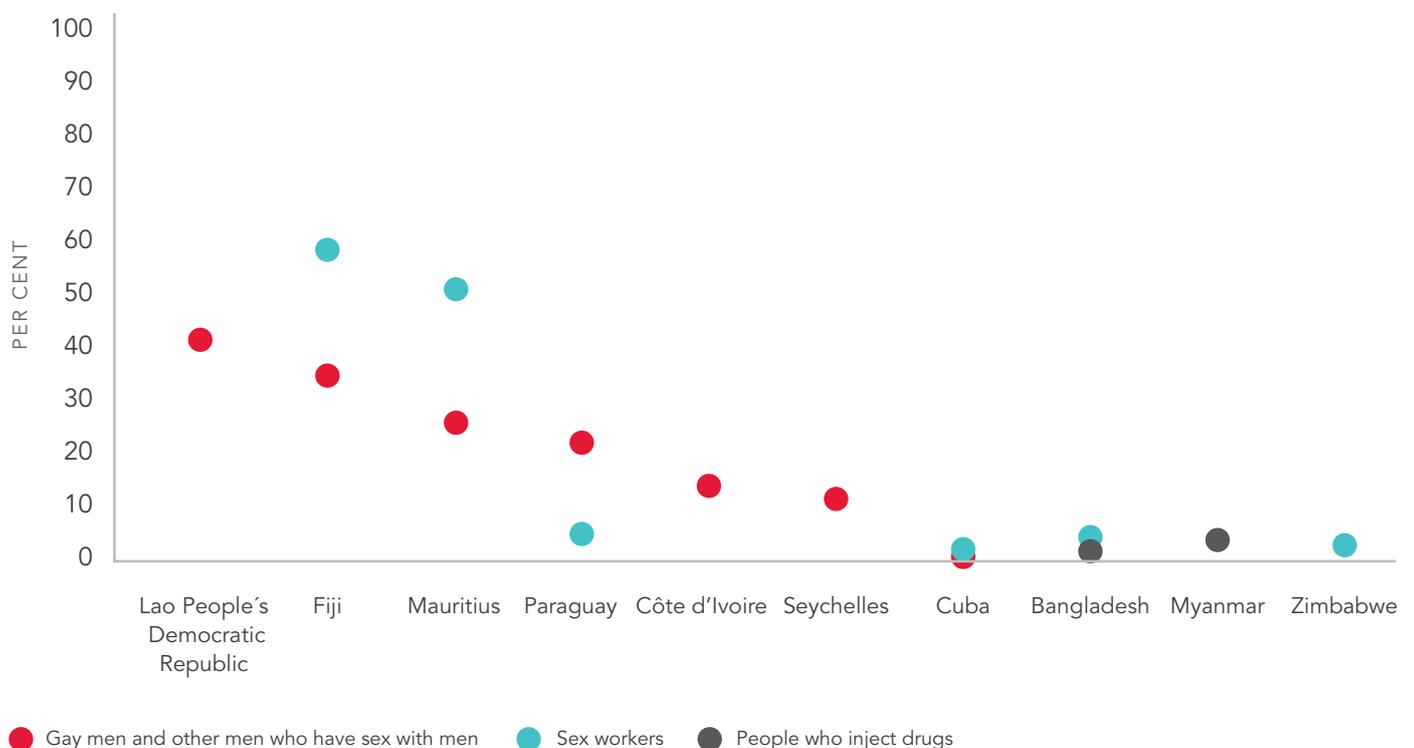
Men—men typically have less routine contact with the health system than women. Barriers hindering men’s access to and uptake of HIV testing include perceptions that health services are not friendly to men.

The opening hours of health services may clash with employment hours and sociocultural beliefs and behaviours can result in men not accessing health services. As a result, many men remain untested, and men who are living with HIV continue to be undiagnosed and therefore linked to treatment and care late, if at all.

Key populations—key populations, including gay men and other men who have sex with men, transgender people, sex workers, people who inject drugs, people in prisons and other closed settings and migrants, are systematically underserved by HIV testing services.

