Market and Technology Landscape 2020
HIV rapid diagnostic tests for self-testing

December 2020
Index

HIVST Landscape Report 2020

1. Global targets & policy response (WHO)
2. LMIC need estimate and demand forecast: Detailed Findings
3. HIVST need, demand and policy profiles for 25 focus countries (PPT)
4. HIVST need, demand and policy profiles for focus countries (individual PDFs)
5. HIC and UMIC demand forecast

Annex 1 – LMIC Need Estimate: Methodology
Annex 2 – LMIC Need Estimate: Additional Findings
Annex 3 – LMIC Demand Forecast: Methodology
Annex 4 – LMIC Demand Forecast: Additional Findings
Annex 5 – Proposed COVID impact adjustment
Annex 6 – HIVST Product Specifications
Annex 7 – LMIC Need Estimate Excel Model
Annex 8 – LMIC Demand Forecast Excel Model
Executive summary

- Total HIVST need for LMICs is estimated to be 177m HIV self-tests in 2020, growing to 192m HIV self-tests by 2025
- Total LMIC HIVST Demand is projected to reach 29 million tests by 2025
- Private sector volumes in HICs and UMICs are estimated to be 3.2m HIV self-tests in 2020, growing to 4.8m HIV self-tests by 2025
- HIVST has been highlighted globally and by WHO as an important approach to maintain and scale-up future testing in the context of COVID-19 disruptions
WHO recommendations on HIV self-testing

Key evidence showed HIVST is:
• Safe and accurate
• Highly acceptable
• Increased access
• Increased uptake and frequency of HIV testing among those at high risk and who may not test otherwise
• Comparable linkage and HIV+
• Empowering
• Can be affordable and cost-effective when focused

WHO recommendation:
HIV self-testing should be offered as an approach to HIV testing services
(strong recommendation, moderate quality evidence)

• Providing HIVST service delivery and support options is desirable.
• Communities need to be engaged in developing and adapting HIVST models.
• HIVST does not provide a definitive HIV-positive diagnosis. Individuals with a reactive test result must receive further testing from a trained tester using the national testing algorithm.

Source: WHO 2019, Jamil et al 2019 review
Countries implementing and developing HIVST policies, 2015-2020

Between 2017 and 2020 three times as many countries implemented HIVST.

Source: GAM WHO, UNAIDS, UNICEF July 2020. For details of specific countries please refer to the UNAIDS Laws and Policies site (https://lawsandpolicies.unaids.org/)
Status of HIV self-testing (HIVST) in national policies (situation as of June 2020)

Source: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and Global HIV, Hepatitis and STIs Programmes (HSS), WHO, 2020

Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
## National HIVST policy and implementation 2020, by region

44% (86/194) reporting countries have HIVST policies, of these only 48% (41) are implementing.

### % Implementing

<table>
<thead>
<tr>
<th>Region</th>
<th>Implementing</th>
<th>No HIVST policy</th>
<th>No HIVST policy but policy in development</th>
<th>HIVST policy but no pilots or implementation</th>
<th>HIVST policy and pilots</th>
<th>HIVST policy and implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia and Pacific</td>
<td>10%</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Caribbean</td>
<td>0%</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>East and Southern Africa</td>
<td>52%</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>19%</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Latin America</td>
<td>6%</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>5%</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>West and Central Africa</td>
<td>12%</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>7</td>
<td>5</td>
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<tr>
<td>Western and Central Europe and North America</td>
<td>46%</td>
<td>18</td>
<td>13</td>
<td></td>
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### # countries

<table>
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<th>Region</th>
<th>N=</th>
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<th>N=</th>
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<th>N=</th>
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<tbody>
<tr>
<td>Asia and Pacific</td>
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<td>16</td>
<td>21</td>
<td>16</td>
<td>17</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Caribbean</td>
<td>39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East and Southern Africa</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Eastern Europe and Central Asia</td>
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<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Latin America</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle East and North Africa</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>West and Central Africa</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Western and Central Europe and North America</td>
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</tr>
</tbody>
</table>

Source: GAM WHO, UNAIDS, UNICEF July 2020
Realizing the role of HIVST in COVID-19 Context

Considerations for HIVST

• HIVST may be acceptable alternative to maintain services while adhering to physical distancing guidance.

