



The Need to Know: Accelerating Access to Testing

Currently, of the 6 million people in need of antiretroviral therapy, only 400,000 have access to these life-saving medicines.¹ Conscious of the mounting crisis, the World Health Organization and UNAIDS launched the “3 by 5” Initiative in early 2003 to focus on a measurable target of bringing 3 million people on treatment by the end of 2005.

To fill this gap the GBC estimates that in 75 weeks following the XV International AIDS Conference in Bangkok, an equivalent of 5,000 people will need to be brought onto treatment every day.² In order to reach this number 500,000 people will need to be tested each day. This is based on the estimate that 50,000 will test positive in hard hit areas averaging a 10% HIV prevalence.³ Of those who test positive, it is projected that 10% will require immediate initiation of treatment.

The 3 by 5 Initiative will not succeed without a dramatic scale up of access to testing and a clear signal from the public health community that HIV testing is strongly recommended. The challenge is enormous but attainable with increases in funding from donor governments, reductions in drug and diagnostic pricing, integration of public-private delivery of healthcare and overarching shifts in policy.

Policy shift: In recent months attention has been placed on the need for increased access to testing to advance HIV prevention and treatment globally. The current reach of voluntary counseling and testing (VCT) remains poor. Furthermore, VCT, while implemented successfully in some places, marginalizes delivery and uptake of HIV testing and creates a disincentive for people who wish to be tested in a more routine, less noticeable way. Less than 10% percent of people living with HIV in developing countries know their HIV status.

The United Nations and other institutions have been adapting testing policy to promote the offer of routine HIV testing and counseling by health care providers.⁴ With this approach testing is provider-initiated rather than client-initiated, giving clients the ability to “opt-out” if they do not want to get tested. The routine offer of testing integrates HIV screening into mainstream health service delivery, dramatically increasing the number of individuals benefiting from improved treatment, care and prevention services. Accompanying this shift is a need for sound ethical

¹ World Health Organization. The 3 by 5 Initiative: <http://www.who.int/3by5/en/>.

² The Global Business Coalition on HIV/AIDS calculated this estimate working from the time of the International AIDS Conference in Bangkok to the WHO's 3 by 5 goal date of treating 3 million people by December 2005. Over the course of these next 535 days, 2.6 million individuals will need to be brought onto treatment to reach 3 million by the end of 2005, which equates to approximately 5000 individuals initiating treatment per day.

³ Hard hit areas refer to countries with prevalence rates ranging from 5-15% as well as hot spot areas in lower prevalence countries.

⁴ World Health Organization. The Right to Know: New Approaches to HIV Testing and Counseling. Geneva: WHO 2003. <http://www.emro.who.int/ASD/backgrounddocuments/egy0703/RighttoKnow.pdf>

principles of non-discrimination and confidentiality which should be coupled with proactive campaigns to tackle stigma and discrimination.

Goals: Transitioning to routine testing and increasing the number of people diagnosed with HIV requires a concerted effort from all sectors to ensure:

- 1) Increased access to prevention services and enhanced prevention related to knowing ones HIV status;
- 2) Empowerment of communities and reduction in current barriers to testing related to stigma, denial and discrimination;
- 3) An increase in the number of people eligible for and utilizing treatment services;
- 4) Strengthening of health systems through integration of HIV testing and treatment services.

New commitments and partnerships between the public and private sectors will set the stage for concrete action on testing and counseling. The response must reach beyond the current policy debate and be invigorated by actionable strategies. The GBC will convene an expert working group in Bangkok in the days prior to the XV International AIDS Conference to advance new strategies and commitments. Through this working group we aim to lay out implementation strategies to support routine testing in health care settings and design a clear way forward including business sector contributions.

Intended outcomes include:

- An understanding of capacity requirements and pragmatic solutions;
- Clear strategies for product manufacturing and distribution (testing kits/diagnostics);
- Mechanisms for education campaigns encouraging testing and stigma reduction; and,
- A process to coordinate national and international efforts including monitoring and evaluation.

Context: Our review of workplace responses to HIV/AIDS has demonstrated that effective responses to the pandemic sufficiently integrate elements of a comprehensive response including non-discrimination, prevention, testing and treatment.⁵ Program elements are interdependent – for example, sound non-discrimination and confidentiality policies promote a secure environment for employees to take up testing and treatment services. In turn, experience shows that testing service utilization increases when associated with treatment programs. These experiences are paralleled in public sector programs, creating a unique opportunity to strengthen the continuum of care between the workplace and community.

Testing for HIV serves as an entry point for both prevention and treatment to support the comprehensive response. Learning one's status provides incentive for those testing negative to stay negative and helps people living with HIV/AIDS and their sexual and needle sharing contacts to prevent transmission of new infections. Moreover, without effective prevention, we will continue to see a rise in people in need of HIV treatment. Likewise, testing takes us beyond projections and estimates, creating a tangible need to have treatment programs in place to support those who test positive.

⁵ See Global Business Coalition on HIV/AIDS – web based resource “Managing HIV in the Workplace” for documentation of business sector workplace interventions: www.businessfightsaids.org/wpp_tool.asp

To address current treatment gaps and advance overall health system development extensive scale up is required for the provision of testing services. Take for example a public sector health facility in Kampala, Uganda that serves 200 people per day. Currently a clinic in this setting is administering 15-20 HIV tests daily through patient driven voluntary counseling and testing. Implementing routine testing requires this number to increase 10-fold – multiplying capacity needs in health care delivery. Of critical importance will be training of providers and counselors on integration of testing into routine medical management. To be effective health care providers at all levels will need to enthusiastically encourage HIV testing through patient interactions rather than channel it as a parallel or marginalized service. Increased supply of testing and diagnostic products and ensuring a sustainable interface and referral system between testing and treatment services will also need to be addressed.

Scaling-up Implementation Strategies: In order to enhance prevention and tackle the treatment divide the implementation of routine testing in healthcare settings will require innovative strategies and new partnerships. The implementation of this policy shift will need to:

1. Maintain context-specific application of principles of confidentiality, non-discrimination and informed consent;
2. Respond to the challenge of taking testing to scale including availability of services, capacity, and testing resources; and
3. Move toward an integrated approach to delivery of HIV services in mainstream health care rather than isolating provision of HIV services through stand-alone mechanisms.

The business sector has a significant opportunity to advance access to testing services through existing networks, relevant products and marketing expertise. GBC has done extensive work to determine the role of the business sector in scaling-up access to antiretroviral therapy⁶, drawing from this experience the business community can offer a range of skills and resources to integrate in national responses to the epidemic including:

- Supporting testing through employment-based networks, reaching employees, their families and immediate communities – particularly where public sector infrastructure is poorly developed
- Availability of existing infrastructure in the form of clinics, trained professionals, laboratory facilities, distribution networks
- Extensive experience on opportunities and challenges of supporting testing services in-house or contracting them out to public sector and community based groups
- In-kind contributions in the form of rapid tests, diagnostics, vehicles, etc
- Experience in consumer behavior change through media, communications and marketing expertise.
- Product innovation and large scale-up of production and distribution of testing kits (to support the above mentioned estimation of 500,000 tests per day through 2005 – 250 million tests will be needed).

⁶ See Global Business Coalition on HIV/AIDS -- Expert Meeting Report: “The Role of the Business Sector in Scaling-up Access to Antiretroviral Therapy” June 2003.