



Dear Readers

We are pleased to present the latest issue of our digest, which analyzes **epidemiological surveillance data on recent HIV infections in Ukraine** as of January 1, 2026.

In this issue, you will be able to:

- track trends in RHI testing volume and NI case detection from 2023 to 2025;
- compare RHI testing coverage from 2023 to 2025 and by month in the fourth quarter of 2025;
- examine the sociodemographic and epidemiological characteristics of individuals screened for RHI;
- review key indicators of RHI surveillance in “hotspots” (HT).

We hope this digest will serve as a useful tool for everyone working in the HIV/AIDS response in Ukraine and will contribute to a more effective and coordinated response to the epidemic.

This publication was prepared as part of the project “Strengthening HIV Treatment, Laboratory Network Capacity, Antiretroviral Therapy, and Program Monitoring in Ukraine under the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).”

Thank you for your attention and active participation in this important matter!

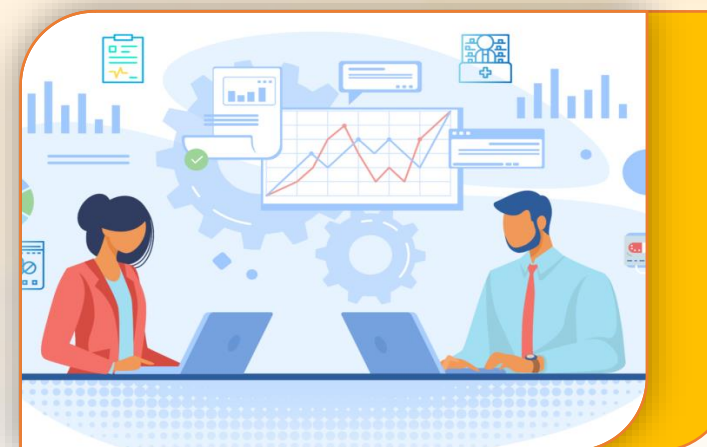




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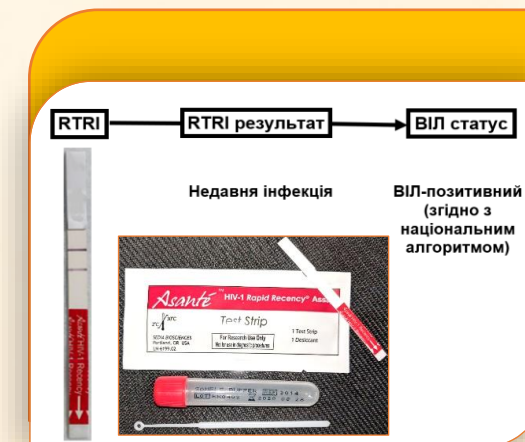
List of Abbreviations

| | |
|--------------------|--|
| EQA | External Quality Assessment of laboratory testing |
| HCF | Healthcare Facility |
| HS | "Hotspot" in the system of surveillance of recent HIV infection |
| HTS | HIV Testing Services |
| IT | Index testing |
| MSM | Men Who Have Sex with Men |
| NGO | Non-Governmental Organization |
| PEPFAR | The U.S. President's Emergency Plan for AIDS Relief |
| PHR for HIV | People at higher risk for HIV |
| PIP | People in Prisons (In the project – mainly people released from penitentiary institutions) |
| PITC | Provider-Initiated Testing and Counseling |
| PWID | People Who Inject Drugs |
| RHI | Recent HIV Infection |
| RITA | Recent Infection Testing Algorithm |
| RTRI | Rapid Test for Recent Infection |
| SN | Social Networks |
| SW | Sex Workers |
| VCT | Voluntary Counseling and Testing (client-initiated) |



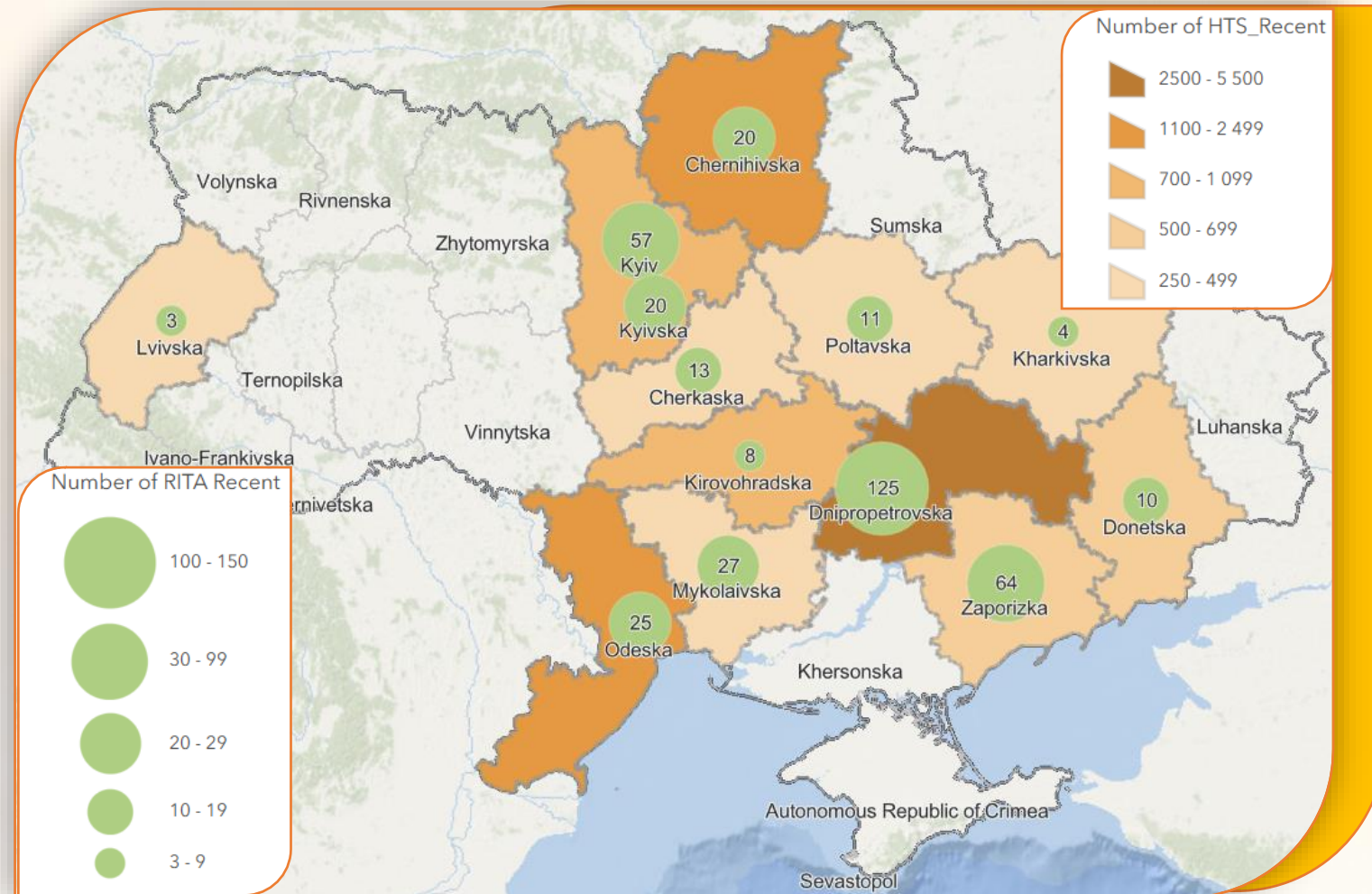
What is Recent HIV Infection (RHI)?

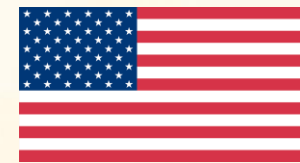
- It is an HIV infection that occurred relatively recently, usually **within the last 12 months**
- Detection of RHI is important for understanding **the dynamics and speed of epidemic development**, identifying territories and population groups with active HIV transmission, and implementing timely public health measures
- In Ukraine, RHI surveillance has been launched at the end of 2020 among individuals aged 18 and older, newly diagnosed with HIV infection, and with no history of antiretroviral therapy
- RHI surveillance is implemented as part of routine HIV testing services (HTS) exclusively in healthcare facilities (HCF)
- In Ukraine, RHI is determined using the following algorithm (RITA – RECENT INFECTION TESTING ALGORITHM):
 - ❖ First, testing is conducted using **a rapid test for RHI** (RTRI, RAPID TEST for RECENT INFECTION), which allows distinguishing recent HIV infection from long-term infection
 - ❖ Next, **the HIV viral load** is measured in the blood of individuals who received a preliminary result suggesting probable RHI. If the RNA count exceeds 1,000 copies per milliliter of plasma, the case is confirmed as RHI



Volumes of Testing (RTRI) and Detection of RHI cases (RITA) by Oblasts (December 2020–December 2025)

- The highest number of RTRI screenings was conducted in the Dnipropetrovska (5,319) and Odeska (2,160) oblasts, as well as in the city of Kyiv (2,599).
- The highest number of RHI cases (according to RITA) was recorded in the Dnipropetrovska (125) and Zaporizka (64) oblasts, as well as in the city of Kyiv (57).



