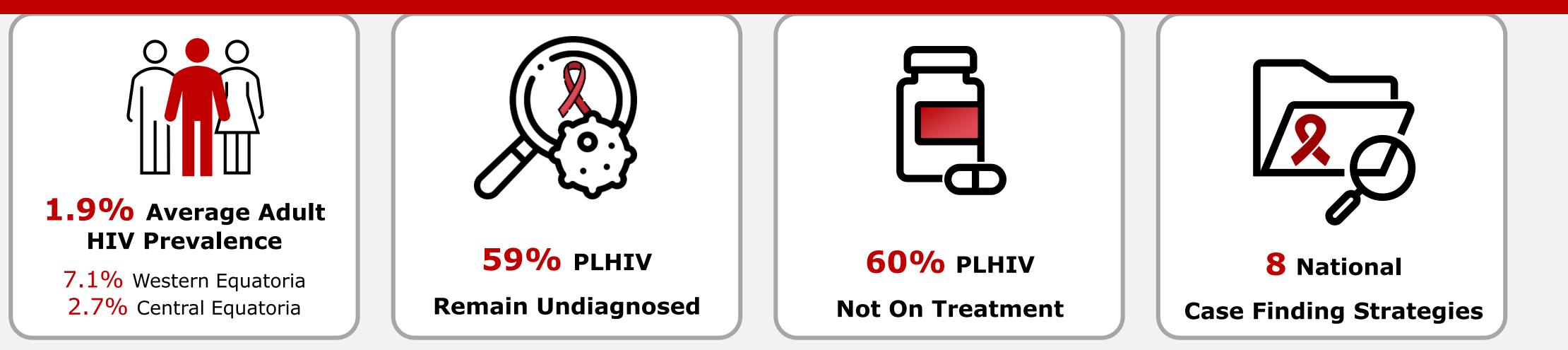
# Reaching the 1<sup>st</sup> 95 in South Sudan - A program to optimize HIV case finding through a multi-strategy and Data Driven Approaches in Western (WES) and Central (CES) Equatoria States, South Sudan

E1: Implementation research to scale up HIV testing Authors: G. Jagwer<sup>1</sup>, J.M Lurit<sup>1</sup>, S.B Tombe<sup>1</sup> Affiliation(s):1 Catholic Medical Mission Board, HIV/AIDS, Juba, South Sudan

# Background

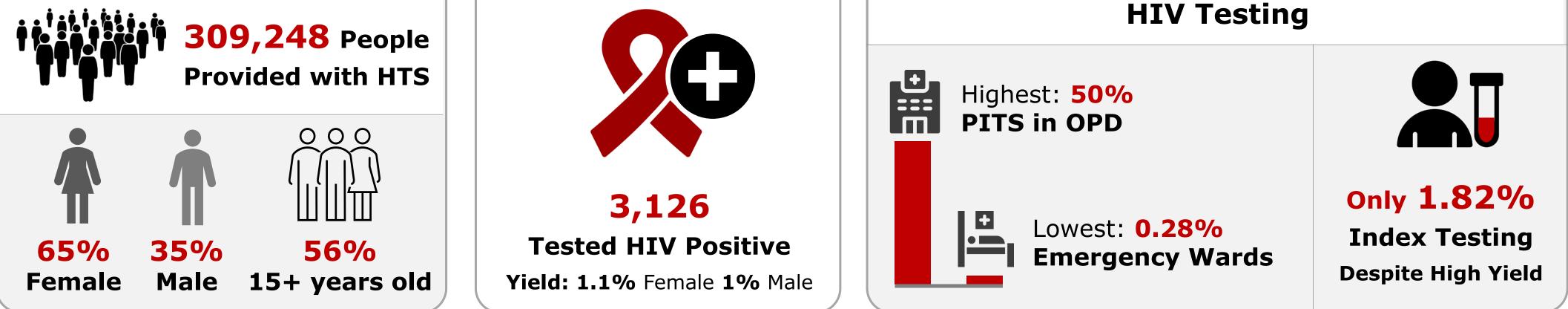
South Sudan's ongoing humanitarian crisis is worsening the HIV epidemic. With only 35% of people living with HIV (PLHIV) identified, the country is off track to meet UNAIDS 95-95-95 targets by 2030. Targeted HIV testing services (HTS) can accelerate identification and close the testing gap. This research focus on HIV testing models used by the Catholic Medical Mission Board (CMMB) in the country.