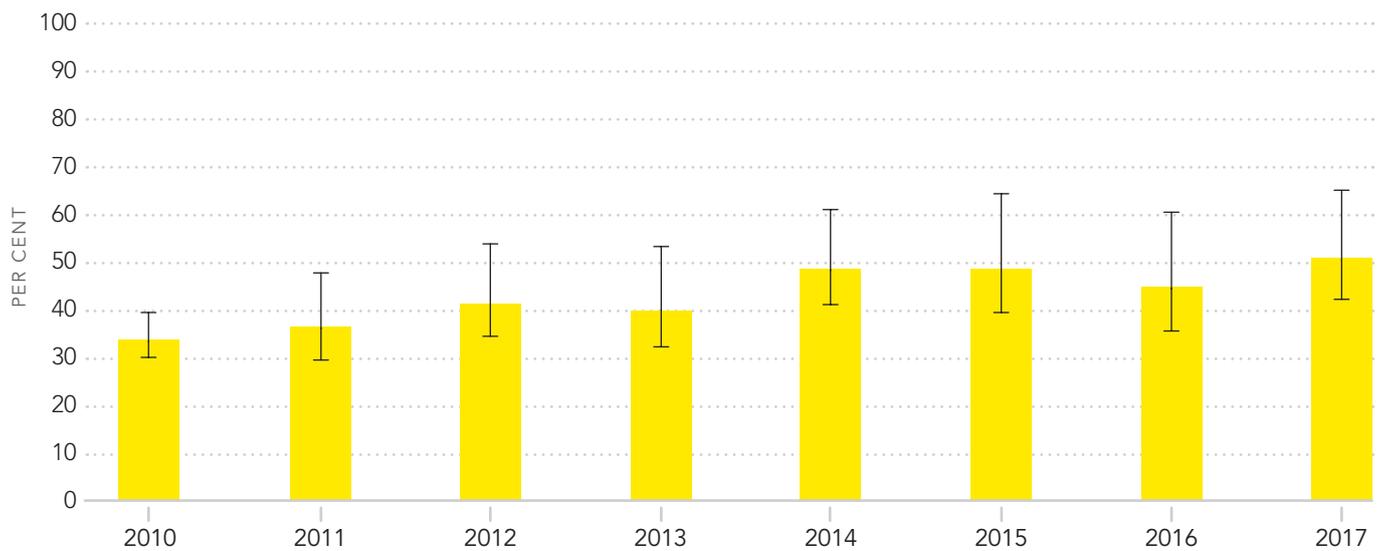
Poor coverage and low uptake of HIV testing services among key populations are related to both the availability and the acceptability of services. Low acceptability frequently reflects services being unfriendly, fear of stigma, discrimination and punitive laws and practices that criminalize behaviours and thereby discourage access to health services, including HIV testing.

Percentage of key populations who reported having avoided HIV testing in the past 12 months due to stigma and discrimination, countries with available data, most recent data, 2013–2017



Source: Integrated bio-behavioral surveys, 2013–2017.

Percentage of HIV-exposed children receiving a virological test by eight weeks, global, 2010–2017



Source: UNAIDS 2018 estimates.

Children—another challenge is ensuring that newborns are tested for HIV and have immediate access to HIV treatment. Just 52% of newborns exposed to HIV received an HIV test within the first eight weeks of life.

Children who acquire HIV through pregnancy, delivery or breastfeeding have a high risk of dying of AIDS-related illnesses within just a few months or years if they do not start treatment immediately. Children exposed to HIV need to be tested for HIV by four to six weeks of age, at the end of breastfeeding and at any point when they may become ill.

To ensure more children are tested and given access to treatment, testing and the delivery of results need to be simple, rapid, in close proximity and linked with prompt initiation of antiretroviral therapy for children found to be living with HIV. This requires access to early infant diagnosis technology, including virologic testing, combined with strategic placement of point-of-care diagnostic machines.