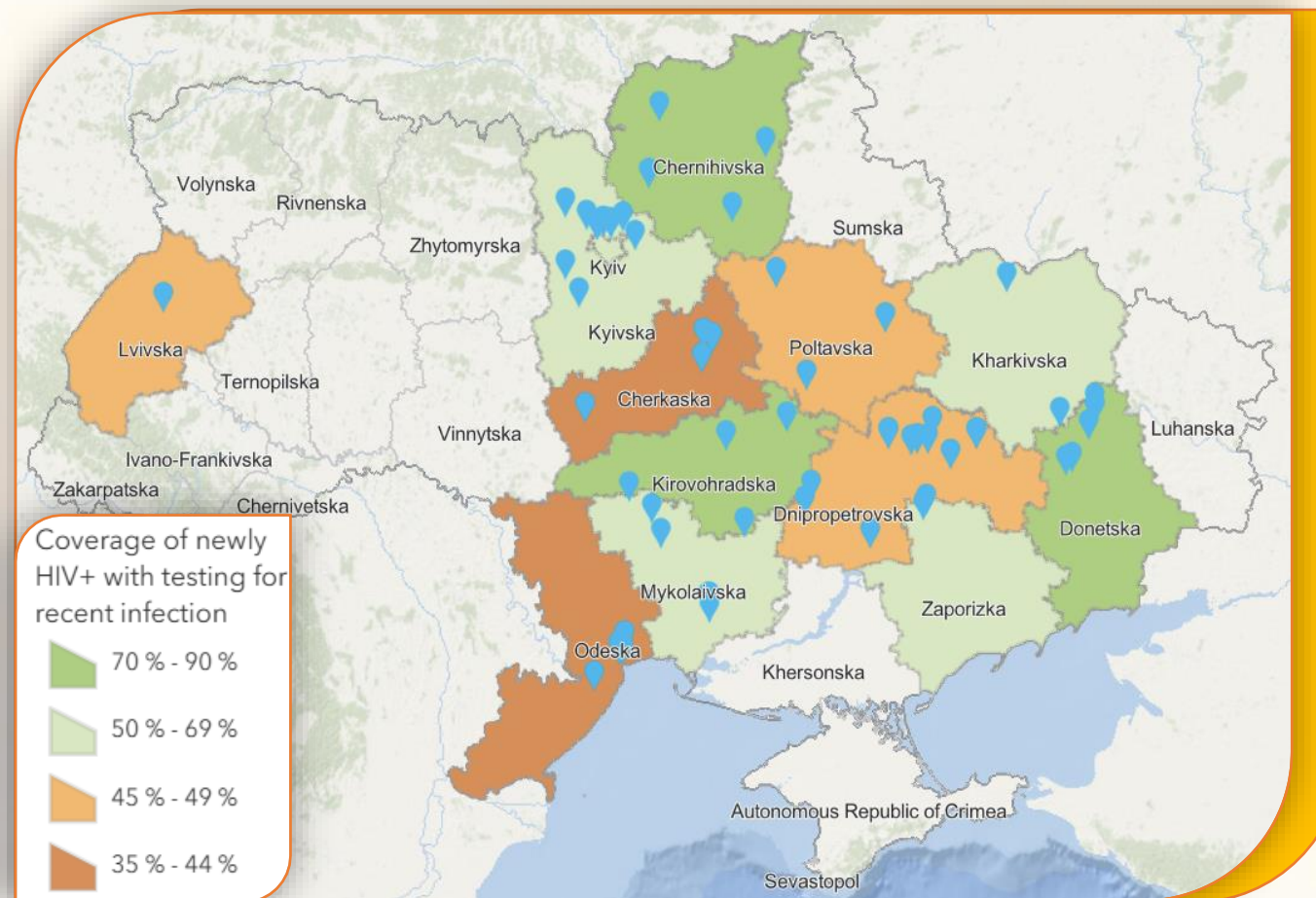


Regional Implementation of Surveillance for Recent Infection in Ukraine

In 2025, HIV testing was conducted in **13 oblasts** at **62 sites** within healthcare facilities that provided HIV testing services.

Number of HTS Sites Involved in RHI Testing

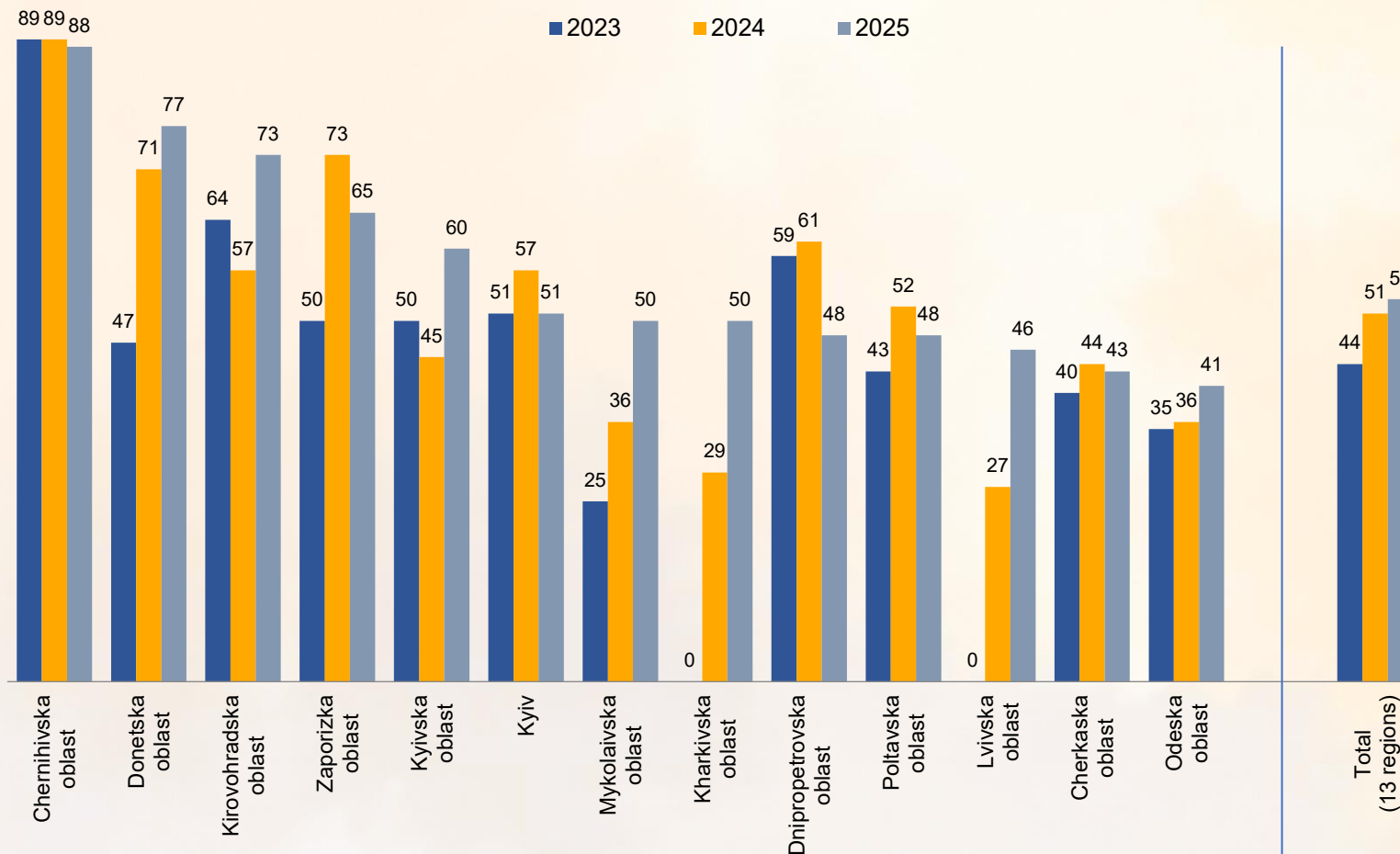
| | |
|------------------------|----|
| Dnipropetrovska Oblast | 12 |
| Kyivska Oblast | 8 |
| Mykolaivska Oblast | 7 |
| Odeska Oblast | 7 |
| Donetska Oblast | 6* |
| Kyiv | 4 |
| Poltavska Oblast | 4 |
| Cherkaska Oblast | 4 |
| Chernihivska Oblast | 4 |
| Zaporizka Oblast | 2 |
| Kirovohradska Oblast | 2 |
| Lvivska Oblast | 1 |
| Kharkivska Oblast | 1 |



* 1 HTS site in Donetska oblast did not conduct RHI testing in 2025



Coverage with RHI testing (RTRI) by Oblasts (%)



In 2023–2025, the rate of RHI testing coverage (RTRI) among newly diagnosed HIV-positive individuals:

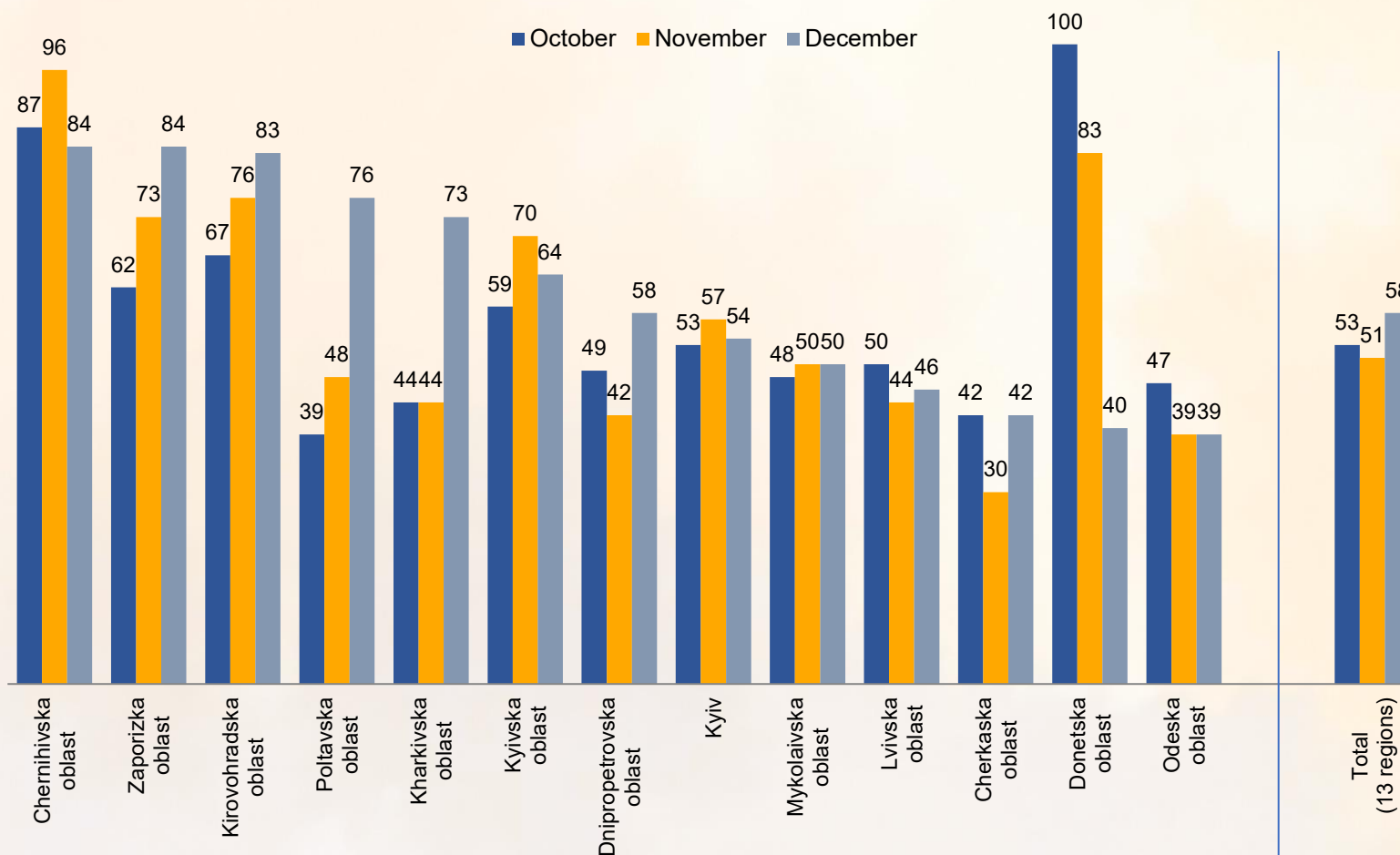
- Overall, **increased in 13 oblasts, from 44% to 53%**
- **has been rising since 2023** in the Donetska, Mykolaivska, and Odeska oblasts, **since 2024** in the Kyivska, Kirovohradska, Lvivska, and Kharkivska oblasts
- **was highest** in the Chernihivska oblast (**≥ 88%**)

In 2025, **RTRI coverage was ≥ 50% in the following oblasts:**

- 88% — Chernihivska oblast
- 77% — Donetska oblast
- 73% — Kirovohradska oblast
- 65% — Zaporizka oblast
- 60% — Kyivska oblast
- 51% — Kyiv
- 50% — Mykolaivska and Khersonska oblasts



RTRI testing coverage in October–December 2025 (%)



In the fourth quarter of 2025, the monthly RTRI coverage rate across the 13 project oblasts remained above 50%, despite the program's temporary suspension.

