



Using the Best Science to Save Lives

Jhpiego's Contribution to Reducing the Global Burden of HIV and Tuberculosis

BACKGROUND

- There were **2.1 million** new HIV infections in 2015, **1.4 million** of which occurred in sub-Saharan Africa.¹
- **45%** of all new HIV infections were in key populations, who often lack safe and dignified access to essential HIV services.
- **1.8 million** were killed by tuberculosis (TB)—TB continues to be the leading cause of death among people living with HIV (PLHIV).²
- **More than half of men** under the age of 35 **do not know their HIV status**.³
- The population of 15- to 24-year-olds in sub-Saharan Africa has doubled since the start of the epidemic, and **girls and young women** account for **74% of new HIV infections among adolescents** in the region.⁴

Since 2001, Jhpiego has brought scientifically driven innovations to the prevention, care, and treatment of HIV and other infectious diseases.

Jhpiego by the numbers:

- **More than 16 years** working in HIV
- **More than 1,300 staff** supporting HIV and TB programming worldwide
- **Health programs in 16 countries*** with support from the US President's Emergency Plan for AIDS Relief (PEPFAR), Bill & Melinda Gates Foundation, UNICEF, and the Elton John AIDS Foundation



* Botswana, Côte d'Ivoire, Ethiopia, Ghana, Haiti, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, South Sudan, Tanzania, and Zambia

METHODS

HIV Testing Services (HTS)

HTS continues to be the critical entry point to lifesaving HIV care and treatment for PLHIV. Likewise, HTS is important for linking people who test negative to other prevention services, such as pre-exposure prophylaxis (PrEP), voluntary medical male circumcision (VMMC), condoms, structural interventions, and risk reduction counseling.

Jhpiego's Approach

- Support UNAIDS 90-90-90 goals through partnerships with local governments and communities, and delivery of high-quality HTS with active linkage to HIV care and treatment for PLHIV.
- Design targeted programs that expand HTS access and uptake among hard-to-reach populations, including key populations, men, adolescent girls and young women, children, and partners of PLHIV, through health facility- and community-based HTS.
- Use evidence-based and innovative approaches for reaching target populations, including integrated and provider-initiated HTS, mobile testing, workplace testing, partner notification, couples testing, and HIV self-testing (HIVST).

EMERGING HTS APPROACHES

HIV Self-Testing

Jhpiego provides advocacy and technical assistance for HIVST and supports ministries of health on policy and implementation planning in multiple countries.

Jhpiego has piloted HIVST approaches, including conducting a randomized controlled trial of HIVST for male partners of pregnant women in Kenya from 2015 to 2017. The study demonstrated an increase in male partner testing from 28% and 37% in two control arms to 83% in the HIVST arm.

Partner Notification Services

Reaching partners and children of PLHIV is a priority for all Jhpiego HTS programs. Strategies employed include enhanced support for index clients to disclose to partners, home- and community-based HTS, referral of partners to a health facility, integration of partner notification and HIVST, and couples HIV testing and counseling.⁵

Following its study of partner notification services (PNS) in Tanzania that demonstrated a 62% positivity rate among tested partners of PLHIV, Jhpiego now provides technical assistance on PNS policy, implementation, monitoring, and evaluation to PEPFAR implementing partners and the Federal Ministry of Health in Nigeria.

RESULTS

HTS Results

Jhpiego has:

- **Supported HTS** delivery since 2001.
- **Supported HTS** programs in **34 countries**.
- **Provided 10 million** people with HTS.
- **Linked more than 240,000** PLHIV to HIV care and treatment services.
- **Achieved a mean yield of nearly 5% HIV-positive diagnoses** from HTS in non-VMMC programs.
- In **Tanzania**, Jhpiego's Sauti project has provided more than **1 million individuals** from key and vulnerable populations with HTS, and **linked more than 35,000** PLHIV to HIV care and treatment services.
- In **Haiti**, the Services de Santé de Qualité pour Haïti project has **offered HTS with a focus on partner notification services to 153,785** people, and successfully **linked 2,277** PLHIV to HIV care and treatment services.



Biomedical Prevention

Prevention of new HIV infections is vital to achieving epidemic control. Jhpiego has championed bringing biomedical HIV prevention interventions to scale, including VMMC, a safe, minor procedure that reduces the risk of female-to-male HIV transmission by 70%,⁶ and PrEP, a daily pill demonstrated to be more than 90% effective in preventing HIV.⁷

Jhpiego's Approach

- **Reach individuals in greatest need** with high-impact HIV prevention interventions.
- **Offer service delivery models** that maximize accessibility, safety, and acceptability, especially for hard-to-reach populations.