• Important to strategically implement HIVST prioritizing areas & populations with greatest needs and gaps in testing coverage.

• HIVST approaches include:
  • distribution for personal use and/or sexual and/or drug injecting partners of PLHIV and social contacts of key populations
  • in high HIV burden settings, pregnant women may also provide HIVST kits to their male partners.

• Priority settings to consider
  • pick up at facilities or community sites
  • online platforms (e.g. websites, social media, digital platforms) and distribution through mail
  • pharmacies, retail vendors, vending machines

Countries with HIVST programmes

Expand and adapt HIVST

• replace facility with HIVST (to decongest health facilities)
• use HIVST for partner and social network testing

Countries yet to use HIVST

• Lobby for rapid HIVST approval

https://www.psi.org/project/star/hiv-self-testing-during-covid-19/)
### COVID-19 HTS & ART Initiation Adaptation Strategy (1 of 2)

**Lessons Learned**

1. Important disruptions in 2020 in HTS and ART initiations. HTS still impacted in most countries by end 2020 (UNAIDS).
2. Differences **between** countries due partly to different COVID-19 pandemic dynamics, service suspension and social measures.
3. Differences **within** countries: some services, population (especially non-ANC) or regions could have been more impacted.
4. Decrease on **offer** side: Reallocation of staff, sick leaves, closure/suspension of services.
5. Decrease on **demand** side: underutilization of services due to fear, limitation of movements.
6. Disruption of ART initiation among **advanced HIV**. Potentially a mix of explanations: overall decrease in HIV testing, decrease in TB diagnostic services, underutilization of OPD and emergency services.
7. **Positive experiences to build on**: HIV services at ANC, Scale-up of ST, Index testing, Virtualization of services.

**In Depth Analysis**

1. **Epidemiological**: To quantify disruptions and identify groups, regions or services most affected; Take in account pandemic dynamics and disruptions in other services; To be repeated regularly.
2. Supply and Stock Analysis: Existing stock of HIV Tests and ST; Supply chain analysis.
3. HR & Finance.

**Guiding Principles for HTS COVID-19 Adaptation**

1. Uncertainty about the future dynamics of COVID-19 and availability and roll-out of vaccines or treatments: simultaneous HTS catch-up and adaptation.
3. HIV testing remains the entry door to care and treatment and essential testing services should remain operational even in case of severe disruptions.
4. HTS strategies and planning must be reviewed according to the local and national COVID-19 policies.
HTS Adaptation: 10 Key Advices

1. To prepare a strategy for HTS adaptation gradual and proportional COVID-19 community circulation and Heath system disruptions
2. Protecting and supporting frontline HIV care providers: IPC training, availability of PPE, access to COVID-19 care and vaccine
3. Prioritization of HTS:
   - Individuals suspected of Advanced HIV
   - Individuals suspected or diagnosed with TB, STI, malnutrition
   - ANC, including retesting as well as EID
4. ART Services: ART initiation should be offered on the same day as HIV testing to people who are ready to start
5. Explore potential Synergy between COVID-19 & HTS: simultaneous testing, HIV Testing during vaccination, mask distribution
6. Scale-up HIV Self-testing especially outside of facilities
7. Maintain services for Key population using virtual interventions (risk assessment before testing appointment; information on COVID-19; tracing; virtual medical consultation)
8. HTS with higher yields like index testing prioritized
9. Mitigate impact of COVID-19 on demand side factors: Promote use of services; protect patients; ensure access to essential services
10. Data monitoring and Operational Research: report & scale-up initiatives

Development a HTS Catch-Up strategy

1. When? As immediate and mid-term future remains uncertain, catch-up strategies should take in account risks of further disruption
2. Who? Define intervention targets and who will be conducted the interventions
3. What Strategy: introduce or scale-up activities with higher yields like HIVST or Index testing / Synergy COVID-19 and HIV response
4. Where? Region most affected by disruptions
HIVST products available or under development
### HIVST products with WHO PQ, ERPD or approval from founding IMDRF*member countries (1 of 2)