REACHING PEOPLE WITH HIV TESTING SERVICES

A diverse mix of strategies are needed to reach people with HIV testing services. These include both stand-alone voluntary testing and counselling and integrated testing services.

Voluntary testing and counselling, which includes voluntary pre- and post-test counselling and voluntary HIV testing. People should seek HIV testing services from their health-care provider of their own free will. This provides them with an opportunity to confidentially explore and understand their HIV risks and to learn their HIV test result.

Voluntary couples testing, whereby couples are supported to test together and are given support for mutual disclosure. This allows couples to make joint informed decisions about HIV prevention and reproductive health.

Provider-initiated voluntary testing and counselling, whereby health-care providers routinely offer HIV testing to people attending health services in high HIV prevalence settings, and for key populations, the partners of people living with HIV, pregnant women, people with sexually transmitted infections and people presenting indications of tuberculosis (TB) or HIV in all settings.

Enhancing casefinding for children, where health-care providers routinely offer and encourage HIV testing for children seen in health clinics or hospitals for illness, malnutrition or failure to thrive. Parents or adult caregivers receiving treatment for HIV should be actively encouraged to have their children's HIV status evaluated even if they seem well, so that life-saving treatment can be started if needed.

Community-based voluntary testing is an important option whereby health-care workers and community members trained in HIV testing offer communities home-based, mobile and workplace HIV testing—bringing HIV testing into communities and within reach of people who may be affected by HIV.

Index case finding, which involves offering HIV testing and counselling to family members, including children, other members of the household and the sexual partners of people diagnosed with HIV.

Voluntary assisted partner notification, whereby people living with HIV are supported to notify their partners. Options include notifying partners themselves, notifying partners and then notifying the health-care provider, who follows up with the partner directly, or notifying partners together with a trained health-care worker. It is essential that the person living with HIV voluntarily consents to assisted partner notification and that the confidentiality of the person living with HIV and of their partners is ensured.

HIV self-testing, whereby a person carries out a finger-prick blood test or uses an oral swab to test for HIV in a private setting and receives the results themselves. A positive self-test result always requires further testing and confirmation from a trained tester. HIV self-testing should always be voluntary, never coercive or mandatory. For example, no family member should force another to take an HIV test.

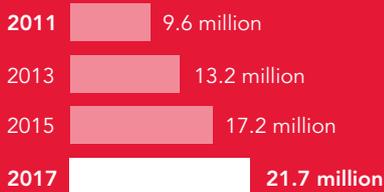
Self-testing should also include detailed information about how to seek referral and counselling services at the point of purchase or acquisition. HIV self-testing is another step to increase patient autonomy, decentralize services and create demand for HIV testing among people unreached by existing services.

THE BENEFITS OF KNOWING YOUR HIV STATUS

Testing saves lives

People can only start HIV treatment if they know that they are living with the virus—about 9.4 million people do not know that they are living with HIV.

People living with HIV on treatment



Knowing earlier, starting earlier

The earlier that someone is diagnosed as living with HIV, the earlier life-saving treatment can start. And the earlier that HIV treatment is started after infection, the better the outcome. People can live long and healthy lives with early detection of HIV and proper treatment and care.



Staying HIV-free

An HIV test result opens the door to accessing the range of HIV prevention options available depending on a person's HIV status to keep themselves and their loved ones HIV-negative.



Looking after loved ones

Testing is the gateway to treatment and effective treatment is a great HIV prevention tool—it saves lives and prevents HIV transmission. HIV treatment reduces the viral load—the amount of HIV in a person's body—to undetectable levels. With an undetectable level of HIV, a person can't pass on the virus to someone else.



Stopping transmission to babies

A pregnant or breastfeeding woman living with HIV can access a range of options that can ensure that she remains healthy and her baby is born HIV-free and stays HIV-free, but only if she knows her HIV status.



Claiming the right to health

By deciding to know their HIV status, people are empowered to make choices about their right to health.



Staying alive and well

Taking an HIV test can also provide an opportunity to screen and test for other illnesses, such as tuberculosis, hepatitis, high blood pressure and diabetes. Saving money and saving lives.