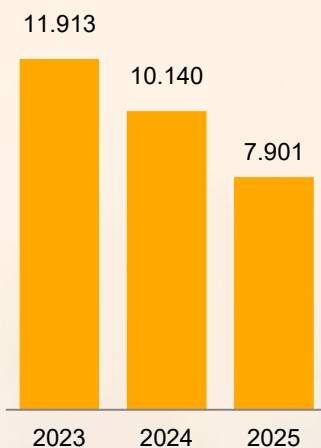
The highest HIV testing coverage rates were recorded in:

- 100% — Donetska oblast, October
- 84%–96% — Chernihivska oblast, October–December
- 84% — Zaporizka oblast, December
- 83% — Kirovohradska oblast, December
- 83% — Donetska oblast, November

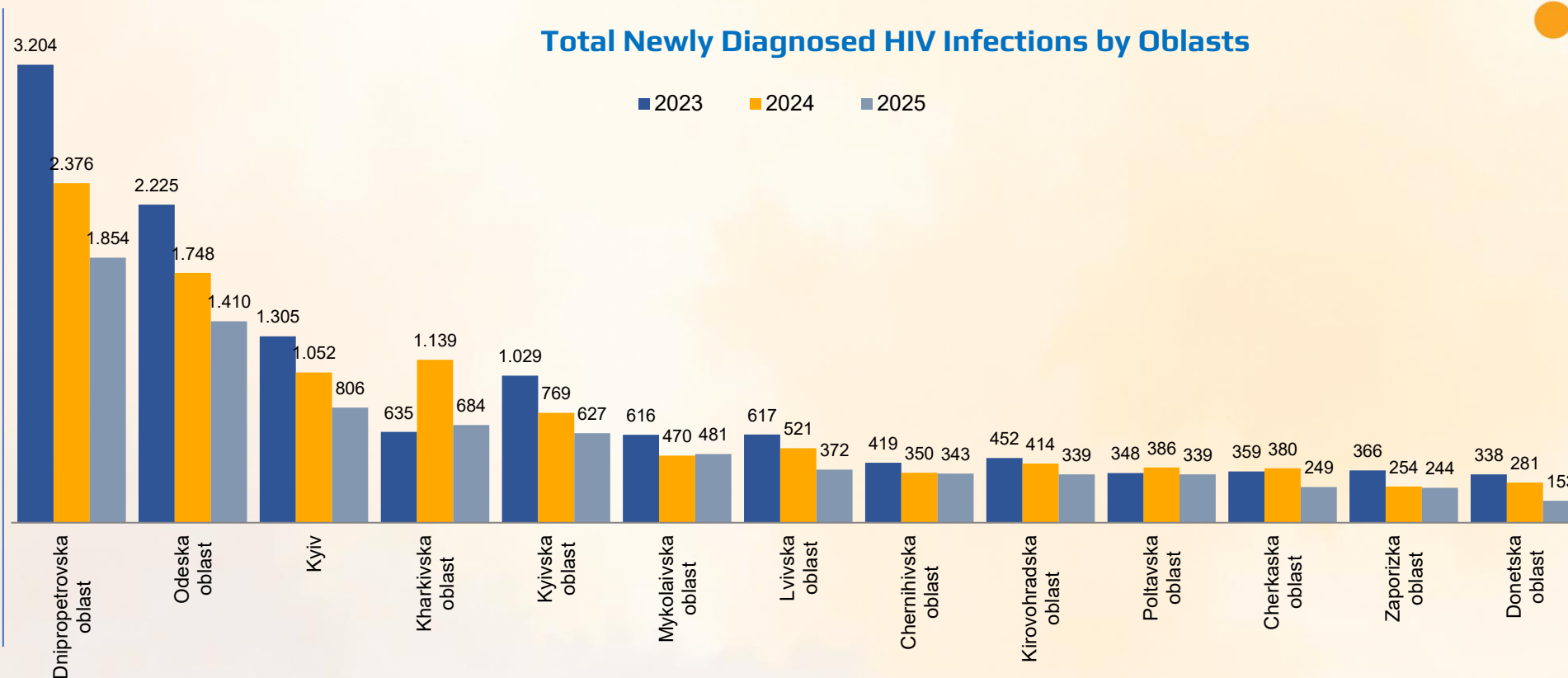


Number of New HIV Diagnoses Based on Verification Testing

Total Newly Diagnosed HIV Infections in 13 Study Oblasts



Total Newly Diagnosed HIV Infections by Oblasts

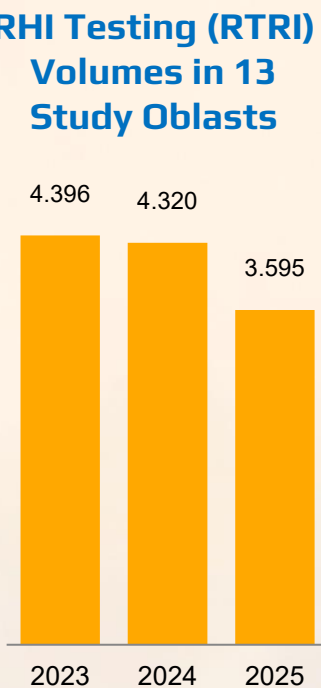


During the full-scale invasion of Ukraine by Russia, a decrease in the number of newly diagnosed cases of HIV infection compared to previous years is observed in 13 oblasts of the project - by 15% in 2024 and by 22% in 2025. This trend is driven by depopulation, a lack of data from temporarily occupied territories, and expanded testing of the general population (particularly during mobilization). At the same time, reduced testing among PHR for HIV directly affected recent infection rate (RTRI) indicators.

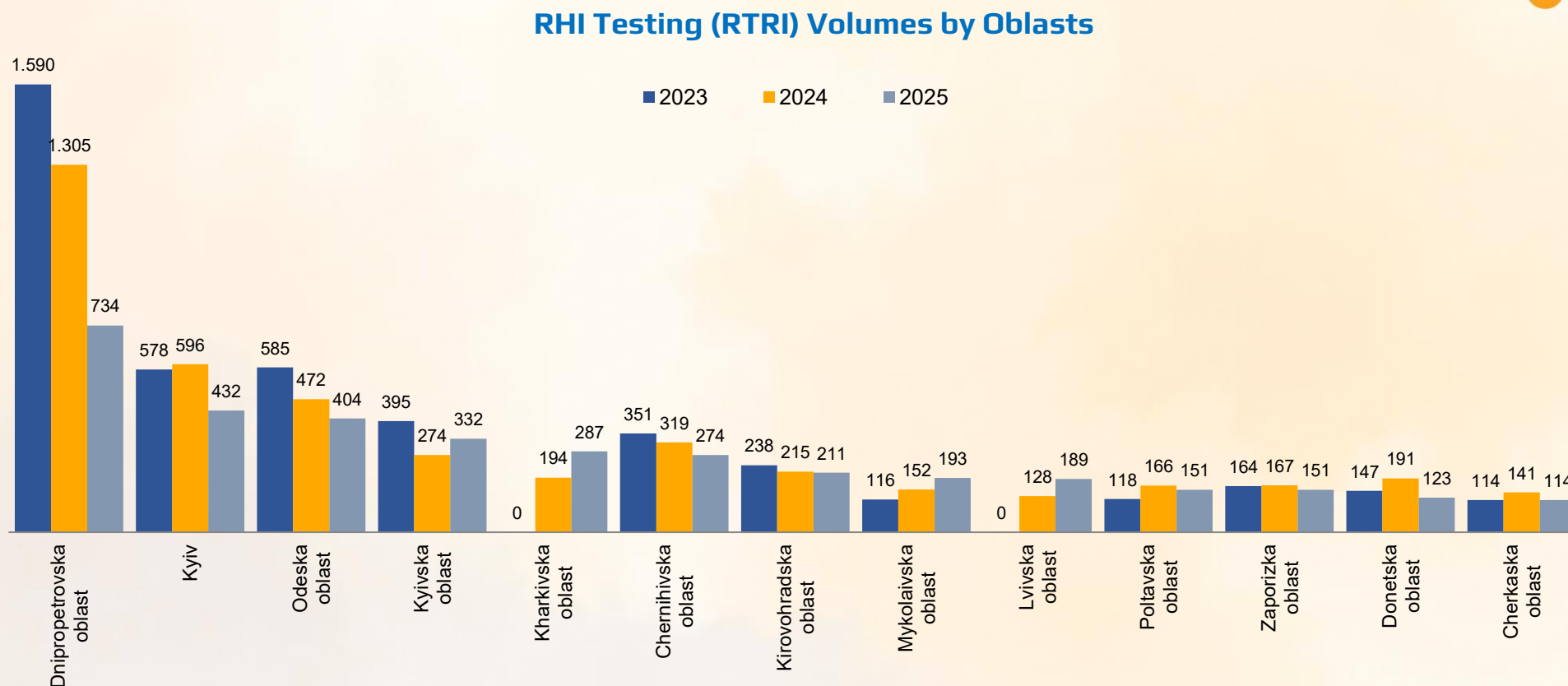


RHI Testing (RTRI) Volumes

RHI Testing (RTRI) Volumes in 13 Study Oblasts



RHI Testing (RTRI) Volumes by Oblasts

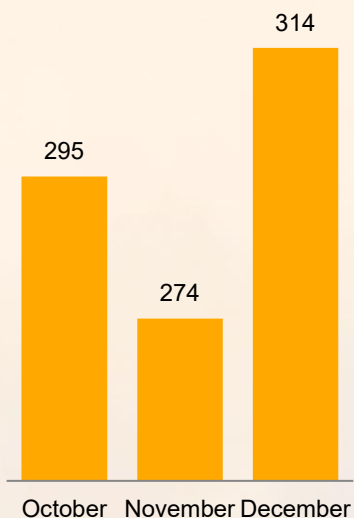


Following the overall decline in new HIV cases, RTRI testing volumes across the 13 project oblasts also decreased: by 2% in 2024 and by 17% in 2025. At the same time, over the past two years, due to an increase in HIV testing coverage, it has been possible to increase the volume of RTRI in Lvivska (coverage increased from 27% to 46%), Mykolaivska (from 36% to 50%), and Kharkivska (from 29% to 50%) oblasts.

