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The Node ... where a leaf arises from a stem

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PRESS RELEASE

# UNAIDS and UNFPA launch the fourth annual progress report of the Global HIV Prevention Coalition

**GENEVA, 23 November 2020**—The latest progress report of the Global HIV Prevention Coalition shows that despite observed declines in new HIV infections among adults in several countries, overall progress in HIV prevention efforts remains variable and is too slow to reach the 2020 targets committed to at the 2016 United Nations High-Level Meeting on Ending AIDS.

"We can't end AIDS if year after year people continue to become newly infected with HIV," said Winnie Byanyima, Executive Director of UNAIDS. "This year is a milestone for taking stock of a decade of progress towards ending AIDS by 2030. Sadly, the world has come up short against the commitments made to drastically reduce new HIV infections."

In 2016, United Nations Member States committed to reach a worldwide HIV prevention target of fewer than 500,000 new HIV infections among adults by 2020, a 75% reduction from 2010. By the end of 2019, the reduction was just 23%, with 1.7 million people becoming infected with HIV last year.

Launched in 2017, the Global HIV Prevention Coalition aims to bring fresh momentum and clarity to HIV prevention programmes in 28 focus countries—the 28 countries worldwide with the greatest burden of new HIV infections. The 28 coalition countries have identified and promoted priority programme approaches and interventions, rekindled political commitment for HIV prevention and guided and supported programme implementation.

Progress in reducing new HIV infections in coalition countries is varied. In Eswatini, for example, new HIV infections declined by 64% between 2010 and 2019. In Pakistan, on the other hand, there was a 74% increase. But in 26 coalition countries new HIV infections declined.

The report notes that there has been significant progress in implementing 10 strategic actions set out in the *Global HIV Prevention 2020 Road Map*, but a number of countries still have difficulties in changing underlying factors that hold back effective HIV prevention programmes, including shortfalls in financing, insufficient action on addressing the obstructive legal, policy and structural barriers that hinder programmes for key and vulnerable populations and the slow adoption of guidance on social contracting.

"To drastically reduce new HIV infections, we have to bridge the gaps and dismantle barriers that deny adolescent girls, young women and key populations access to quality, respectful sexual and reproductive health services. It's time to end, once and for all, all forms of stigma, discrimination and marginalization that stand in their way," said Natalia Kanem, Executive Director of the United Nations Population Fund.

The COVID-19 pandemic is an additional challenge to maintaining progress in HIV prevention this year. Of particular concern are disruptions in HIV prevention services such as voluntary medical male circumcision, interrupted access to prevention commodities, including safe injection supplies, the effects of lockdowns on educational and social support services and the interplay between economic downturns and heightened HIV risk behaviours and vulnerability. This year's report therefore begins to document adaptations that countries are taking to mitigate the potential effects of the COVID-19 pandemic.

The progress report was launched at a virtual meeting of ministers of health from Global HIV Prevention Coalition focus countries at which members took stock of the progress to date, with the aim of charting a way forward for the next five years on the road to ending AIDS by 2030.

"HIV prevention will be at the core to the new global AIDS strategy for the next five years," added Ms Byanyima. "Together with the United Nations Population Fund and the rest of the UNAIDS Joint Programme, we will support the Global HIV Prevention Coalition to reach our ultimate goal of zero new HIV infections."

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**UNAIDS**

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. Learn more at unaids.org and connect with us on Facebook, Twitter, Instagram and YouTube.

# Results of the feasibility study of using web-based ordering and result upload to support HIV self-testing (HIVST) among men who have sex with men (MSM) in Hong Kong

