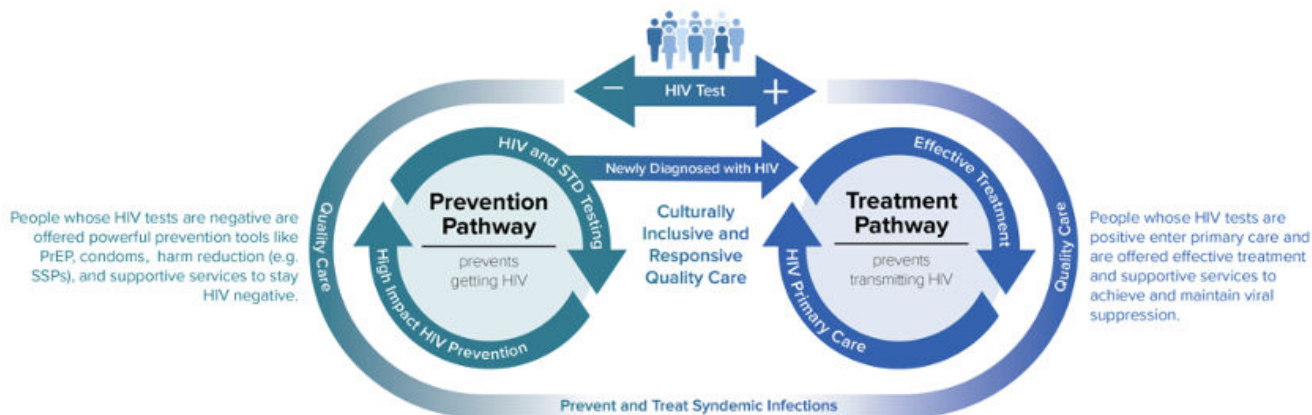


# Practical Implementation Strategies for HCPs



## Status-Neutral HIV Prevention and Care: Core Model

This visual summarizes the status-neutral HIV prevention and care model, in which all people are routinely offered HIV testing and, regardless of the result, are linked to high-quality **prevention** or **treatment** pathways. The goal is to normalize HIV testing, reduce stigma, and keep individuals continuously engaged in care that supports their health and well-being.



**Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide individuals with the tools they need to stay healthy and stop HIV.**

Figure: Diagram showing parallel prevention and treatment pathways following an HIV test result, each framed as culturally inclusive, high-quality care.

## Why this matters

This model supports routine, stigma-free HIV testing by ensuring that every test result leads to an immediate, actionable pathway that fits the person's needs and the local health system context.

## Goal of HIV Testing Services (HTS)

Consistently aim to diagnose and link to care people with HIV who do not know their status, link to care people who know their status but have not started treatment and connect individuals who test negative and are at risk for HIV to appropriate combination prevention services.

## How to use this model in practice

### 1. Offer routine HIV testing

Provide routine, nonjudgmental HIV testing in clinical or community settings, following local, national, or World Health Organization (WHO)-aligned guidelines, rather than testing only people perceived to be at “high risk.”

### 2. When the result is HIV-negative

Connect individuals to available prevention options, such as pre-exposure prophylaxis (PrEP), condoms, harm reduction services (including syringe services programs [SSPs] where permitted), and supportive services, including other locally recommended HIV prevention interventions. Schedule ongoing prevention follow-up based on local guidelines and service availability.

### 3. When the result is HIV-positive

Link the person as soon as possible to HIV care services, antiretroviral therapy (ART), and supportive services, in line with national or WHO recommendations for rapid initiation of treatment.

### 4. Treat prevention and treatment as continuous pathways

Avoid separating prevention from treatment; people may move between pathways over time depending on their life circumstances, access to services, and changing needs.

### 5. Use respectful, culturally appropriate communication

Adopt communication strategies that reduce stigma, build trust, and acknowledge differences in cultural norms, gender dynamics, and community contexts that influence how individuals engage with testing and care.

## WHO-aligned approaches to HIV testing:

- **Offer social network-based testing**, using trained individuals as “test promoters” to encourage sexual partners and social contacts to get tested for HIV and integrate partner or family testing services as part of this approach where appropriate.
- **Inform** patients about expanded HIV self-testing, including integration into broader testing strategies and use of combination tests (e.g., HIV/syphilis).
- **Reinforce the 5 Cs:** consent, confidentiality, counselling, correct test results and testing services with quality assurance, and connection to care.

## Where: Regional considerations for applying the model

### United States & Europe

- Embed routine HIV testing into standard workflows (e.g., intake labs, sexually transmitted infection (STI) visits, urgent care, and indicator conditions) rather than relying on risk disclosure alone.
- Assess which PrEP options (e.g., oral and long-acting injectable PrEP) are available and reimbursed within your practice setting, health system, or national formulary, and guide patients toward options that align with their preferences, lifestyle, and ability to adhere.

- Apply status-neutral language consistently (e.g., “This is a routine test we offer everyone”) to minimize stigma and support patient engagement.
- Understand how status-neutral care aligns with major guidelines from the Centers for Disease Control and Prevention (CDC), United States Preventive Services Task Force (USPSTF), and European AIDS Clinical Society (EACS), which collectively support routine HIV testing and expanded access to PrEP (including oral and long-acting options); EACS additionally emphasizes indicator-condition testing (offering HIV testing when patients present with certain infections or clinical conditions) and on-demand PrEP regimens (event-driven prescribing for eligible populations).

## Africa

- WHO HIV Testing Services (HTS) guidelines often guide national practice, including the use of differentiated service delivery (DSD) models.
- Leverage community-based, mobile, antenatal, and integrated primary care platforms to expand access to HIV testing and linkage, especially in settings where clinic-based testing may be limited.
- Address transport, cost, and follow-up barriers by using DSD models, same-day linkage where possible, and community or peer-supported navigation.
- Recognize that prevention options and PrEP formulations vary by country; clinicians should stay informed about nationally approved options by consulting Ministries of Health, national HIV programs, and WHO-aligned guidance.
- As long-acting injectable PrEP becomes available in more settings, identify feasible delivery points (e.g., clinics, outreach programs) and proactively discuss these options with patients who face adherence challenges.
- Tailor communication to local cultural, religious, and gender norms, using respectful, nonjudgmental language to address stigma and build trust around HIV testing and prevention.

## Asia-Pacific

- Work closely with community-led and non-governmental organization (NGO)-run testing programs to reach populations that may not routinely access formal healthcare settings.
- Use targeted testing approaches in settings where they are most effective, recognizing that HIV testing rates and models vary widely across regions.
- Adapt testing approaches to address stigma, gender norms, and confidentiality concerns and legal or social barriers by offering discreet testing options, flexible hours and self-testing where appropriate; these factors can strongly influence whether individuals seek or return for HIV testing.
- Evaluate PrEP and ART options and availability, which differs significantly across the region and may affect how quickly prevention pathways can be implemented; clearly communicate realistic timelines and pathways for access to patients.
- Use culturally appropriate messaging and peer or community advocates to support ongoing engagement in prevention or care pathways.

## Global takeaway

*Across regions, applying a status-neutral model emphasizes:*

- Offering HIV testing and prevention strategies that align with local healthcare systems, patient realities and community norms
- Proactively addressing barriers such as stigma, access, transportation and confidentiality
- Ensuring every test result leads to a clear, supportive pathway, meaning a feasible next step for the individual
- Using respectful, culturally appropriate and grounded communication to reduce stigma and support engagement to normalize HIV testing
- Adapting care based on available resources, services, and national or WHO guidelines

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