

WHAT WORKS FOR GENERATING DEMAND FOR HIV TESTING SERVICES

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Globally, one in five people with HIV are unaware of their status, despite considerable scale up of HIV testing, treatment and prevention services. Many of those unreached by HIV testing services (HTS) are from key populations, partners of people with HIV and, in Eastern and southern Africa, men and young people. Improving the availability, accessibility, friendliness and quality of services is important to address these testing gaps. At the same time, tools and interventions that increase the demand for HTS are needed to reach people who are uninformed about HTS options and advances in treatment and prevention, people who are not motivated to seek HTS and those who are hesitant to test because of fear of an HIV diagnosis or other reasons. WHO commissioned a systematic review to identify effective demand creation approaches that programmes may prioritize to optimize resource use and maximize impact. These are highlighted in the new good practice statement from WHO. Key findings from the systematic review are summarized in box 1.

Rationale for new guidance

Knowledge and awareness of, and motivation to seek HTS is often low among those most in need of testing such as adolescents, men and key populations. Few people may know about HIV testing outside of facilities (community-based services) or about HIV self-testing (HIVST). Demand creation for HTS can complement broader efforts to increase HIV testing, and specifically reach those who are unable or reluctant to access services and remain undiagnosed or those at ongoing HIV risk who would benefit from prevention services. Demand creation includes activities that directly improve an individual's knowledge, attitudes and motivation, and eventually lead them to seek testing.

NEW WHO good practice statement on demand creation for HTS

Evidence-based platforms for delivering demand creation include:

- peer-led demand creation interventions, including mobilization;
- digital platforms, such as short pre-recorded videos encouraging testing.

Approaches that showed evidence of increased demand include:

- advertisement of specific HTS attributes;
- brief key messages and counselling by providers (less than 15 minutes);
- messages during couples counselling that encourage testing;
- messages related to risk reduction and economic empowerment, particularly for people who inject drugs;
- motivational messages.

Evidence suggests that the following approaches may be **less effective** for demand creation:

- personal invitation letters;
- individualized content messaging;
- counselling focused on building relationship between the client and counsellor;
- general text messages, such as SMS.

Several studies report an increase in uptake of testing when **incentives** are offered. However, when considering the use of incentives for demand creation, benefits and risks should be carefully weighed, such as:

- resource use and sustainability, especially for providing financial incentives, which may undermine the principles of universal health coverage;
- longer-term behavioural changes associating HTS and other services with incentives against short-term increases in uptake;
- negative effect on equity, due to prioritization of some populations and diseases;
- potential to deprioritize systematic implementation of strategies that improve service delivery, reduce barriers and disincentives, such as patient costs associated with accessing health services more broadly.

Box. 1 Key evidence on effective demand creation platforms and approaches

Platforms for delivering demand creation

- **Peer-led interventions** improve HTS uptake. The effect on the proportion of people diagnosed with HIV is uncertain.
- **Digital platforms** that use video-based information and counselling messages improve HTS uptake. Audio-recorded messages have little or no effect on HTS uptake.

Demand creation approaches

- **Advertising a unique HTS attribute** (for example, workplace HTS) can improve HTS uptake but may reduce the proportion of people diagnosed with HIV. The effects of promoting youth-friendly services are uncertain.
- **Brief messaging and information (under 15 minutes)** results in HTS uptake similar to longer or more intensive pre-test information, but can be more feasible and efficient.
- **Messages during couples counselling that encourage testing** improve HTS uptake. The effect on the proportion of people diagnosed with HIV is uncertain
- **Messages related to risk reduction and economic empowerment** improve HTS uptake, particularly for people who inject drugs.
- **Motivational messages** increase HTS uptake.
- **Fixed financial and lottery-based incentives of varying value** improve HTS uptake, particularly those conditional on linkage. The effect on the proportion of people diagnosed with HIV and linkage to prevention and care is uncertain. The issues of sustainability, equity and resource use need to be addressed and its benefits and risks carefully weighed when considering financial incentives for demand creation.

Operational considerations

Prioritize effective demand creation approaches and focus on those who would benefit from HTS. A range of demand creation interventions are effective, safe, feasible, acceptable and often affordable. Demand creation can be a tool for mitigating stigma and discrimination. To maximize benefit, demand creation efforts need to focus on people with HIV who do not know their status and those who are at ongoing risk of HIV and engage them in HTS. Because application of demand creation approaches is highly context-specific, approaches need to be prioritized depending on the setting, epidemiology, focus population and available resources. Demand creation approaches for which evidence suggests less effectiveness can be deprioritized or discontinued.