<table>
<thead>
<tr>
<th>Test (manufacturer)</th>
<th>Specimen</th>
<th>Approval</th>
<th>Markets</th>
<th>Price per test (US$)</th>
</tr>
</thead>
</table>
| **Mylan/Viatris HIV Self Test**  
(Atomo, Australia) | Blood | CE mark, WHO PQ, TGA | Kenya, South Africa, various LMICs, Taiwan, Australia | Public sector: $ 1.99 for 135 countries |
| **autotest VIH®**  
(AAZ Labs, France) | Blood | CE mark, WHO PQ, FDA | 15 European countries | HIC retail: $ 20–28  
Distributors/NGOs: $ 8–15 |
| **BioSURE HIV Self Test**  
(BioSURE , United Kingdom Ltd) | Blood | CE mark, ERPD-3  
ANVISA (Brazil)  
KMLTTB & PPB (Kenya)  
GFDA (Ghana)  
SAHPRA (South Africa) | South Africa, Brazil, Kenya, Ghana, United Kingdom | HIC retail: $ 25–40  
HIC public sector: $ 6–10  
LMIC public sector: $3.80-6  
LMIC retail: $ 10-18 |
| **Exaco® Test HIV**  
(Biosynex, France) | Blood | CE mark, ERPD-3 | Europe | Dependent on volume |
| **INSTI® HIV Self Test**  
(bioLytical Lab., Canada) | Blood | WHO PQ  
CE mark | All European countries accepting CE mark, Nigeria, Kenya, | HIC retail: $ 25–40  
HIC public sector: $ 7–22  
LMIC public sector: $3 - 6  
LMIC retail: $ 6 - 14 |

Note: Product details based on most recent information provided by manufacturers, which in some cases has not been updated since 2019

* Includes products prequalified by WHO, approved by a regulatory authority in one of founding-member countries of the International Medical Device Regulators Forum or eligible for procurement on recommendation of Unitaid/Global Fund Expert Review Panel

## HIVST products with WHO PQ, ERPD or approval from founding members of IMDRF* (2 of 2)

<table>
<thead>
<tr>
<th>Test (manufacturer)</th>
<th>Specimen</th>
<th>Approval</th>
<th>Markets</th>
<th>Price per test (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OraQuick® In-Home HIV Test</td>
<td>Oral fluid</td>
<td>FDA, CE Mark</td>
<td>USA</td>
<td>HIC retail: $40 Public sector prices vary.</td>
</tr>
<tr>
<td>(OraSure Technologies, USA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OraQuick® HIV Self Test</td>
<td>Oral fluid</td>
<td>WHO PQ Nat. Reg. Authorities in several countries</td>
<td>Several LMIC countries¹</td>
<td>LMIC ex-works: $2 for 50 countries¹</td>
</tr>
<tr>
<td>(OraSure Technologies, USA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SURE CHECK® HIV Self Test</td>
<td>Blood</td>
<td>WHO, PQ, ERPD-3</td>
<td></td>
<td>Based on annual volume and if LTAs apply LMIC Public: $2.99 ex-works</td>
</tr>
<tr>
<td>(Chembio Diagnostic Systems Inc., USA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CheckNOW</td>
<td>Blood</td>
<td>ERPD</td>
<td></td>
<td>LMIC Public: $1.50</td>
</tr>
<tr>
<td>(Abbott Laboratories, USA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Product details based on most recent information provided by manufacturers, which in some cases has not been updated since 2019

* Includes products prequalified by WHO, approved by a regulatory authority in one of founding-member countries of the International Medical Device Regulators Forum or eligible for procurement on recommendation of Unitaid/Global Fund Expert Review Panel.