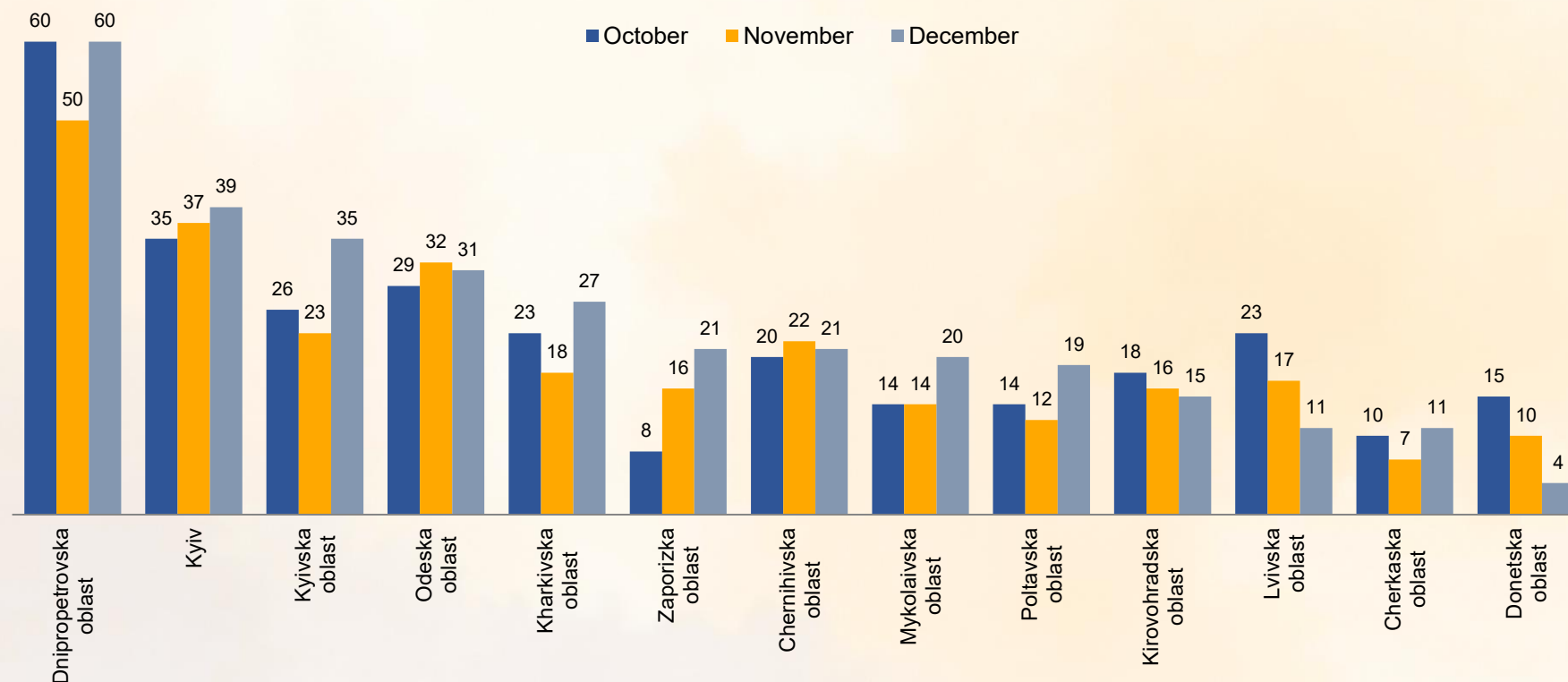


RHI (RTRI) testing volumes in October–December 2025

RHI Testing (RTRI)
Volumes in 13
Study oblasts



RHI Testing (RTRI) Volumes by Oblasts

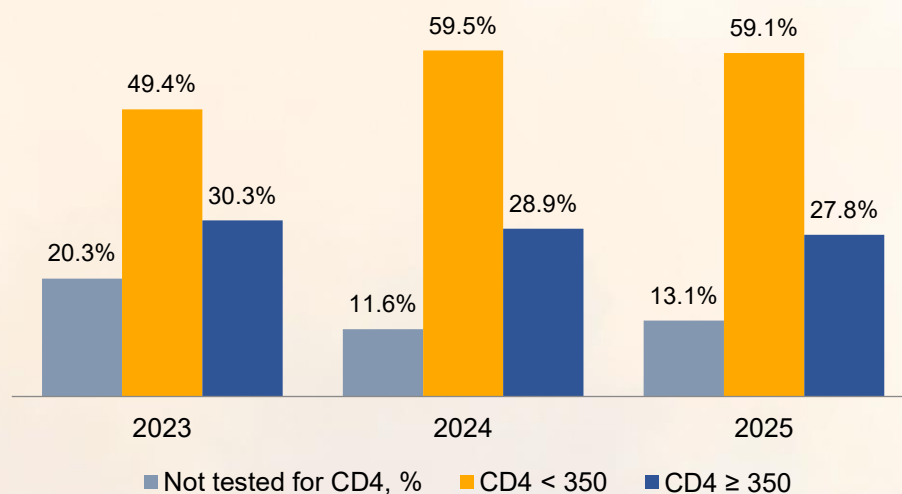


In the fourth quarter of 2025, 883 RHI (RTRI) tests were conducted across the project's 13 oblasts, accounting for 25% of the annual total. For most oblasts, December was the month with the highest testing activity. Donetska oblast was an exception, with only 4 tests conducted in December due to an escalation of hostilities in the areas where testing sites are located.

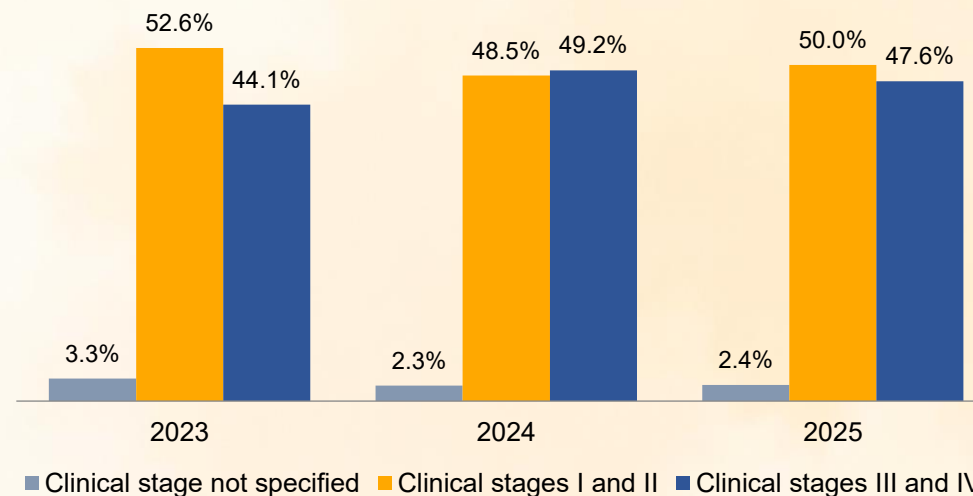


Clinical and immunological characteristics of patients tested for RHI (RTRI)

Distribution by CD4 count among individuals tested for RHI (RTRI) *



HIV clinical stages among individuals tested for RI (RTRI) **



More than half of patients newly diagnosed with HIV who underwent RHI testing (RTRI) in the 13 project oblasts were diagnosed at advanced stages. During 2023 and 2025, the proportion of individuals with a baseline CD4 count < 350 cells/ μ L rose from 49% to 59%, while the proportion of patients with clinical stage III or IV at linkage to care rose from 44% to 47%.

* Results of the first (initial) CD4 count

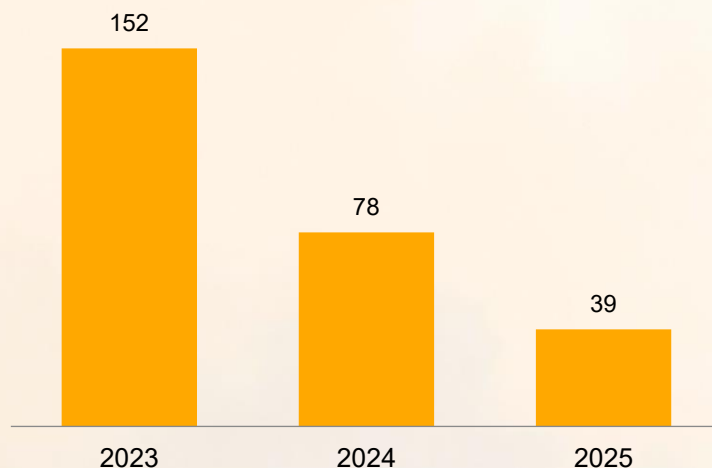
** HIV clinical stage at linkage to care



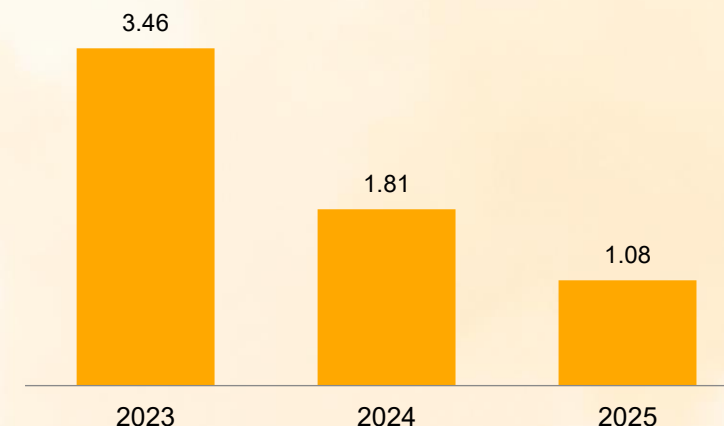
Results of RHI testing (RITA)



Number of RHI (by RITA) in 13 oblasts



Proportion of RHI cases (by RITA) among all tested for RHI (RTRI) in 13 oblasts



From 2023 to 2025, the proportion of RHI (based on RITA) across 13 oblasts decreased by more than threefold – from 3.46% to 1.08%. This decline can be partly explained by late HIV diagnosis, changes in testing patterns, and limited access to these services for PHR for HIV. Notably, during this period, all testing sites were fully supplied with HIV-1 Asante Rapid Recency Assay test kits.