THE FIVE Cs

All forms of HIV testing should adhere to the five Cs: consent, confidentiality, counselling, correct test results and connection (linkage to prevention, treatment and care services). Governments and health service providers are responsible for ensuring that all forms of testing include the five Cs. Each type of testing has its own advantages but also its own set of circumstances that need to be addressed to ensure that they adhere to the five Cs.

The five Cs are principles that apply to all HIV testing services and in all circumstances.

- **Consent:** people receiving HIV testing services must give informed consent to access testing and counselling. They should be informed of the process for HIV testing and counselling and of their right to decline testing. Coerced testing is never appropriate, whether that coercion comes from a health-care provider, an employer, authorities such as immigration services or a partner or family member.
- **Confidentiality:** HIV testing services must be confidential, meaning that what the HIV testing provider and the client discuss should not be disclosed to anyone else without the expressed consent of the person being tested. Counsellors should discuss, among other issues, whom the person may wish to inform and how they would like this to be done.
- **Counselling:** pretest information can be provided in a group setting, but all people should have the opportunity to ask questions in a private setting if they request it. All HIV testing must be accompanied by access to appropriate and high-quality post-test counselling, based on the specific HIV test result and HIV status reported.
- **Correct:** providers of HIV testing should provide high-quality testing services and quality assurance mechanisms should ensure that people receive a correct diagnosis. Quality assurance may include both internal and external measures and should receive support from the national reference laboratory. All people who receive a positive HIV diagnosis should be retested to verify their diagnosis before initiation of HIV care or treatment.
- **Connection:** linkage to HIV prevention, treatment and care services should include effective and appropriate follow-up, including long-term prevention and treatment support.

INTEGRATION IS KEY

TB is the leading cause of death of people living with HIV; however, it is estimated that 49% of people living with HIV and tuberculosis are unaware of their coinfection and are therefore not receiving care. Systematic TB screening should be integrated into HIV testing services and offered wherever HIV testing is carried out and to all people testing HIV-positive. People living with HIV who do not have active TB should be offered TB preventative therapy.

In addition, people with sexually transmitted infections should be routinely offered HIV testing. HIV testing in sexually transmitted infection clinics is feasible and uptake of testing is high.

Routine HIV testing should be also be integrated into malnutrition clinics, viral hepatitis clinics and antenatal clinic settings and for health services for key populations. In generalized epidemic settings, HIV testing can also be integrated with screening for cervical cancer and noncommunicable disease screening.

