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.

• 40% 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).

• More than half of men under the age of 30 do not know their HIV status.

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 infections among adolescents in the region.

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 HTS to PLHIV with active linkage to HIV care and treatment services.

• Design targeted programs that expand HTS access and uptake among hard-to-reach populations, including key populations, children of PLHIV, and adolescents living with HIV, through health facility- and community-based HTS.

• Use evidence-based and innovative approaches for reaching targeted populations, including incorporating and providing desired HTS, mobile testing, workplace testing, partner notification, couple testing, and HIV self-testing (HIVST).

EMERGING HTS APPROACHES

HIV Self-Testing

Jhpiego provides advocacy and technical assistance for HTS and supports ministries of health on policy and implementation planning in multiple countries. Jhpiego piloted HTS approaches, including conducting a randomized controlled trial of HIVST for male partners of pregnant women in Kenya from 2013 to 2017. The study demonstrated an increase in male partner testing from 28% and 37% to two arms ranging from 83% to 93% in the HTS arm.

Partner Notification Services

Reaching partners and children of PLHIV is a priority for all Jhpiego's 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.

Counseling and Test Results

• Achieved a mean yield of nearly 3% HIV-positive diagnoses from 60% of non-VMMC programs.

• Provided 10 million people with HTS.

• Linked more than 2,000,000 PLHIV to HIV care and treatment services.

• Achieved a mean yield of nearly 15% HIV-positive diagnoses from 60% of non-VMMC programs.

In Tanzania, Jhpiego’s Sex Project has provided more than 1 million index clients from key and vulnerable populations with HTS, and linked more than 33,000 PLHIV to HIV care and treatment services.

In Haiti, the Service de Santé du Quotidien for Haiti project has offered HTS with a focus on partner notification services to 112,781 people, and successfully linked 2,277 PLHIV to HTS care and treatment services.

RESULTS

Biomedical Prevention

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

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.

Care and Treatment

Jhpiego’s biomedical research shows that 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 care, treatment, and management of common and complicated opportunistic infections, to avoid loss to follow-up and to support the community.

VMMC Results

• Since 2003, Jhpiego has emerged as one of the few international organizations with the knowledge and expertise to support and scale-up VMMC services while ensuring safety and quality.

• Since 2003, more than 2.5 million male and female clients have accessed VMMC services.

• In Côte D’Ivoire, male circumcision service is deployed to all health facilities and has trained 159 designated “Cough Officers.” Through HIV/AIDS prevention activities, supporting health workers to bring client care to the community.

• Since 2008, more than 1 million VMMC procedures have been performed in Jhpiego-supported services across 34 countries.

• In Ghana, Jhpiego has piloted HIVST approaches, including conducting a randomized controlled trial for male partners of pregnant women in Ghana from 2015 to 2016. More than 1,400 clients have received HTS at the clinic, with an overall positivity rate of 32%.

• More than half of men under the age of 35 in countries where we work.

• More than 2.5 million males have accessed VMMC through Jhpiego-supported services across 34 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 660,000 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 803,000 VMMC procedures since 2010.

• In Tanzania, Jhpiego has directly supported more than 275,000 VMMC procedures in Tanzania, and currently supports the fidelity of scale with the use of electronic health records to track service provision in line with national and international standards.

• In Kenya, Jhpiego’s AMPLA-MAA 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.

• 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 ART patients.

Care and Treatment Results

In Haiti, Services de Santé du Quotidien for Haiti (SSQH) approaches uses such mobile health clinics in hard-to-reach areas, as well as home-based services and biomedical interventions, to provide a comprehensive health package, including HIV testing and TB screening to be used in tandem. Through these efforts, SSQH currently serves more than 2,300,000 people on ART, with 2,800,000 people receiving monitoring and support.

In Kenya, Jhpiego’s AP1M Plus KAMA project provides mentorship and on-the-job training to public and private facilities offering ART in a small-scale, affordable, and sustainable model for scale-up. Jhpiego will support ART for HIV prevention in over 20,000 of other people, while serving as a learning laboratory for other countries exploring HIV prevention for PLHIV.

PreP Results

In Kenya, the Ministry of Health, and other partners are collaborating to implement PrEP, a program designed to move and PrEP to a scale, national-level public health response. By democratizing a scalable, affordable, and sustainable model for scale-up, Jhpiego will support PreP for HIV prevention in over 20,000 of other people, while serving as a learning laboratory for other countries exploring HIV prevention for PLHIV.

Prevention of Mother-to-Child Transmission (PMTCT)

With effective interventions, fewer than 3% of HIV-positive women will pass the virus to their newborns during pregnancy, childbirth, or breastfeeding.

Jhpiego’s Approach

• Integrating care for ‘Mother and Baby’—Early infant diagnosis (EID) and PMTCT ART services in a single appointment.

• Effective tracking systems—ED for up to 8 weeks.

• Increased male involvement/engagement—antenatal care (ANC) as an entry point to attract men to PMTCT services.

Tuberculosis

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

Jhpiego’s Approach

• Support TB clients of the South to find TB Strategy and “Stop TB Partnership.”

• Scale up respiratory infection control programs.

• Integrate TB symptom screening and services into HIV/ADUs: family planning, maternal, newborn, and child health and primary care.

• Build health worker capacity with a focus on patient-centered care and early diagnosis.

Since 2003, Jhpiego has provided more than 36,000,000 people on ART and supports more than 1,400,000 people on ART.

PMTCT Results

In Nigeria, Jhpiego’s technical leadership to the LOCATE Ecologic Capacity Enhancement Project (LOCATE) program supports 201 health facilities to provide PMTCT services, including ANC, ART, 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.

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 is helping to scale-up the use of automated dispensing tools in 43 health facilities, and has trained 139 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 (SIDI) project supported early TB diagnosis, through routine screening, in all service entry points. During the project, SIDI screened 61,249 ART/MPTC clients for TB, initiating treatment for those testing positive. 18 TB screenings in ANC became policy after a successful pilot in one clinic.