Results of RHI Testing (RITA) by Oblasts

| Oblasts | Number of RHI Cases | | | % of RHI Cases Among Those Tested for RHI | | | |
|----------------------|---------------------|------|------|---|------|------|---------------------|
| | 2023 | 2024 | 2025 | 2023 | 2024 | 2025 | Total for 2023–2025 |
| Dnipropetrovska Obl. | 59 | 16 | 11 | 3.7 | 1.2 | 1.5 | 2.4 |
| Donetska Oblast | 5 | 0 | 0 | 3.4 | 0 | 0 | 1.1 |
| Zaporizka Oblast | 21 | 14 | 9 | 13 | 8.4 | 6 | 9.1 |
| Kyivska Oblast | 9 | 5 | 5 | 2.3 | 1.8 | 1.5 | 1.9 |
| Kirovohradska Oblast | 0 | 2 | 3 | 0 | 0.9 | 1.4 | 0.8 |
| Lvivska Oblast | x | 2 | 1 | x | 1.6 | 0.5 | 0.9 |
| Kyiv | 16 | 5 | 6 | 2.8 | 0.8 | 1.4 | 1.7 |
| Mykolaivska Oblast | 9 | 9 | 0 | 7.8 | 5.9 | 0 | 3.9 |
| Odeska Oblast | 10 | 7 | 1 | 1.7 | 1.5 | 0.2 | 1.2 |
| Poltavska Oblast | 6 | 4 | 0 | 5.1 | 2.4 | 0 | 2.3 |
| Kharkivska Oblast | x | 4 | 0 | x | 2.1 | 0 | 0.8 |
| Cherkaska Oblast | 5 | 4 | 1 | 4.4 | 2.8 | 0.9 | 2.7 |
| Chernihivska Oblast | 12 | 6 | 2 | 3.4 | 1.9 | 0.7 | 2.1 |

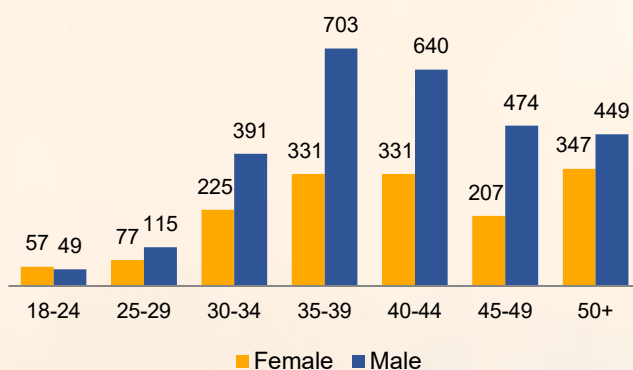
- During 2023 and 2025, nearly half of all RHI cases (48%, or 130 out of 269) were reported in the Dnipropetrovska and Zaporizka oblasts.
- Overall, during the period in question, the highest proportion of RHI among all those tested was observed in the Zaporizka and Mykolaivska oblasts.



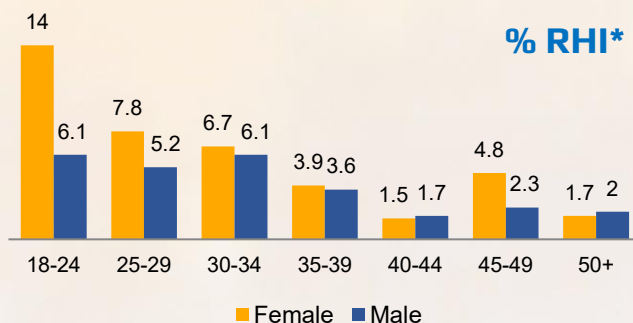
Distribution and Results of Testing for RHI by Age and Sex

2023

RHI Testing (*individuals*)

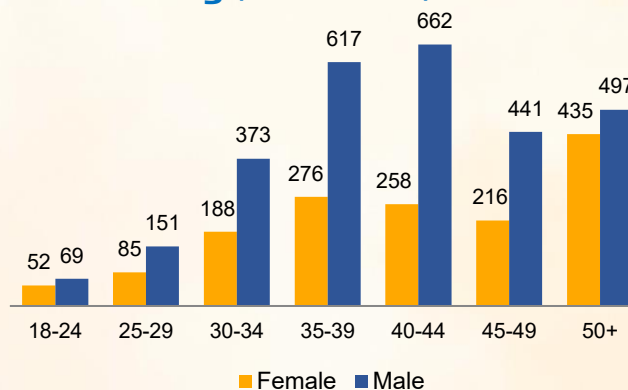


% RHI*

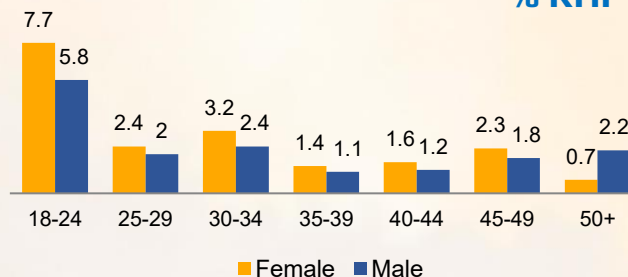


2024

RHI Testing (*individuals*)

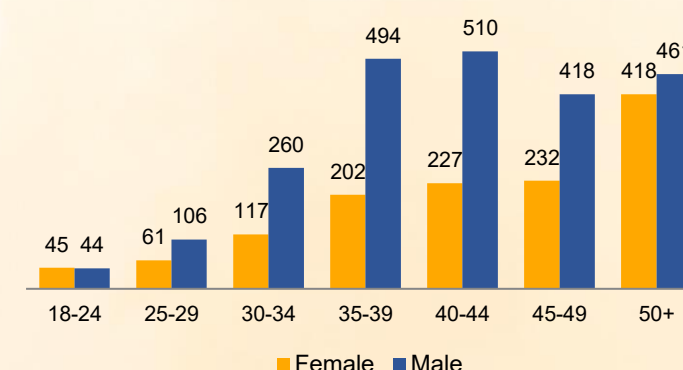


% RHI*

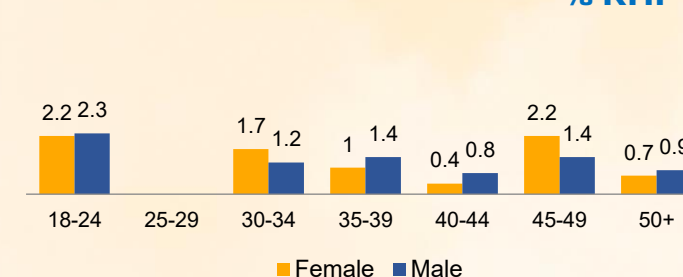


2025

RHI Testing (*individuals*)



% RHI*

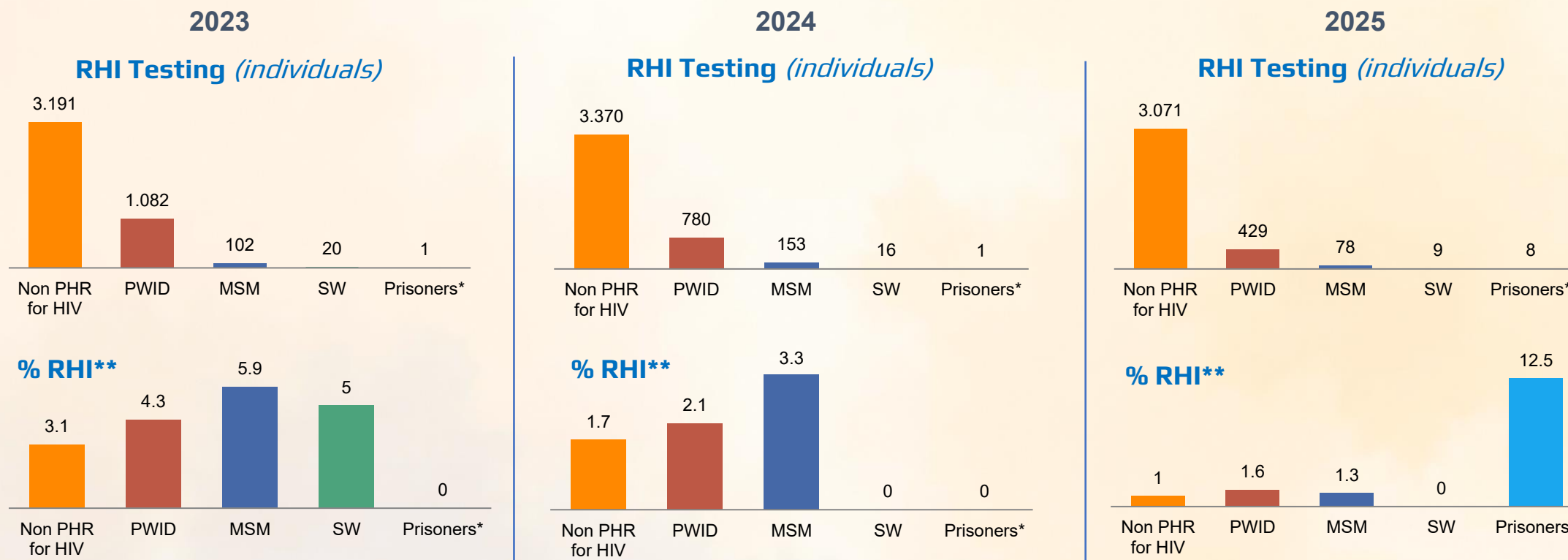


During the observation period, men were tested for recent infection (RTRI) more frequently than women across most age groups. The highest number of tests was recorded in the 35–39, 40–44, and 50+ age groups, while the lowest was among young adults aged 18–24. Despite this, the least-tested group (18–24 years) recorded the highest proportion of infections detected by the RITA algorithm during 2023–2025. A high rate of infection was also observed among women aged 45–49 (specifically in 2025).

* Proportion of RHI cases (RITA) among all those tested for RHI (RTRI)



RHI Testing Distribution and Results by People at Higher Risk for HIV



The vast majority of those tested for RHI (RTRI) were not PHR for HIV. At the same time, although PHR for HIV accounted for a smaller share of all those tested (27% in 2023, 22% in 2024, and 15% in 2025), they accounted for a larger share of recent HIV infections (35%, 27%, and 21%, respectively). In addition, the rate of RHI, as measured by the RITA algorithm, among PHR for HIV is significantly higher than that of the general population: among MSM, it is 1.3–1.9 times higher, and among PWID, it is 1.2–1.6 times higher. Regarding other groups: in 2023, one case of RHI was recorded per 20 sex workers tested, and in 2025, one case per 8 people with a history of imprisonment who were tested.