## Description

From Oct 2023 to Sep 2024, CMMB implemented differentiated, multi-strategy targeted HTS in South Sudan. These included index testing and HTS in pediatric nutrition, tuberculosis, antenatal, labor, and delivery clinics - aimed at optimizing testing volumes, improving efficiency, and increasing positivity rates amid a complex emergency.

## Performance of the Case Finding Models in CMMB Target Areas, Oct 2023 to Mar 2025

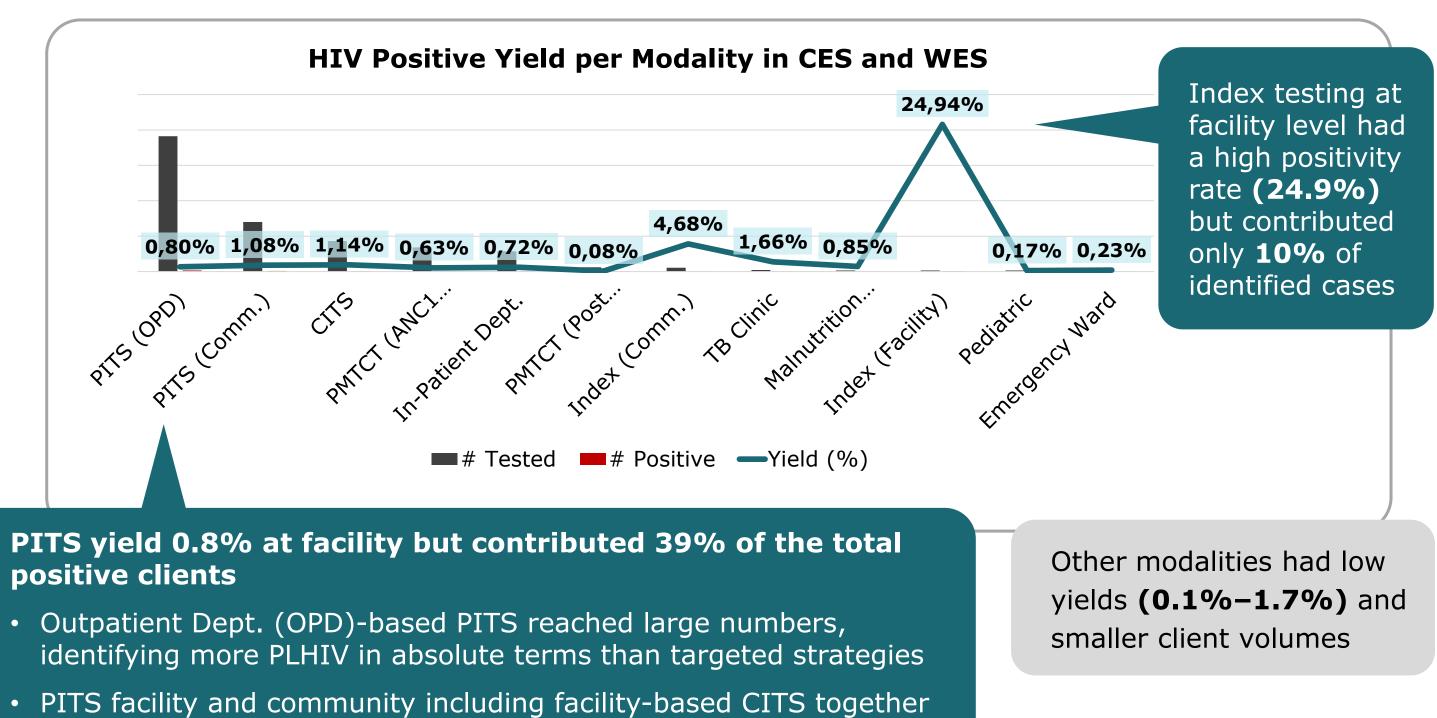


# Synthesizing Case Finding models to enhance both HIV Positivity & Yield

<b>Case Finding Modality</b>	# Tested	%	# Positive	Yield (%)
Provider-Initiated Testing Services (PITS) (OPD)	153,002	49,48%	1230	0,8%
PITS (Community)	55,986	18,10%	604	1,1%