LINKAGE TO TREATMENT AND CARE

TREATMENT SERVICES

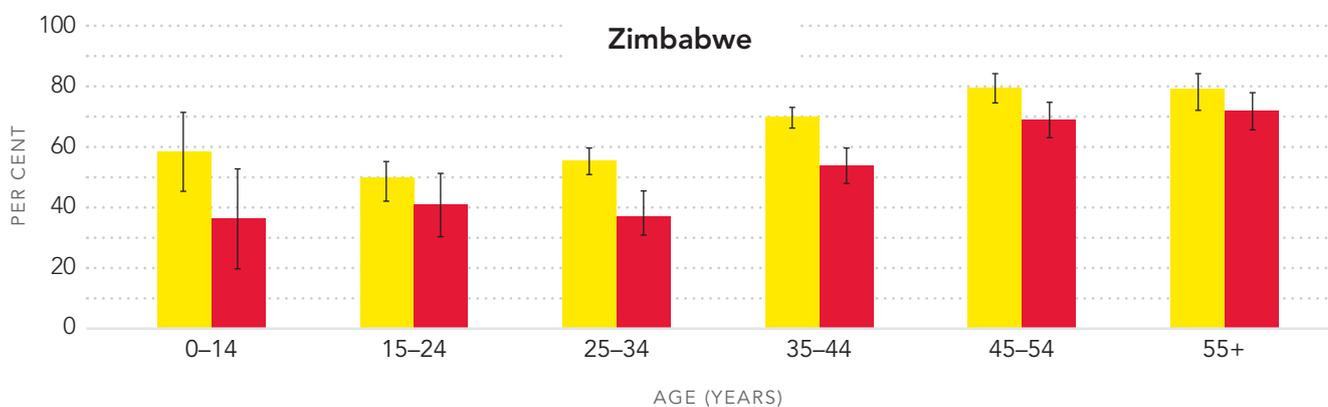
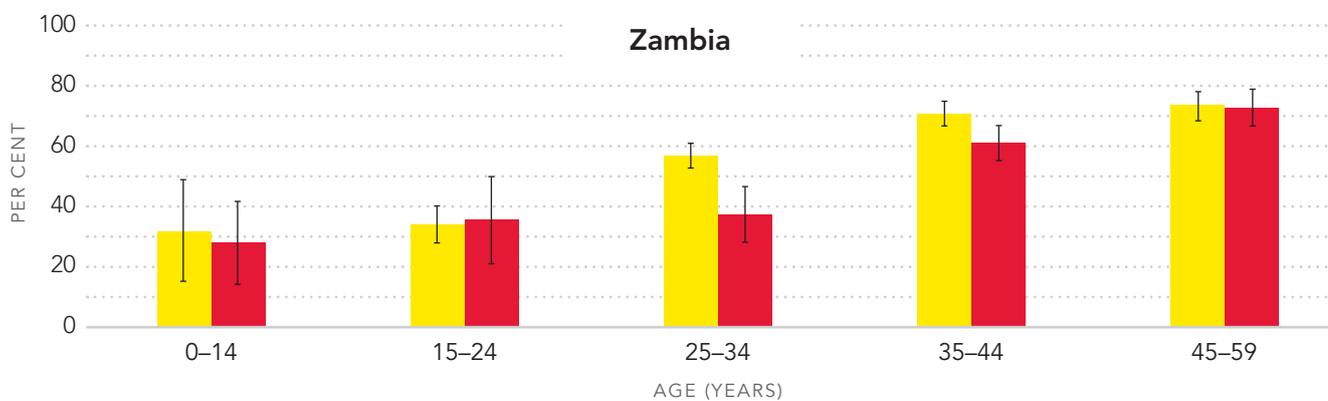
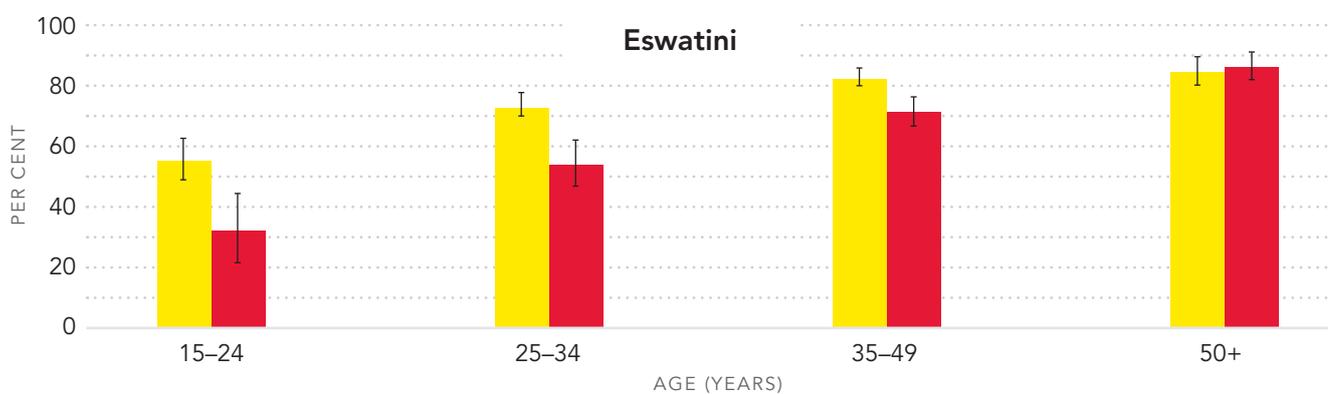
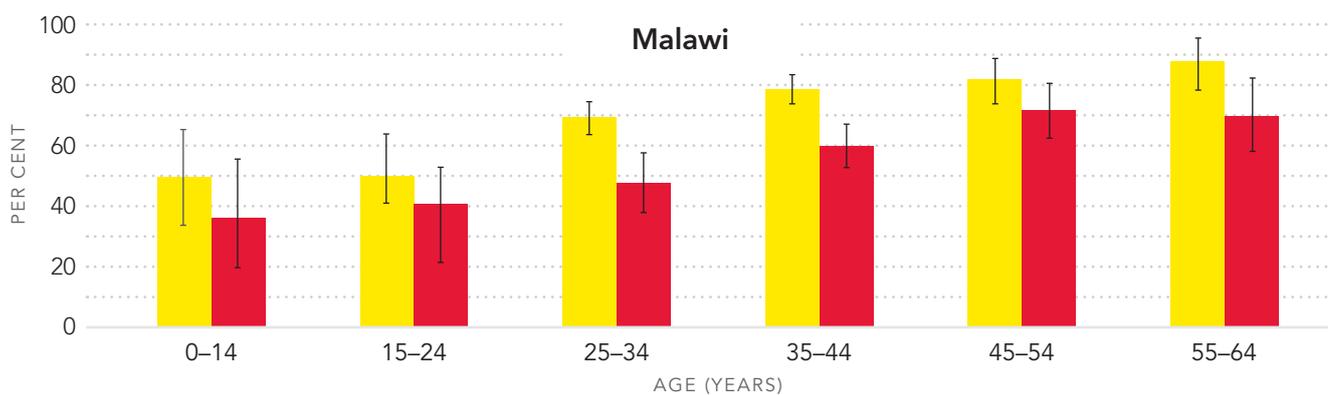
Late or delayed linkage to prevention, treatment, care and support is unfortunately still common.