* *People with experience of imprisonment*

** *Proportion of RHI cases (RITA) among all those tested for RHI (RTRI)*



RHI Testing Distribution and Results by Testing Modalities

2023

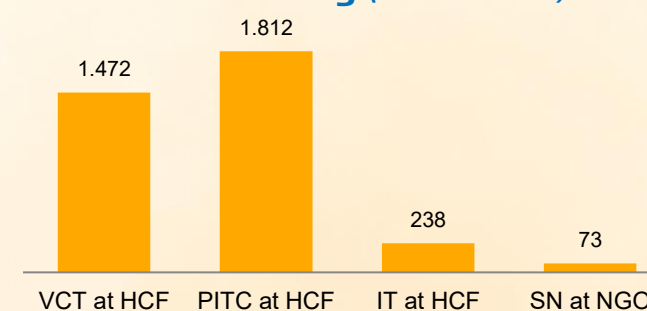
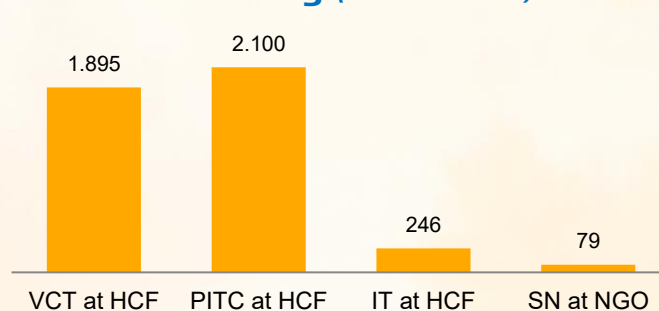
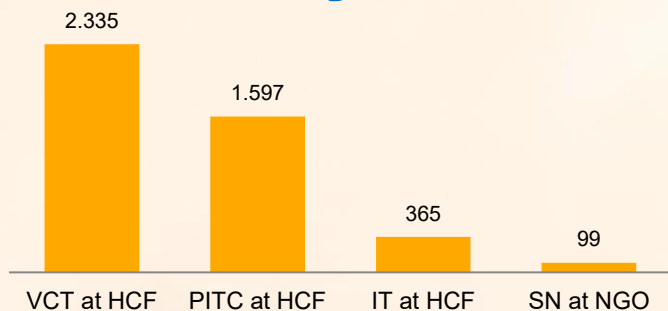
2024

2025

RHI Testing (individuals)

RHI Testing (individuals)

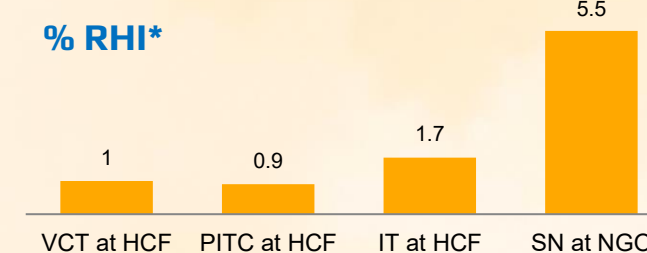
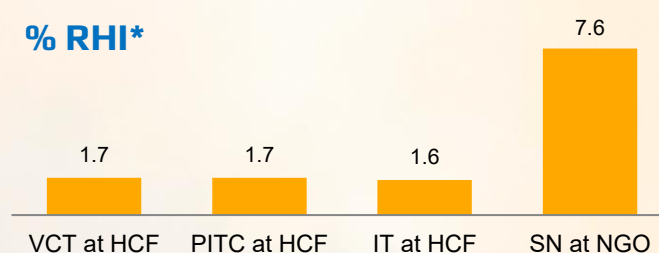
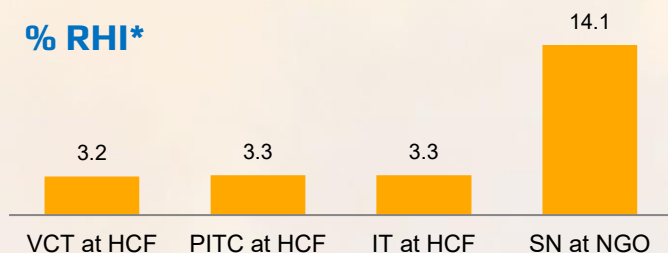
RHI Testing (individuals)



% RHI*

% RHI*

% RHI*



Most RTRI tests were conducted among individuals who received client-initiated HTS (53% in 2023, 43% in 2024, and 41% in 2025) and through PITC modalities (36%, 48%, and 50%, respectively). Between 2023 and 2025, the number of RHI tests conducted through index testing and social networks modalities decreased – among individuals who visited a healthcare facility to confirm their HIV status after receiving a positive sorting HIV test result at an NGO. According to RITA, the highest proportion of RHI cases remains among individuals referred from NGOs, underscoring the importance of engaging the non-governmental sector to facilitate access to testing and the detection of HIV infections among PHR for HIV.

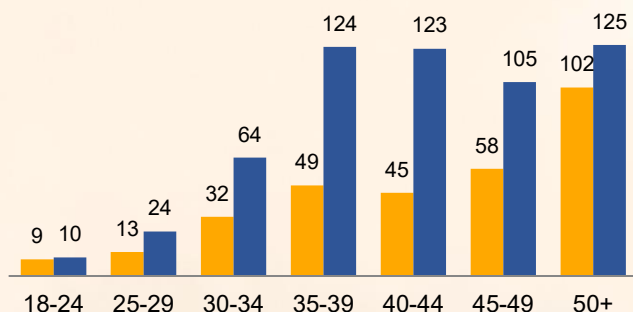
* Proportion of RHI cases (RITA) among all those tested for RHI (RTRI)



Structure and Results of the RHI Tests in October–December 2025

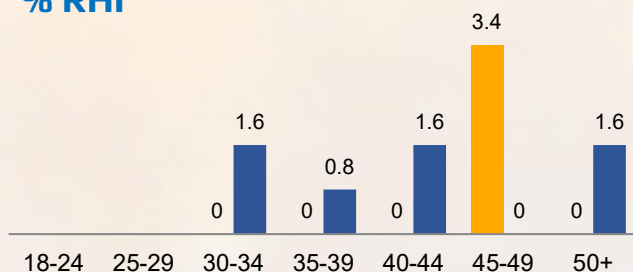
Age and Sex

RHI Testing (individuals)



% RHI*

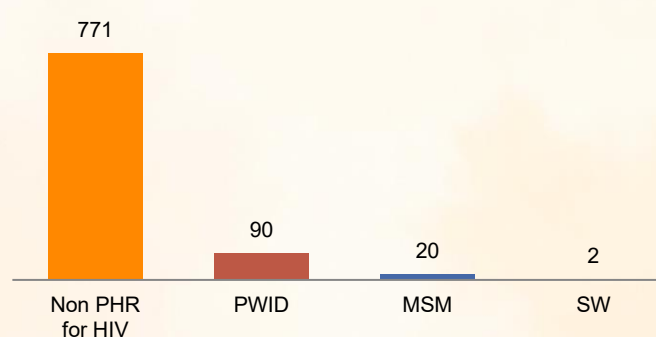
Female Male



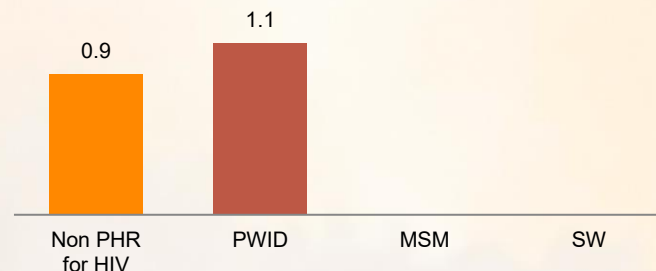
Female Male

People at Higher Risk for HIV

RHI Testing (individuals)

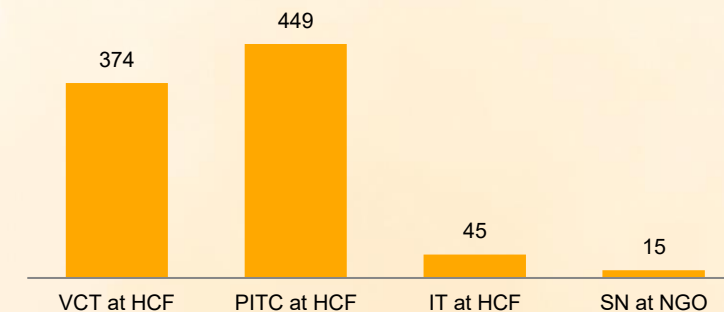


% RHI*

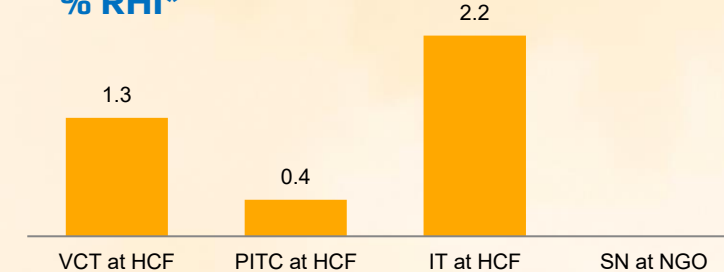


Testing Modalities

RHI Testing (individuals)



% RHI*

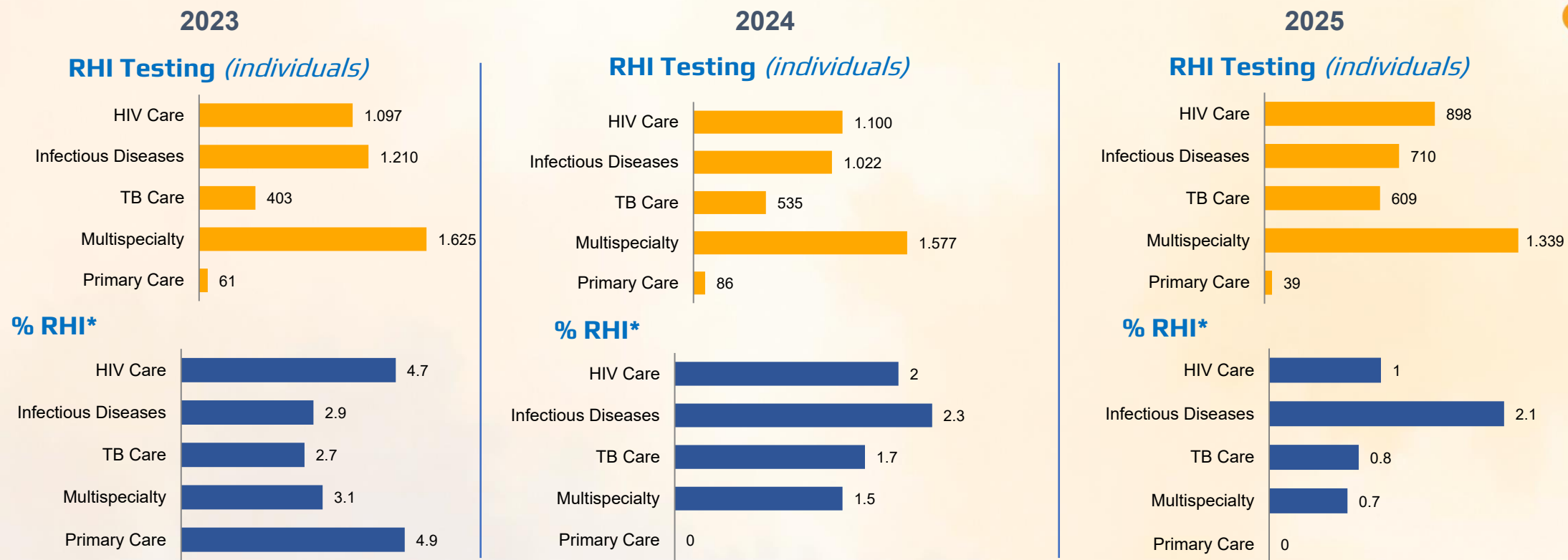


In the fourth quarter of 2025, the number of men tested for RHI (RTRI) across all age groups exceeded the number of women, with the most RTRI tests conducted among individuals aged 35 and older. The highest percentage of RHI cases (per RITA) was observed among women aged 45–49, at 3.4%. One case of HIV was recorded among PWID, and none among other high-risk groups. Among HTS modalities, the highest percentage of RHI cases was observed in index testing (2.2%).