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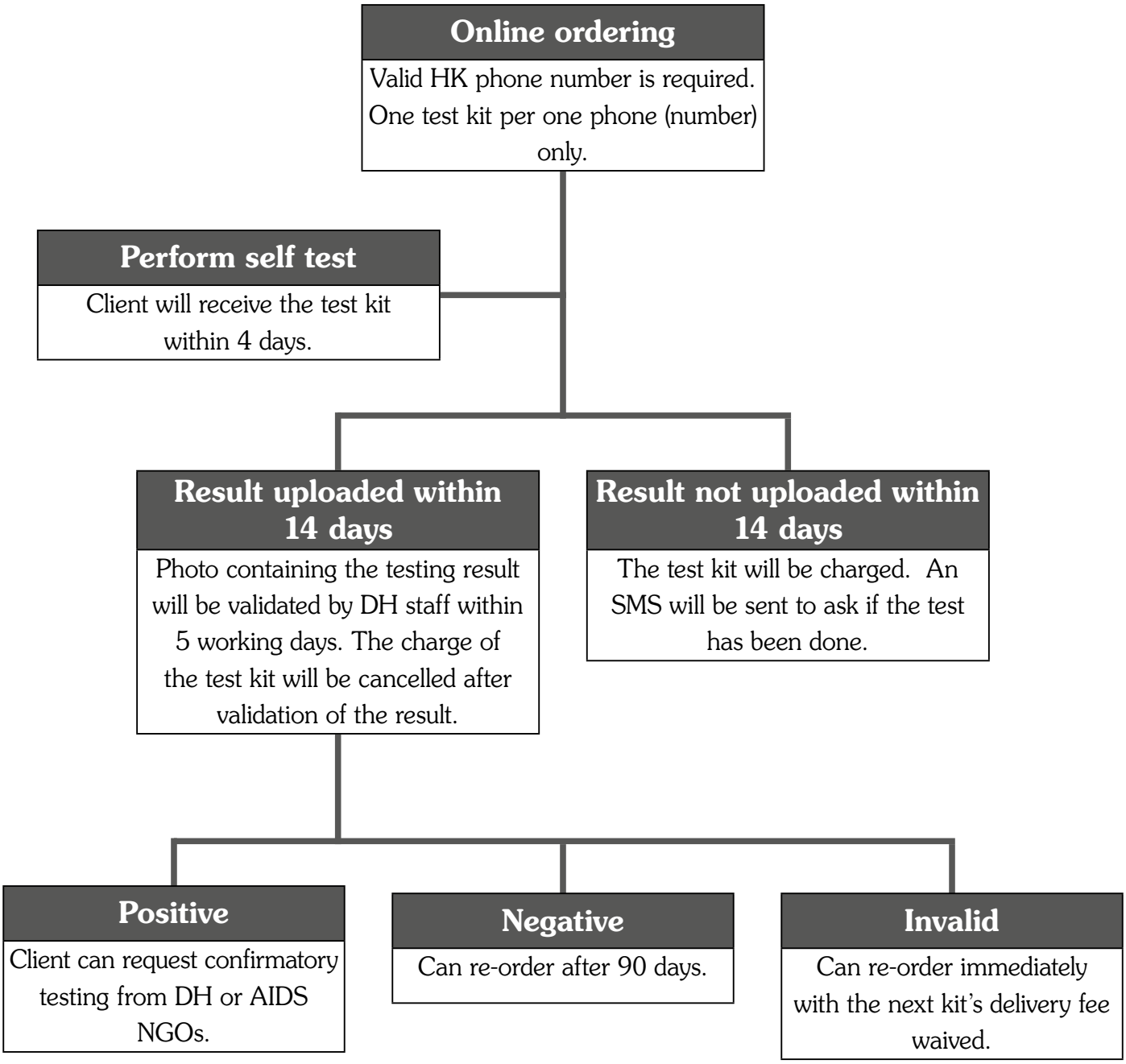
## Background

HIVST is a process by which a person who wants to know his or her HIV status collects a specimen, performs a test and interprets the test result in private. It does not provide a definitive diagnosis; instead, it is a screening test for the presence of HIV-1/2 antibodies. Any positive HIV result must be confirmed by laboratory-based testing with a venous blood sample. By providing an opportunity for people to test themselves discreetly and conveniently, HIVST may provide people who are not currently reached by existing HIV voluntary counselling and testing (VCT) services with information about their HIV status.

## Methods

In order to explore the feasibility and acceptability of HIVST, a designated website was launched for online recruitment and test kit ordering from September 2019 to June 2020. An oral fluid HIVST kit (Oraquick®) was used in this study which was approved by the US Food & Drug Administration in 2012 and prequalified by WHO in July 2017. Any adult (aged 18 or above) who ever had oral, vaginal or anal sex and possess a valid local mobile phone number was eligible for the study. Although main target of this study is MSM, it is not possible to verify subject's sexual orientation in the website. Nevertheless, the MSM status could still be ascertained by asking the subject to enter his sexual orientation in the questionnaire.

The participants ordered the test kit from study website which requires no personal information except contact number, a questionnaire and preferred place of collection. The participant paid for the kit HK$115 through e-payment which would be reimbursed upon result and photo upload within 14 days after ordering. Staff of Department of Health (DH) then verified the result uploaded and informed the participant the verified result via Short Message Service (SMS). Confirmation test will be arranged for positive participants if consent of releasing contact information to DH staff was obtained. Another test kit will be offered with waived delivery charge if invalid result was found.


Online ordering
Valid HK phone number is required. One test kit per one phone (number) only.
Perform self test
Client will receive the test kit within 4 days.
Result uploaded within 14 days
Photo containing the testing result will be validated by DH staff within 5 working days. The charge of the test kit will be cancelled after validation of the result.
Result not uploaded within 14 days
The test kit will be charged. An SMS will be sent to ask if the test has been done.
Positive
Client can request confirmatory testing from DH or AIDS NGOs.
Negative
Can re-order after 90 days.
Invalid
Can re-order immediately with the next kit's delivery fee waived.

## Results

### (A) Characteristics of participants

A total of 1,426 test kits were ordered. After de-duplicating subjects who had reordered the kits more than once within the study period, the actual number of subjects recruited was 1,260 and 86.8% of them were self-reported MSM. The majority (84.3%) of the MSM subjects were aged between 20-39 years old, and 97.6% reported their ethnicity as Chinese.