Barriers that hinder or delay linkage to HIV treatment and care persist, including transportation costs and distance to the facility, stigma, fear of disclosure, staff shortages and long waiting times, complicated processes to start treatment and policy and legal barriers that may hinder access, particularly for adolescents and key populations.

The implications of an HIV-positive test result, including the risk of stigma and discrimination, and the importance of early enrolment in HIV treatment, care and follow-up services, need to be addressed. Linkages between the site where the test is conducted and appropriate treatment, care, prevention and other services, in an environment that guarantees confidentiality of all medical information, need to be assured. And HIV-related stigma and discrimination in all parts of society needs to be reduced, including within health-care settings.

**People living with HIV who are virally suppressed,
by age and sex, four countries, 2015–2017**

■ Women ■ Men



Source: The Malawi Population-Based HIV Impact Assessment (MPHIA), 2015–2016; The Zambia Population-Based HIV Impact Assessment (ZAMPHIA), 2016; The Zimbabwe Population-Based HIV Impact Assessment (ZIMPHIA), 2015–2016; The Swaziland Population-Based HIV Impact Assessment (SHIMS2), 2016–2017.

VIRAL LOAD MONITORING

If a person tests positive for HIV it is important that the impact of antiretroviral therapy is regularly monitored to ensure that the virus is suppressed. The most effective way to do this is through viral load monitoring. Viral load monitoring is the gold standard for HIV treatment monitoring.

However, viral load monitoring is very limited in low- and middle-income countries, where the majority of people living with HIV reside. Viral load testing systems are rapidly becoming cheaper, more robust and simpler to use and greater political will and funding are urgently needed to scale up capacity in low- and middle-income countries to ensure that people living with HIV remain healthy and to prevent transmission of the virus.