HIC, high-income countries; FDA, Food and Drug Administration; ERPD, Expert Review Panel for Diagnostics; Gen, test generation; LMIC, low- and middle-income countries, WHO PQ, World Health Organisation Prequalification; IMDRF, International Medical Device Regulators Forum; CE: Conformité Européenne

i: Afghanistan, Brazil, Chad, Congo, Gambia, Kenya, Mali, Mozambique, South Africa, Uganda, Zambia, Zimbabwe, Nigeria, Eswatini, Lesotho, Malawi, Tanzania, Ethiopia, Rwanda, Cote d’Ivoire, Burundi, Senegal, Cameroon, Ghana, Namibia, Botswana, Sierra Leone, Liberia, Somalia, Benin, Togo, Burkina Faso, Guinea Bissau, Morocco, Lebanon, Somalia, Nepal, Mongolia, Laos, Indonesia, Armenia, Kazakhstan, Ukraine, Georgia, Haiti, Russia, India

j: Countries covered in the Bill and Melinda Gates Foundation (BMGF) buy-down
## HIVST products with national-level approval

<table>
<thead>
<tr>
<th>Test (manufacturer)</th>
<th>Specimen</th>
<th>Approval status</th>
<th>Availability</th>
<th>Pricing (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alerta</td>
<td>Blood</td>
<td>ANVISA, Brazil (National Health Surveillance Agency)</td>
<td>Brazil</td>
<td>No information</td>
</tr>
<tr>
<td>Amethyst HIV 1&amp;2 Test Kit</td>
<td>Oral fluid</td>
<td>NAFDAC, Nigeria (National Agency for Food and Drug Administration and Control)</td>
<td>Nigeria</td>
<td>$14 recommended market price. Prices for public sector and NGOs may vary.</td>
</tr>
<tr>
<td>HIV Detect</td>
<td>Oral fluid</td>
<td>ANVISA, Brazil (National Health Surveillance Agency)</td>
<td>Brazil</td>
<td>No information</td>
</tr>
<tr>
<td>Saliteste</td>
<td>Oral fluid</td>
<td>ANVISA, Brazil (National Health Surveillance Agency)</td>
<td>Brazil</td>
<td>No information</td>
</tr>
<tr>
<td>Unnamed test</td>
<td>Not available</td>
<td>Manufactured and approved in Belarus</td>
<td>Belarus</td>
<td>No information</td>
</tr>
</tbody>
</table>

Note: Product details based on most recent information provided by manufacturers, which in some cases has not been updated since 2019

* Includes products prequalified by WHO, approved by a regulatory authority in one of founding-member countries of the International Medical Device Regulators Forum or eligible for procurement on recommendation of Unitaid/Global Fund Expert Review Panel.

NAFDAC, National Agency Food and Drug Administration and Control, ANVISA, Brazilian Health Surveillance Agency
### HIVST products under development or in pipeline (1 of 2)

<table>
<thead>
<tr>
<th>Test (manufacturer)</th>
<th>Specimen</th>
<th>Plan for regulatory approval</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asanté™ HIV Self Test</strong>&lt;br&gt;(Sedia Biosciences Corporation, USA)</td>
<td>Oral fluid (also, a version is under development that can test either an oral fluid or whole blood specimen in a single device)</td>
<td>No information</td>
</tr>
<tr>
<td><strong>AwareTM HIV-1/2 OMT Oral HIV Self Test</strong>&lt;br&gt;(Calypte Biomedical, USA)</td>
<td>Oral fluid</td>
<td>Plan to apply for WHO PQ, CE, USFDA, ERPD</td>
</tr>
<tr>
<td><strong>First Response HIV 1-2.0 Card Test (Self Test)</strong>&lt;br&gt;(Premier Medical Corporation, India)</td>
<td>Blood</td>
<td>Plan to apply WHO PQ, CE, ERPD, CDSCO Nat. Reg. Authority</td>
</tr>
<tr>
<td><strong>To be named</strong>&lt;br&gt;(Beijing Wantai Biological Pharmacy Enterprise Co., Ltd., China)</td>
<td>Urine</td>
<td>National regulatory approval in China (CFDA) pending</td>
</tr>
</tbody>
</table>

Note: Product details based on most recent information provided by manufacturers, which in some cases has not been updated since 2019

* Includes products prequalified by WHO, approved by a regulatory authority in one of founding-member countries of the International Medical Device Regulators Forum or eligible for procurement on recommendation of Unitaid/Global Fund Expert Review Panel.