Use demand creation to maximize efficiency. In many settings, as HTS and antiretroviral therapy (ART) coverage increase, retesting among people at low HIV risk is increasing. Frequent retesting in low-risk groups is unnecessary and an inefficient use of resources. Demand creation efforts, particularly those that involve mass

mobilization, need to ensure that efficient and effective HTS is promoted in the focus populations.

Consider digital platforms for demand creation. Digital platforms and interventions such as video-based information, messages and counselling are effective and can be considered where feasible such as in high-volume clinics with suboptimal HTS coverage. Although evidence for social media and web-based approaches was limited, these appear promising for introducing, scaling up and focusing demand creation efforts. These platforms can be particularly appealing to adolescents, young people and key populations.

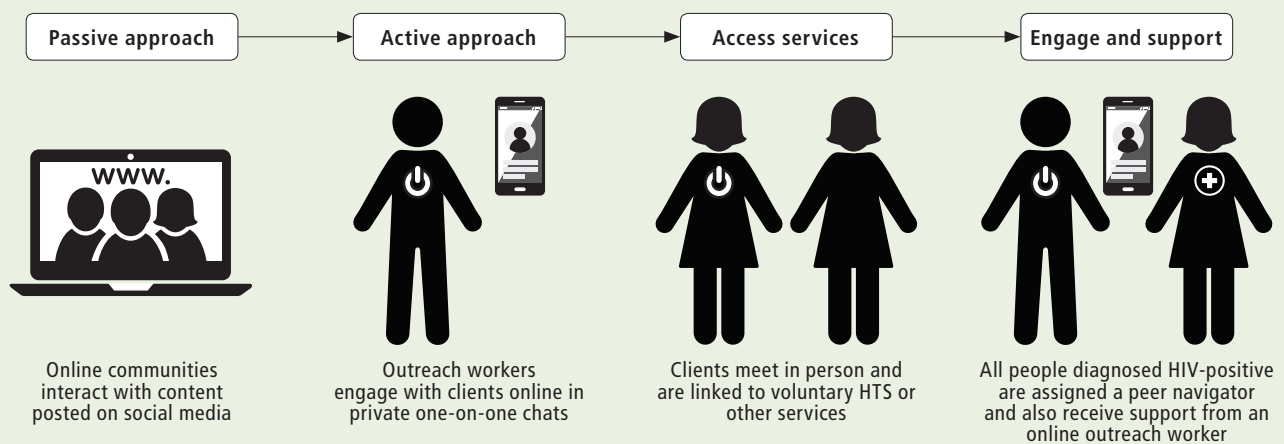
Monitor and evaluate demand creation approaches and outcomes regularly to ensure that demand creation is increasing the efficiency and effectiveness of HTS. Adjustments should be made to optimize implementation and achieve programme goals.

Digital platforms, online outreach workers and peer navigators can promote HTS among key populations

In Viet Nam (Healthy Markets project) and Jamaica (*Talk About Your Business Safely* [TABS] and *iFlex*), use of digital and online platforms have proved successful in generating demand for HTS among men who have sex with men and transgender women who are not otherwise connected with services. Online outreach workers use social media, networking and dating apps to encourage the use of HIV services, including HIVST, community-based testing by lay providers and pre-exposure prophylaxis (PrEP), for users who would benefit from them. Outreach community workers provide HTS to clients or support them to link to testing services. Peer navigators support those diagnosed with HIV to link them to treatment and care. In Viet Nam, use of chatbots (that provide automated responses to queries) and online appointment apps has improved efficiencies.

In Viet Nam (March 2016 to January 2019), online outreach workers counselled 6367 online users, of whom 5111 (80%) were referred to HTS, and 4879 of these were tested. The majority (75%) of those contacted had never been in contact with a peer or outreach worker and over a third (38%) self-assessed as being at substantial risk for HIV. Overall, 431 (10%) individuals were diagnosed with HIV. This HIV positivity rate is higher than among key populations seeking testing through other referrals (10% versus 6%).

In Jamaica (January to December 2018), 1400 individuals were engaged online, of whom 452 (32%) were referred to HTS and 212 (47%) of these were tested. Many of those engaged online (68%) were young people aged 24 years or younger.



Source: PATH; FHI 360/LINKAGES.

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