REMOVING THE BARRIERS TO HIV TESTING

This World AIDS Day UNAIDS is calling for global commitment to scale up HIV testing, which includes:

- Eliminating HIV-related stigma and discrimination in health-care settings, towards key populations and towards people living with and affected by HIV.
- Ensuring confidentiality in HIV testing and treatment services.
- Deploying an optimal mix of HIV testing strategies to reach the populations most in need, including self-testing, testing by trained community health-care providers and strategies to reach key populations.
- Integrating HIV testing within primary health care and into universal health coverage, including integrating HIV services into maternal and child health services, TB services and services for sexually transmitted infections, viral hepatitis and cervical cancer in generalized epidemic settings.
- Removing policy and legal barriers that hinder access to HIV testing and treatment services, including removing laws that criminalize sex work and injecting drug use, removing laws that criminalize same-sex sexual relations, removing laws that prohibit adolescents from testing for HIV without parental consent and removing laws that criminalize non-disclosure, exposure and transmission of HIV.
- Ensuring high quality and immediate linkage to HIV treatment, prevention, care and support services.
- Promoting and expanding access to viral load monitoring in low- and middle-income countries.
- Ensuring access to viral load testing for newborns within the first two months of life.
- Removing user fees.

For more information go to: knowyourstatus.unaids.org

HIV TESTING: WHAT YOU NEED TO KNOW

The testing gap

In 2017, a quarter of all people living with HIV in the world didn't know their HIV status. If people don't know their status, they can't start treatment or think about which prevention options are best for them.

Only you can decide to take an HIV test

Any decision to take an HIV test is yours alone. No one—not doctors, partners, family members, employers or anyone else—should force you to take a test.

No one else need know about your test or your result

Health-care workers are duty-bound to keep all your medical information confidential. Taking an HIV test, the test result and any discussion about the result are confidential. Only the person being tested can decide whether to share the result with anyone else.

Let's talk about the test and the result

Before someone takes a test in a clinic, they will have the opportunity to talk to a counsellor in order to understand the test, the result and the implications and to discuss any worries they may have. After the test, they will get tailored advice dependent on the result and be helped to understand the options available to them.

Testing is simple

An HIV test is quick and painless. A small pinprick of blood from a finger or arm or some saliva is all that is needed. Someone taking a test will usually know their result within 20 minutes, although it will be longer if the sample has to be sent to a laboratory.

Test again

Anyone who is at risk of acquiring HIV should keep up to date about their status and take a regular HIV test, at least every six months for people at higher risk.

You can test at home

HIV self-testing kits are available in many countries, and are becoming available in many more, so people can find out their status at any time, in the privacy of their home. A repeat test in a clinic to confirm a positive result and get linked to appropriate prevention, treatment and care is essential.

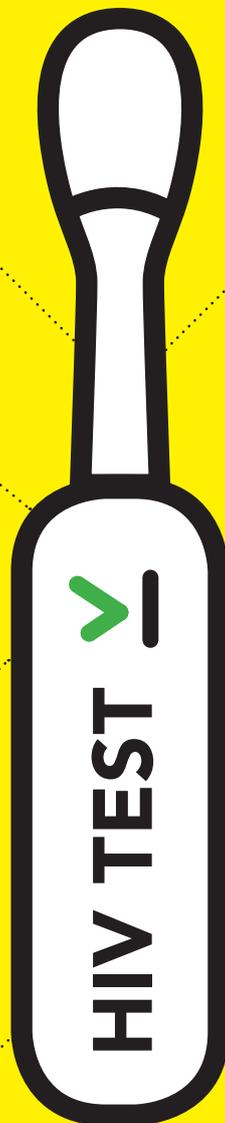
Knowing your status always helps

Whether positive or negative, an HIV test can always help. People who find out their status will either be linked to treatment that can save their lives or to prevention options to keep them or their loved ones free from HIV.

Making sure

A negative result means just that—the person is not HIV-positive and is not living with HIV. They can be reassured, but need to bear in mind the window period—a period of time after a person is infected with HIV but during which they won't test positive—and if they continue to be exposed to HIV should consider repeating an HIV test every 6–12 months.

A single positive HIV test result will always be followed up with a second test to confirm the result. Occasionally, the second test may not agree with the first test, in which case a repeat test is recommended after six weeks. However, if the two tests, using two different samples, are positive, then an HIV-positive diagnosis is confirmed and treatment should be started as soon as possible.





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