USFDA, United States Food and Drug Administration; ERPD, Expert Review Panel for Diagnostics; Gen, test generation; LMIC, low- and middle-income countries, IMDRF, International Medical Device Regulators Forum, CE: Conformité Européenne PQ: prequalification; WHO: World Health Organization. CDSCO, The Central Drugs Standard Control Organisation, India, CFDA, China’s State Food and Drug Administration
### HIVST products under development or in pipeline (2 of 2)

<table>
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<th>Test (manufacturer)</th>
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<th>Plan for regulatory approval</th>
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<tbody>
<tr>
<td>Morcheck (Morsef Lifesciences, LLP)</td>
<td>Blood</td>
<td>No information</td>
</tr>
<tr>
<td><strong>STANDARD™ Q HIV Self-Test (not final)</strong></td>
<td>Blood</td>
<td>No information</td>
</tr>
<tr>
<td>SD Biosensor</td>
<td>Blood</td>
<td>No information</td>
</tr>
<tr>
<td><strong>To be named</strong> (InTec Products Inc.)</td>
<td>Blood</td>
<td>Plan to apply for WHO PQ, CE, ERPD, TGA and other Regulatory Authorities</td>
</tr>
<tr>
<td><strong>To be named</strong> (Invex Health Private Ltd, India)</td>
<td>No information</td>
<td>No information</td>
</tr>
<tr>
<td><strong>To be named</strong> (Trinity Biotech, Ireland)</td>
<td>Blood</td>
<td>No information</td>
</tr>
</tbody>
</table>

**CE:** Conformité Européenne; **PQ:** prequalification; **WHO:** World Health Organization.

Note: Product details based on information provided by the manufacturers at the time of report preparation.
HIVST Need Estimate for LMIC

An epidemiological based, deterministic estimate of HIV testing need amongst populations recommended for HIV self-testing to achieve the 2030 global target of 95% of PLHIV knowing their status.

Click these links for additional information or see the index for a full list of additional resources

- HIVST Need Estimate Methodology
- 2020 Global LMIC HIVST Need Estimate Forecast Model
Need Estimate is the sum of 25 country and target population specific estimates extrapolated to rest of LMIC

**Target Populations**

- People reporting a Sexually Transmitted Infection in the past year
- Adolescent girls and young women
- Men who have sex with men
- Males aged 35-59 years
- Sero-discordant partners of PLHIV who know status
- Female Sex Workers
- People who inject drugs
- Transgender people
- Partners of newly diagnosed PLHIV

**Focus countries**

- Angola
- Brazil
- Côte d'Ivoire
- Mexico
- Congo, DR
- Myanmar
- Ethiopia
- Peru
- Nigeria
- Thailand
- Indonesia
- Tanzania
- India
- Uganda
- Kenya
- Ukraine
- Mozambique
- Vietnam
- Malawi
- South Africa
- Pakistan
- Zambia
- Eswatini

25 focus countries have been selected to ensure:

1. a representative sample of all LMICs for the purpose of extrapolation
2. Inclusion of countries with the highest HIVST need & demand
Total HIVST need for LMICs is estimated to be 177m HIV self-tests in 2020, growing to 192m HIV self-tests by 2025.
HIVST Demand in LMIC

A forecast of future HIVST procurement based on historical and current procurement and funding data

Click these links for additional information or see the index for a full list of additional resources

• HIVST Demand Forecast methodology
• 2020 Global LMIC HIVST Demand Forecast Model
The demand forecast is based on confirmed procurement and funding volumes (confirmed volumes) from major donors and implementers.

Data represented on following slides represents an analysis of the funding, procurement and distribution data obtained from global donors, funders, procurers, implementers and some national government representatives. This data should not be considered a report of ‘official’ HIVST volumes from these organizations.

EIC and the WHO cross-reference the data provided and compare to expectations and other data sources to remove duplications (especially within the procurement and distribution data). We apply some assumptions and calculations to the funding data based on the qualitative knowledge available to convert it into Confirmed HIVST volumes.

