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How can we Improve the Universal Uptake of HIV Testing Services? World Health Organization

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DEAR EDITOR,

Globally, HIV has been acknowledged as one of the major public health concerns accounting for the lives of more than 40 million people worldwide since its emergence.[1] In fact, in the year 2014 alone, almost 2 million individuals were newly infected with the virus while another 1.2 million people died because of the HIV and its associated complications.[1] The stakeholders of the program have repeatedly advocated that quality-assured HIV testing is the gateway to HIV prevention, treatment, care, and other support services.[1,2]

The ultimate goal of HIV testing is to identify people living with HIV (PLWH) and effectively link them and their families to appropriate HIV treatment/care and support/prevention services, based on their status.[2] However, the finding of a recently released report suggests that only 51% of PLWH know their HIV status worldwide, which is very much far from the proposed United Nations 90-90-90 goals.[2,3] Further, it was reported that in the year 2014, HIV testing services (HTS) was utilized by 150 million people living in low- and middle-income nations.[2] The findings of epidemiological studies have identified multiple barriers (viz., elderly, illiteracy, poor financial status, no awareness about the existence of HTS in health establishments, stigma associated with the disease, distance of the center, counselor related attributes, lack of logistics support, etc.), all of which have played a significant role in reducing the uptake of HTS.[2,4]

It is very essential to understand that as the results of an HIV test can result in life-changing and serious medical, social and psychological implications on the individual as well as their family members, it is of extreme importance to ensure that a correct diagnosis is made.[2] Thus, in an attempt to provide accurate results and at the same time to prevent misdiagnosis, it is crucial that policy makers should adopt WHO-validated testing algorithms/strategies.[2,5] This is of paramount significance as it was observed that <20% of national HIV testing policies were developed on the basis of WHO recommended testing strategies.[2]

In order to address the concern of poor HTS among people, the WHO has strongly advocated for community-based HTS based on the approval from 93 nations.[2] In fact, community-based HIV testing model has been implemented in heterogeneous settings, and it has been observed that it can successfully enhance the uptake of HTS among people owing to its affordability.[2,6] However to ensure a quantifiable impact on HIV incidence/mortality, there is a need to simultaneously link HIV-positive people with HIV care.[2,6] At the same time, WHO has advocated for HTS through lay providers, especially in those settings where barriers have been identified for community-based HTS.[7] Conducting HTS through a lay provider is a strategy proposed to address the issue of health personnel shortage so that the reach of HTS can be expanded.[7]

To conclude, despite the progress observed in HTS worldwide, there is an indispensable need to expand the range of HTS among general as well as high-risk population. Thus, it is high time to revise the national guidelines and implement strategies recommended by the WHO to improve the acceptance of HTS among people.

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