Client-Initiated Testing Services (CITS)	34,504	11,16%	392	1,1%
PMTCT (ANC1 only)	27,199	8,80%	171	0,6%
In-Patient Department	22,980	7,43%	165	0,7%
PMTCT (Post ANC1)	4,927	1,59%	4	0,1%
Index (Community)	4,359	1,41%	204	4,7%
TB Clinic	1,689	0,55%	28	1,7%
Malnutrition Stabilization Unit	1,292	0,42%	11	0,9%
Index (Facility)	1,255	0,41%	313	24,9%
Pediatric	1,174	0,38%	2	0,2%
Emergency Ward	881	0,28%	2	0,2%
Total	309,248		3,126	1,0%

Average HTS yield remains stable, signaling a need to adapt strategies to help individuals know their status, identify the status & link to treatment and prevention services

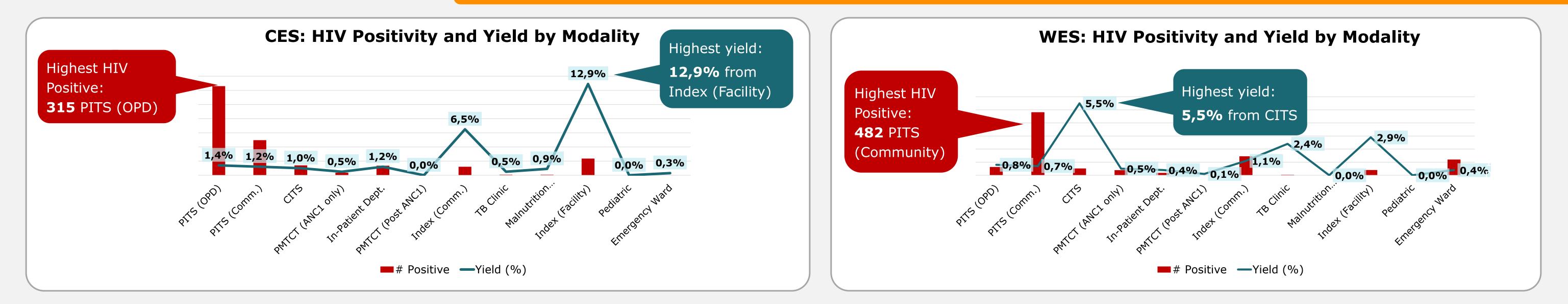
Highest yield is Index Testing



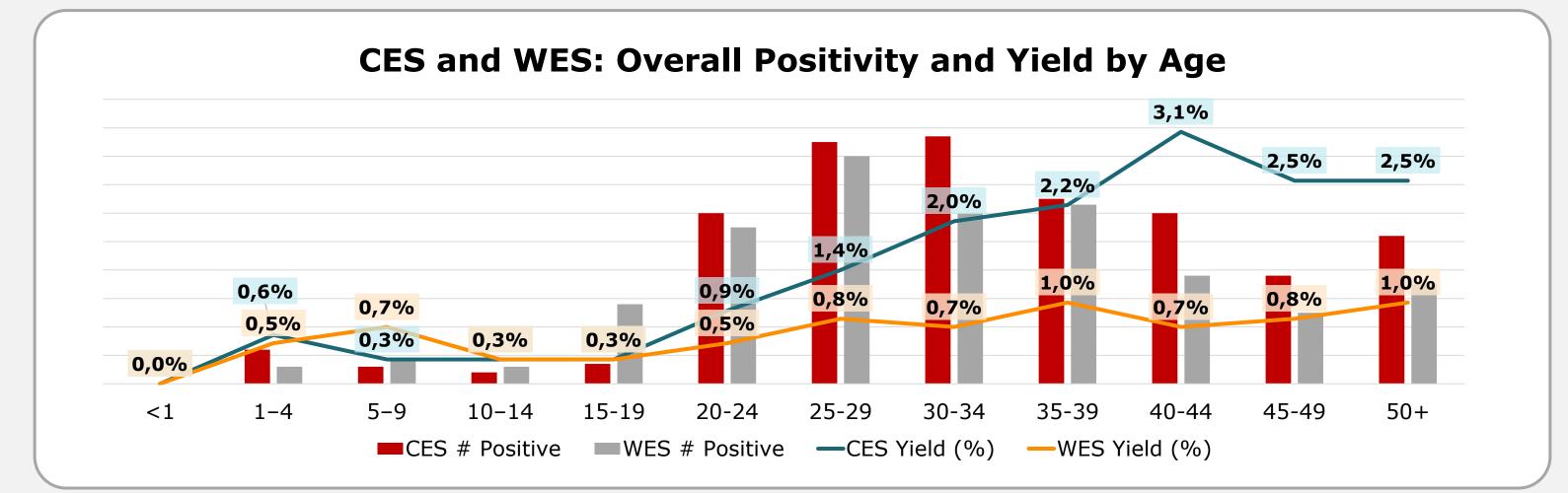
accounted for 71% of all new HIV diagnoses.