* Proportion of RHI cases (RITA) among all those tested for RHI (RTRI)



Structure and Results of the RHI Test by Healthcare Facility Type



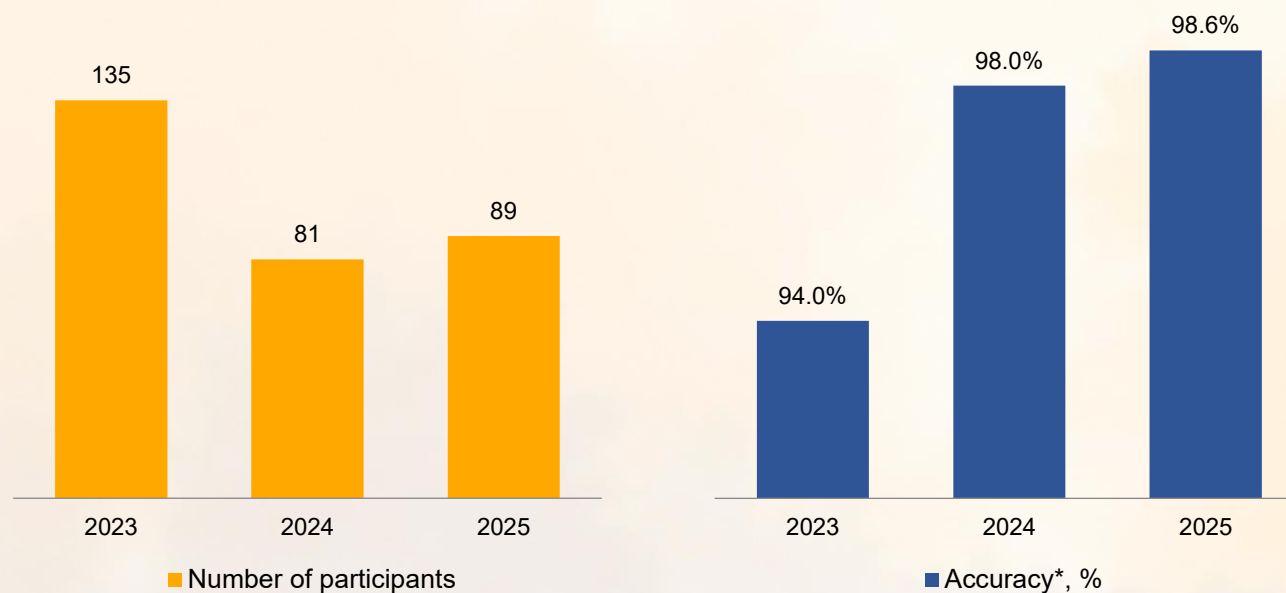
The largest number of RHI tests (RTRI) is conducted in multidisciplinary healthcare facilities, HIV-related healthcare facilities (AIDS centers and their successors, “Trust” clinics, and ART sites), and infectious disease healthcare facilities. The percentage of RHI (according to RITA) varies significantly by facility type, but overall, infectious disease facilities lead the way. During the 2023–2025 period, the vast majority of NGO clients with a positive screening test result were referred to and identified at infectious disease healthcare facilities (220 out of 251; 22 out of 24, respectively). The % of RHI cases among this group decreased from 13.7% to 5.6%, but it remained the highest compared to patients at other healthcare facilities.

* Proportion of RHI cases (RITA) among all those tested for RHI (RTRI)



Quality of Testing for Recent HIV Infection (RTRI)

Results of the External Quality Assessment Program for Laboratory Tests to Detect Recent HIV Infections, 2023-2025

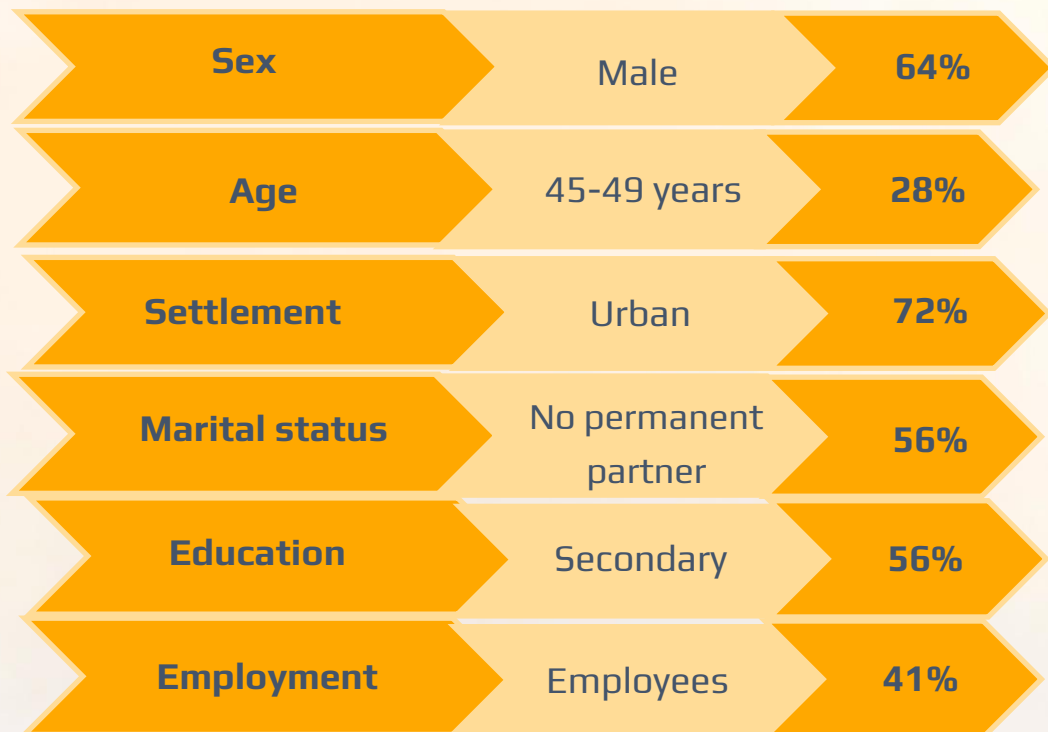


To ensure the quality of RTRI testing, an annual external quality assessment (EOA) is conducted for the laboratory test titled “Detection of Recent HIV Infection Using Asante HIV-1 Rapid Tests.” The results demonstrate steady improvement in the competence of personnel involved in RTRI testing and in the proper functioning of the test. In addition, specialists conduct monthly internal quality control of RTRI.

* Accuracy (%) – calculated as the ratio of the number of correctly identified samples in the control panel to the total number of samples in the panel

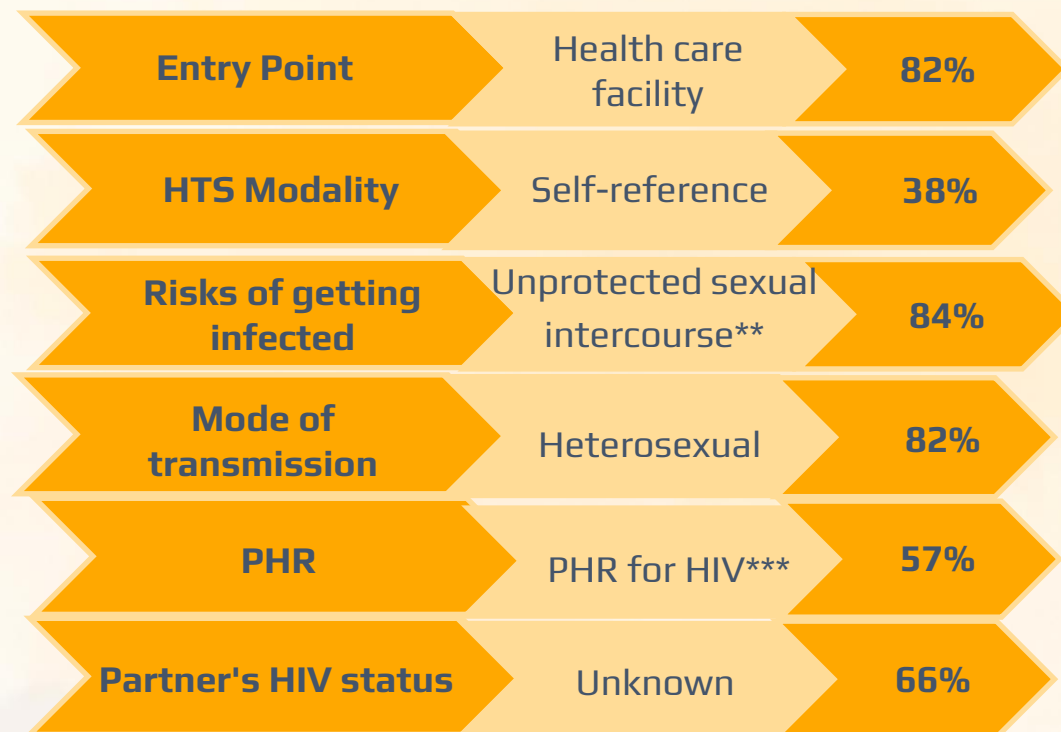
A generalised "portrait" of RHI case, 2025 (39 cases)*

