EVOLVING SERVICES AND SYSTEMS TO SUSTAIN HIV EPIDEMIC CONTROL

OVERVIEW

When the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) started in 2003, only 50,000 people in sub-Saharan Africa were on HIV treatment. At the height of the HIV epidemic, a positive diagnosis was akin to a death sentence. Today, **the global community has the tools to control the HIV epidemic without a vaccine or a cure**.

Data from Population-based HIV Impact Assessments supported by the U.S. Centers for Disease Control and Prevention (CDC) show that several African countries have achieved or surpassed global HIV epidemic control targets. As a key implementing agency of PEPFAR, CDC relies on data from these national surveys to create efficient and effective programs for reaching global HIV epidemic control goals, including finding persons living with previously undiagnosed HIV infections, linking them to treatment, and achieving viral load suppression.

ACCELERATING PROGRESS FOR HIV EPIDEMIC CONTROL

CDC works with partner governments and other organizations in PEPFAR-supported countries to measure and accelerate progress towards HIV epidemic control. The CDC-supported population-based HIV surveys provide detailed insights into the effectiveness of HIV programs within a country and point to the remaining challenges in the response to HIV. **CDC rapidly applies insights from these surveys to implement and make real-time adjustments to programs leading to increased efficiencies and improved health outcomes.**

CDC provides technical expertise to help countries achieve global HIV epidemic control targets by 2030, which call for 95 percent of all people living with HIV to be aware of their status, 95 percent of those aware of their status to be placed on antiretroviral treatment, and 95 percent of those on treatment to achieve viral load suppression – a reduction of HIV in the body to undetectable levels. HIV epidemic control is reached when the total number of new HIV infections falls below the total number of deaths from all causes among people living with HIV.[1] When the number of new infections and the number of deaths in people living with HIV both go down, and *at the same time* the number of new infections is less than the number of deaths in all HIV-positive individuals, the total burden of disease and the financial cost of the epidemic will decline globally.

WHAT IS NEEDED TO ACHIEVE AND SUSTAIN EPIDEMIC CONTROL?

Simply put, what it took to get global HIV programs to the cusp of epidemic control will not be what it takes to keep countries at epidemic control. As newer and more efficient HIV testing and case-finding tools help to identify more people living with HIV, **finding the remaining, undiagnosed, HIV-positive individuals will become more difficult and expensive**.[2] To sustain epidemic control, CDC supports highly resilient and adaptive approaches that are necessary to maintain community engagement, deliver client-centered HIV services, and focus resources where most needed and for greatest impact. Evolved testing, surveillance, health information, laboratory, and other systems must be built and maintained to identify and rapidly respond to localized outbreaks of HIV in real time. CDC leads these efforts with substantial engagement of communities affected by HIV and host country governments. It also will be essential to focus on vulnerable, underserved populations who are at higher risk of HIV infection. For these groups, gaps in HIV service delivery will likely exist even when the general population has approached or attained control of their generalized HIV epidemics.

CDC supports programs to find and link the remaining, previously undiagnosed HIV cases to treatment. This requires

WHAT IS NEEDED TO ACHIEVE AND SUSTAIN EPIDEMIC CONTROL? (CONT)

a more targeted and efficient approach to case finding, including self-testing, index testing, and provider-initiated testing where healthcare providers recommend an HIV test as part of routine care. CDC supports these high-yield HIV testing programs centered around individuals and their communities.

CDC continues to expand and enhance HIV programs for key and vulnerable populations, including men who have sex with men, female sex workers, injection drug users, and adolescent girls and young women. This targeted approach, combined with highly effective HIV prevention interventions like pre-exposure prophylaxis and voluntary medical male circumcision, will help sustain and advance current progress made against HIV.

CDC supports engagement with countries and civil society to help sustain progress. The **participation of diverse stakeholders in each stage of HIV planning and programming will ensure communities are empowered** to lead the HIV response in PEPFAR-supported countries.

CLOSING REMAINING GAPS

As recently demonstrated with the impact of COVID-19 on health services, **HIV programs and services must remain resilient and adaptive to shocks** to global healthcare systems. Community-based approaches to services – including HIV self-testing, multi-month dispensation of antiretroviral treatment, rapid HIV testing, and other services delivered near or at the point of care – must be standardized to make it easier to get tested, remain on treatment, and achieve viral load suppression.

[1] *PEPFAR. Strategy for Accelerating HIV/AIDS Epidemic Control, 2017-2020. https://www.state.gov/wp-content/uploads/2019/08/PEPFAR-Strategy-for-Accelerating-HIVAIDS-Epidemic-Control-2017-2020.pdf*

[2] *Drammeh, Bakary et al. Sex Differences in HIV Testing in 20 PEPFAR-Supported Sub-Saharan African Countries, 2019.*