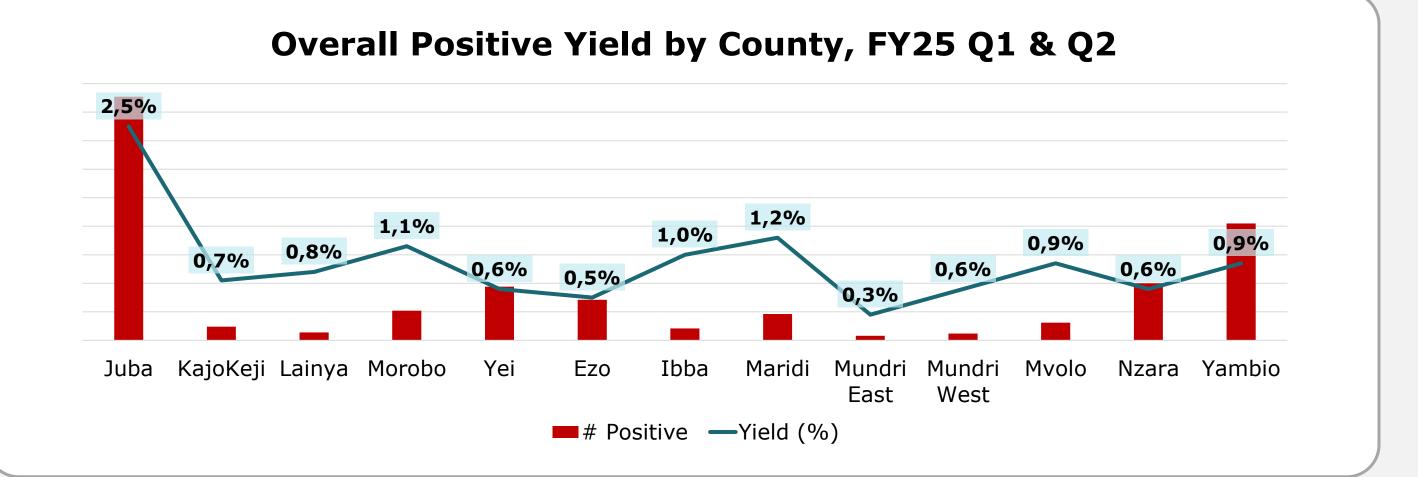
## **Lessons** learned

#### Variations in HTS yield and efficiency by State and Modality, Oct 2024 - Mar 2025



## Variations in HTS yield and efficiency by State, Age and County





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# Conclusion



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We reinforce the need for feasible, multi-strategy, targeted case-finding approaches based on context (location, age, sex, culture, epidemic trends, and coverage gaps):

- Diagnose PLHIV early and efficiently
- Maximize yield, efficiency, and cost-effectiveness.
- Align with prevention and treatment goals.
- Prioritize high-risk populations.
- Ensure timely linkage to care and facilitate retention.

#### **Recommended Approach**

### Shift case finding metrics beyond positivity / yield in case finding policies to form the basis upon which initiatives for efficient case finding can be built

#### **Key Considerations**

- Adopt a case finding model that supports both prevention and treatment
- Health system structure
- Local and epidemiological context
- Client needs and current case finding coverage



Presented at IAS 2025, the 13<sup>th</sup> IAS conference on HIV Science