Big thank you to all those who have provided data, especially The Global Fund, PEPFAR, GHSC-RTK, Unitaid, UNAIDS, CIFF and the WHO.
With confirmed volumes as at Oct 2020 of 21 million HIVST kits in 2020 – 2023, the procurement and funding pipeline is stronger than last year

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>GFATM</td>
<td>2,744,150</td>
<td>4,599,615</td>
<td>4,456,735</td>
<td>2,891,987</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>1,120,000</td>
<td>2,415,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>UNITAID</td>
<td>1,634,520</td>
<td>403,780</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>OTHER</td>
<td>900,571</td>
<td>64,305</td>
<td>10,260</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6,474,241</td>
<td>7,482,700</td>
<td>4,466,995</td>
<td>2,891,987</td>
</tr>
</tbody>
</table>

*Volumes are EIC analysis and not official figures and include estimates*

Due to the nature of the PEPFAR and Unitaid funding cycles confirmed volumes for 2022 and 2023 were not yet available for these organizations as at October 2020.
Confirmed country specific volumes have mostly increased
Total LMIC HIVST Demand is projected to reach 29 million tests by 2025

Projected volume of HIV self-test demand in LMIC (millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>HIVST Demand (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>7</td>
</tr>
<tr>
<td>2021</td>
<td>11</td>
</tr>
<tr>
<td>2022</td>
<td>15</td>
</tr>
<tr>
<td>2023</td>
<td>19</td>
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<tr>
<td>2024</td>
<td>23</td>
</tr>
<tr>
<td>2025</td>
<td>29</td>
</tr>
</tbody>
</table>

*Projected volumes in this chart reflect the total projection for 108 countries*
Top 10 countries by total volumes account for approximately 70% of expected volumes over the forecast period: 2020-2025

Top 10 Drivers of Total LMIC Demand Projection (millions)
Funding allocated to HIVST implementation has increased rapidly but expected future demand will require continued growth to address funding gap of $104 million in 2025

- Forecasted demand of 29 million HIVST in 2025 will require estimated funding of USD $180 million to implement assuming an average cost to implement of $5.46 per test remains constant.
- Funding trend indicates potential funding gap of $104 million by 2025 based on linear projection of confirmed volumes converted to funding value at country specific estimated cost per test.
- See Annex for assumed cost per test per country based on HIVST implementation status.
Low but increasing LMIC Demand volumes as a percentage of need is anticipated, reaching 15% of need by 2025
HIVST Market Landscape 2020: A summary

- HIVST policy adoption and implementation continues to grow, with three times as many countries implementing HIVST in 2020 as compared to 2017.
- The confirmed volumes look very strong with 21 Million HIVST in the pipeline between 2020 and 2023 and slightly more confirmed volumes for 2020 than previously forecasted.
- Total LMIC HIVST Demand is projected to reach 29 million tests by 2025, which is very similar to what was projected in the 2019 forecast.
- Nearly 90% of the estimated LMIC demand will come from the 25 Focus Countries. 10 of these (9 in Africa) account for about 70% of the total LMIC demand.
- The demand forecast has an implicit funding gap that increases from $40 Million in 2022 to $104 Million in 2025. This funding gap is inclusive of estimated implementation costs as well as commodity costs.
- Total LMIC Demand is anticipated to reach 15% of the need for HIV testing among populations recommended for HIVST by 2025.
Index

HIVST Landscape Report 2020
1. Global targets & policy response (WHO)
2. LMIC need estimate and demand forecast: Detailed Findings
3. HIVST need, demand and policy profiles for 25 focus countries (PPT)
4. HIVST need, demand and policy profiles for focus countries (individual PDFs)
5. HIC and UMIC demand forecast

Annex 1 – LMIC Need Estimate: Methodology
Annex 2 – LMIC Need Estimate: Additional Findings
Annex 3 – LMIC Demand Forecast: Methodology
Annex 4 – LMIC Demand Forecast: Additional Findings
Annex 5 – Proposed COVID impact adjustment
Annex 6 – HIVST Product Specifications
Annex 7 – LMIC Need Estimate Excel Model
Annex 8 – LMIC Demand Forecast Excel Model
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For more information on HIV testing services

WHO HIV Testing Services Dashboard

WHO HIV Testing Services Info App

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