VMMC Results

- Since 2003, Jhpiego has emerged as one of the few international organizations with the knowledge and experience to **support, strengthen, and scale up VMMC** services while ensuring safety and quality.
- Since 2008, **more than 2.5 million males** have accessed VMMC through Jhpiego-supported services across 12 of the 15⁸ VMMC focus countries.
- In **Tanzania**, the use of geographic information systems to overlay population data with health facility coordinates has helped to identify potential high-concentration areas for VMMC, contributing to over **650,000** VMMC procedures since 2010.
- In **Mozambique**, mobile service units are deployed to reach rural communities where clients have no access to care, contributing to Jhpiego's nearly **800,000** VMMC procedures since 2010.
- Jhpiego has directly supported **more than 275,000 VMMC procedures in Zambia**, and currently supports the Ministry of Health to conduct active adverse surveillance of VMMC with the PrePex device in alignment with normative standards, including the administration of tetanus toxoid-containing vaccine at schedules recommended by the World Health Organization (WHO), based on individuals' immunization history.

PrEP Results

- In **Kenya**, Jhpiego, the Ministry of Health, and other partners are collaborating to implement Jilinde, a program designed to move oral PrEP to a large-scale, national-level public health response. By demonstrating a feasible, affordable, and sustainable model for scale-up, Jhpiego will support PrEP for HIV prevention in over 22,000 at-risk people, while serving as a learning laboratory for other countries exploring PrEP for HIV prevention.

Care and Treatment

Jhpiego is helping individuals learn their HIV status and efficiently link to care and treatment. WHO recommends ART initiation by all PLHIV who are willing and able to start, regardless of CD4 count or other clinical criteria. Jhpiego supports essential services from clinical care, to diagnosis and management of common and complicated opportunistic infections, to viral load testing, to psychosocial support in the community. Currently, **74,000+** people are receiving ART through Jhpiego-supported programs.

Jhpiego's Approach

- **Support adoption of "Treat All"** in countries where we work.
- **Promote patient-centered ART solutions:** community ART and multimonth dispensing for stable clients on ART.
- **Support adherence and retention** through efforts like peer support groups, intensive support for clients with high viral load (> 1,000 copies/mL).
- **Facilitate prompt switching to second-line therapy** for clients with confirmed treatment failure/virological failure.

CHANGING MEN'S HEALTH SEEKING IN LESOTHO

To promote health service uptake among males in Lesotho and explore a concept of potential applicability to the region, in 2016, Jhpiego partnered with the Lesotho Ministry of Health to pilot a public, standalone men's clinic designed for males aged 15+ years and their female partners.

The Khotla men's clinic offers comprehensive health screening, services, and referrals, including onsite HTS and TB screening, VMMC, ART initiation, viral load monitoring, and other laboratory services.

The community is recognizing Khotla as a trusted place for health services, with more than 9,000 clients since July 2016. More than 1,400 clients have received HTS at the clinic, with an overall positivity rate of 13%. Jhpiego has evaluated over 600 TB symptomatic clients, resulting in 82 TB diagnoses—including seven with multidrug-resistant TB.



Care and Treatment Results

- In **Haiti**, Services de Santé de Qualité pour Haïti (SSQH) uses approaches such as mobile health clinics in hard-to-reach or underserved areas, as well as the scale-up of trained community health care workers and peer educators, to provide a comprehensive health package including HIV testing and TB screening to those in need. Through these efforts, SSQH currently serves more than **12,000** people on ART, with **2,000** patients receiving multimonth scripting.
- In **Kenya**, Jhpiego's APHIAplus KAMILI project provides mentorship and on-the-job training to public and private facilities offering ART, focusing on the use of automated dispensing tools as well as commodity forecasting and quantification.
 - KAMILI has tested more than **1 million** clients for HIV and supports more than **38,000** people on ART.
 - KAMILI uses routine viral load testing to monitor treatment success and ART adherence, and is making progress toward the third "90" goal, with more than **85%** of patients achieving viral suppression.
- In **South Sudan**, Jhpiego is increasing access to high-quality ART services, including pediatric and adolescent HIV care, in high-burden areas. The program currently serves more than **1,400** people on ART.

