

## Frequently Asked Questions: Population-based HIV Impact Assessments

### **SURVEY METHODS**

#### 1. How are the PHIA's conducted?

For each household, basic information is gathered from both the head of the household and each individual. Individual participants are asked about self-reported HIV status, exposure to HIV care and prevention services including voluntary medical male circumcision and HIV testing and counseling, and behavioral risk factors. A core group of questions are used across all country surveys to obtain data on key indicators.

The survey offers home-based HIV testing and counseling to measure HIV prevalence. Blood is collected and tested in a private location in or around the home using the standard rapid HIV test protocol that has been established by each country. All HIV-positive samples are retested with a confirmatory test in the laboratory. All participants are given their results immediately. Persons who test HIV-positive are offered a referral for HIV care and treatment. In most countries, those testing HIV-positive can choose to receive additional services which help link them to care and treatment. CD4 and viral load testing is conducted in a laboratory, and these results are sent to the clinic specified by the participant.

#### 2. How are HIV-positive participants linked to treatment?

All participants who test positive for HIV are provided a referral form for use in seeking treatment at a health facility of their choice. Viral load and CD4 test results are returned to their chosen health facility within approximately 6 to 8 weeks. When results are available to be sent to clinics, the participants receive a reminder text message or phone call. Newly diagnosed participants may receive an enhanced or active referral. In some PHIA's, participants are contacted by a PHIA team member who helps them enroll in care at their chosen health facility, unless they prefer not to be contacted.

### **SURVEY IMPACT ON PUBLIC HEALTH**

#### 3. How are PHIA data improving our understanding of HIV epidemics?

While the PHIA results demonstrate tremendous progress against the HIV epidemic by achieving high coverage particularly among women and older people, we can only truly control this epidemic by achieving higher results among underserved men and youth. In a majority of surveys, men who are HIV-positive and under age 35 and younger women were less likely to know their status, be on HIV treatment, or be virally suppressed than older adults. PHIA results help inform future programs to confront the global HIV epidemic helping to focus country efforts and resources for maximal impact and efficiency. The methods developed for the PHIA's can be a model for other countries that are conducting their own HIV-focused household surveys.

4. How do PHiAs affect HIV programs on the ground?

PHIA data are used to measure access to HIV prevention and treatment services and their impact, as well as provide data for global health and development indicators. Because the PHiAs include HIV data disaggregated by age, gender, and location, program planners and partners are able to maximize impact by making smarter investments to reach the right people in the right places. Additional laboratory testing will help assess transmitted and acquired drug resistance. This information is very important as we further expand treatment for HIV-positive persons.

**AVAILABILITY OF SURVEY RESULTS**

5. When will PHIA survey results be available to the public?

Summary sheets from PHiAs are made public as surveys and analyses are completed. Detailed final reports become available approximately one year after the preliminary report is released. Datasets for use by public health professionals are released along with the final PHIA report, and will be available in multiple statistical formats, including SAS and Stata.