### (B) HIV testing behaviours

Among MSM participants, as high as 30.8% were "first time tester" when they joined this study. The ever-testing rate (69.2%) was lower than previous community survey findings (79% in PRiSM 2017), while the age of subjects in this study was generally lower. The testing rate within past 12 months was also lower (42.1%) compared with the 52.6% in PRiSM 2017.

### (C) Self testing result and experience

Over 93% of results (n=1,328) have been uploaded by the participants. Upon verification by DH staff, there were 15 positive (1.1%) and 17 invalid (1.3%) test results identified among 1,325 verified results. 6 out of 15 tested positive left contact information for DH and was referred to the AIDS Counselling and Testing Service (ACTS) for further confirmatory testing. The level of agreement for result interpretation between self-testers and DH staff was high at 98.5%. Overall, 96.8% subject uploaded result showed interest in ordering again on this website and 85.9% of them claimed they would increase their frequency of HIV testing because of the additional option of HIV self-testing.

Provided with clear written and audiovisual instructions for use, 98.5% of results could perform the tests by themselves without any technical assistance needed in using the test kit and result interpretation while 97.9% did not require emotional support during the process. There was no report of social harm and adverse event during the study period.

Among all subjects, 142 of them (10.0%) had ordered the test kit more than once during the study period (excluding 9 who had re-ordered the test kits due to invalid result). The re-ordering rate among MSM was the highest (11.6%) among all groups.

## Discussions

HIV self-test by oral fluid was found to be well-accepted by local MSM community as reflected by the satisfaction rate from the participants. The result upload rate was optimal (>90%) and the level of agreement between testers and DH professionals were high. The participants very seldom required technical assistance when preforming the test. Self-testing also serves as an alternative testing option during the period of COVID-19 pandemic when testing services by NGOs and the clinics were suspended. A very high proportion of MSM participants (86.5%) reported that they would increase HIV testing frequency in the future.

Overall, HIV self-test by oral fluid was well-accepted by the target participants, in view of their feedback and result upload rate. Provided with clear graphical and written instructions of use, majority of the participants were able to correctly interpret the results.

# World AIDS Campaign 2020: HIV-STI Conference for Primary Health Care Professionals

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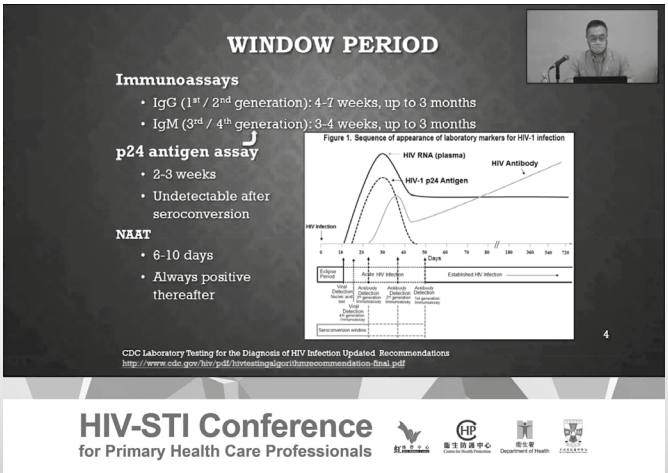
Primary health care, being the first level in the healthcare system, is often the initial point of contact in the delivery of healthcare services. As primary care professionals have a high frequency of contact with patients, they play important roles in treating Human Immunodeficiency Virus (HIV) and sexually transmitted infections (STIs). Primary care professionals are in a unique position to make early diagnosis and provide necessary treatment and referrals as appropriate. They can also help with the prevention and control of HIV and STIs in various aspects, such as providing health education, sexual risk assessment, HIV rapid testing, and STI screening and treatment. For successful management of HIV and STI patients, it is crucial to establish effective communications with them, provide them with continuous care, and maintain a strong doctor-patient relationship.

As an event under the World AIDS Campaign 2020, the 'HIV-STI Conference for Primary Health Care Professionals' was jointly held by the Red Ribbon Centre under the Special Preventive Programme and the Hong Kong College of





Family Physicians on 28 November 2020, with the aim of providing participants with updates on treatment and prevention of HIV and STIs and enhancing their knowledge of and sensitivity towards sexual minorities. It was attended online by about 580 healthcare workers, most of whom are from Hospital Authority and Department of Health.

During the conference, experts and healthcare professionals from the public and private sectors and academia elaborated on the diagnosis and treatment of HIV and STIs. Various topics were covered, including HIV pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), HIV self-testing, mental health of sexual minorities, and the techniques to approach sexual minorities. Post-conference evaluation received positive feedback from the participants and they found the sessions informative and practical. Despite the COVID-19 pandemic and the related measures to keep social distancing, the Red Ribbon Centre will continue to organise virtual workshops and seminars for both professionals working in the HIV/STI field and the general public for them to get accessed to updated HIV/STI knowledge online.