Prevention of Mother-to-Child Transmission (PMTCT)

With effective interventions, fewer than 5% of HIV-positive women will pass the virus to their newborns during pregnancy, childbirth, or breastfeeding.⁹

Jhpiego's Approach

- **Integrating care** for "Mother and Baby"—Early infant diagnosis (EID) and PMTCT/ART services in a single appointment
- **Effective tracking systems**—EID for up to 8 weeks
- **Increased male involvement/engagement**—antenatal care (ANC) as an entry point to attract men to health services

PMTCT Results

- In **Nigeria**, Jhpiego's technical leadership to the LOCATE (Local Capacity Enhancement Project) program supports **209** health facilities to provide PMTCT services, including HTS, ANC, labor and delivery support, and ARTs, to all HIV-positive women. In addition, LOCATE ensures HIV-exposed infants are offered EID within the first 8 weeks of life.



Tuberculosis

TB remains one of the top 10 causes of death worldwide. The integration of TB prevention, care, and treatment services into HIV interventions is critical to the reduction of HIV-related deaths.

Jhpiego's Approach

- Support WHO's "Global Plan to End TB Strategy" and "Stop TB Partnership."¹⁰
- Scale up respiratory infection control programs.
- Integrate TB symptom screening and services into HIV/AIDS; family planning; maternal, newborn, and child health; and primary care.
- Build health worker capacity with a focus on patient-centered care and early diagnosis.

TB Results

- In **Côte D'Ivoire**, Jhpiego supports an integrated model of chronic care, training clinical providers on integrated management of chronic conditions including TB, HIV, hypertension, and diabetes, and supporting health workers to bring client care to the community.
- In **Mozambique**, Jhpiego uses a TB dashboard tool for infection control and surveillance in 43 health facilities, and has trained 159 designated "Cough Officers." Through HIV/AIDS prevention activities, **more than 300,000** people received TB screenings.
- In **Malawi**, Jhpiego's Support for Service Delivery Integration (SSDI) project supported early TB diagnosis through routine screening in all service entry points. During the project, SSDI **screened 45,249 ART/PMTCT clients for TB**, initiating treatment for those testing positive. TB symptom screening in ANC became policy after a successful pilot in one district.

References

1 UNAIDS. 2016. *Global AIDS Update*. Geneva: UNAIDS.
 2 World Bank. 2015. *Africa Development Forum*. 2015. Washington, DC: World Bank.
 3 PHIA Project. 2016. "Malawi Population-Based HIV Impact Assessment: MPHIA 2015-2016." New York: ICAP at Columbia University.; PHIA Project. 2016. "Zambia Population-Based HIV Impact Assessment: MPHIA 2015-2016." New York: ICAP at Columbia University.; PHIA Project. 2016. "Zimbabwe Population-Based HIV Impact Assessment: MPHIA 2015-2016." New York: ICAP at Columbia University.
 4 WHO. 2016. "TUBERCULOSIS: Global Tuberculosis Report 2016." Geneva: WHO.
 5 Kabakoko C, et al. 2017. "Addressing the First 90: A Highly Effective Partner Notification Approach Reaches Previously Undiagnosed Sexual Partners in Tanzania." *AIDS Behav*. 2017 Mar 15. doi: 10.1007/s10461-017-1750-5.

6 Lei JH, et al. 2015. "Circumcision Status and Risk of HIV Acquisition during Heterosexual Intercourse for Both Males and Females: A Meta-Analysis." *PLoS ONE* 10(5): e0125436. doi: 10.1371/journal.pone.0125436.
 7 Baeten JM, et al. 2012. "Antiretroviral Prophylaxis for HIV Prevention in Heterosexual Men and Women." *N Engl J Med* 2012;367:399-410. DOI: 10.1056/NEJMoa1108524; Grant RM, et al. 2010. "Preexposure chemoprophylaxis for HIV prevention in men who have sex with men." *N Engl J Med* 2010;363(27):2587-99.
 8 WHO and UNAIDS. 2016. *A Framework for Voluntary Medical Male Circumcision: Effective HIV Prevention and a Gateway to Improved Adolescent Boys' & Men's Health in Eastern and Southern Africa by 2021*. Geneva: WHO.
 9 UNAIDS. 2013. *Global Report: UNAIDS report on the global AIDS epidemic 2013*. Geneva: UNAIDS.
 10 WHO. 2016. *Global Tuberculosis Report 2016*. Geneva: WHO.