Socio-demographic profile



RHI case

Epidemiological profile



* Data source: HS Monitoring Tool and Report on the Analysis of RHI Cases

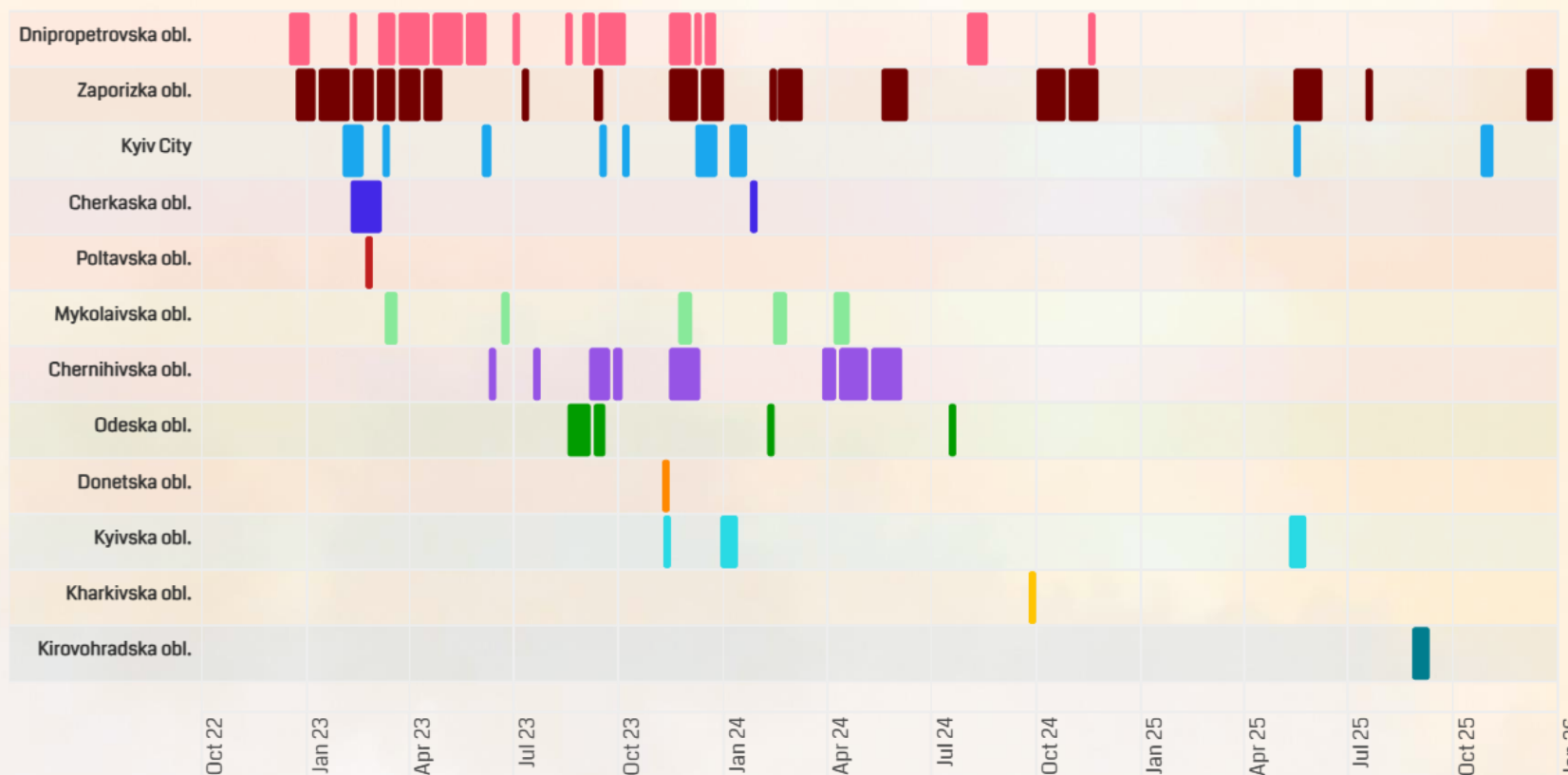
** Primarily sexual contact with a person of unknown HIV status, or with a PLHIV, or with a PWID

*** Among 57% of people from HS: PWID – 23%, partners of PLHIV – 23%, MSM – 5%, partners of PWID – 3%, PIP – 3%



“Hotspots” (HS) of Recent HIV Infection*

The decline in HS aligns with the overall downward trend in RHI: 42 HS were recorded in 2023, 21 in 2024, and 7 in 2025. The oblasts with the highest number of HS are Dnipropetrovska, Zaporizka, and Chernihivska Oblasts, as well as the city of Kyiv.



In the context of RHI surveillance, a "hotspot" refers to a territory where the number of RHI cases recorded over a given period is higher than expected

One “hotspot” includes ≥ 2 RITA cases, with the time interval between cases of up to 30 days

The concentration and dynamics of RHI cases may indicate the level of HIV transmission activity in a given area and within a specific population group

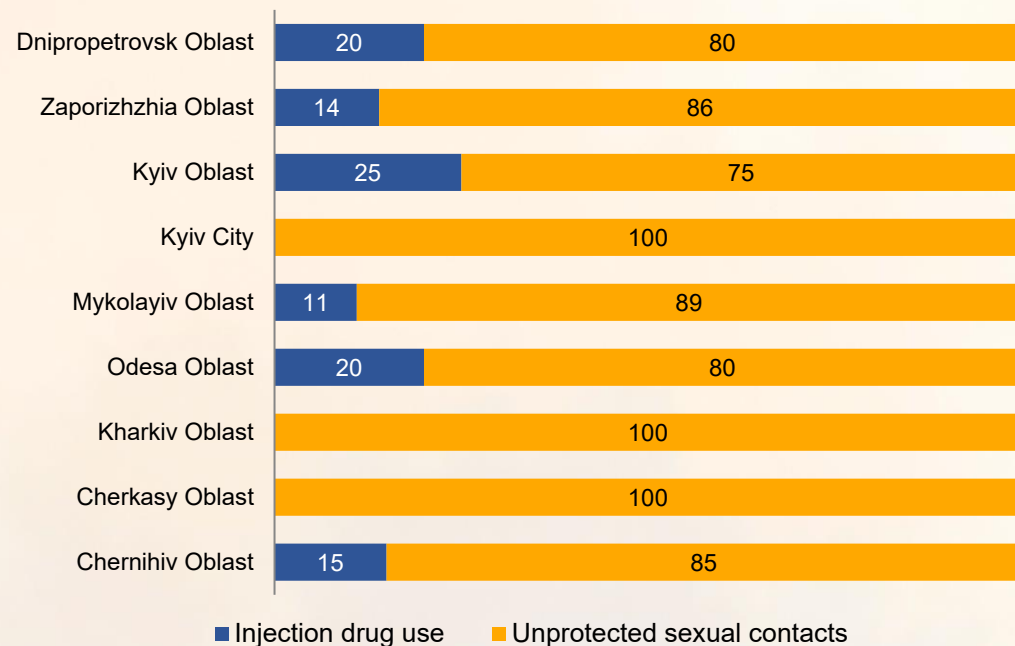
Number of “hot spots” based on RHI cases (RITA) in 2023–2025

** The width of the bar depends on the number of days between the first and last RHI case in the “hotspot” (from 1 to 30)



“Hotspots”: HIV Infection Risks Among People with RHI*

Distribution of HIV Infection Risks, % (2024)**

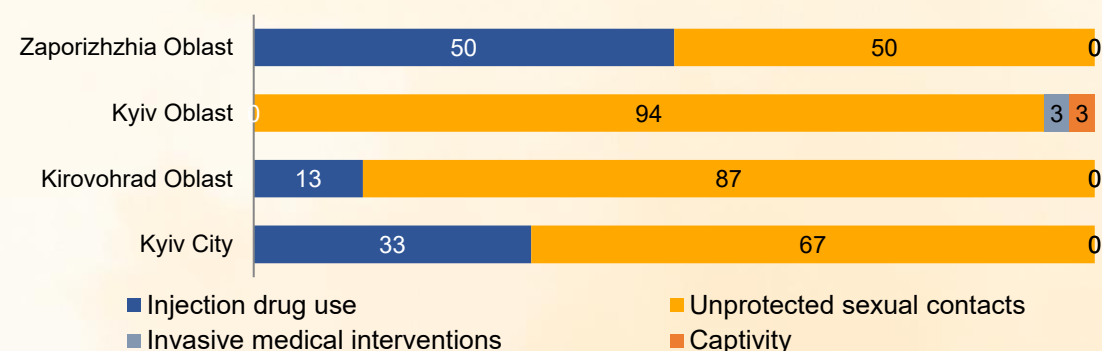


During 2024–2025, unprotected sexual intercourse was the leading risk factor for HIV infection among people with RHI in “hotspots.” Most PWID with RHI, in addition to risks associated with injecting drug use, reported engaging in unprotected sexual intercourse.

*Data source: HS Monitoring Tool

** One person with RHI may have more than one HIV infection risk factor

Distribution of HIV Infection Risks, % (2025)**



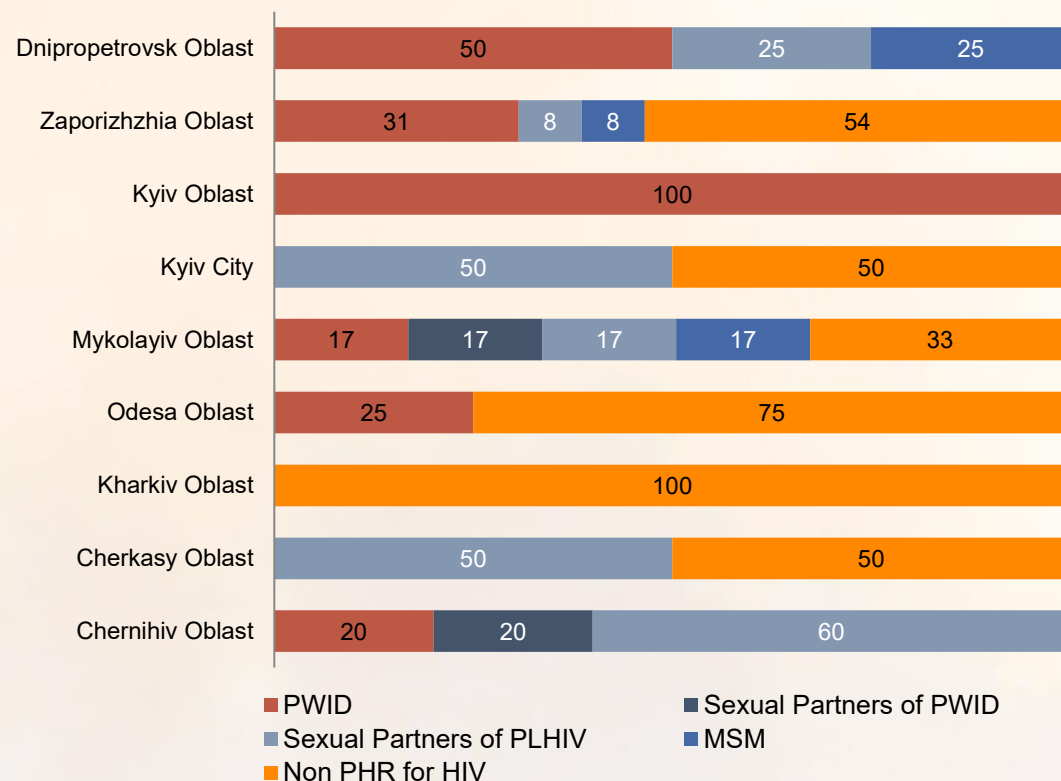
In 2025, compared with 2024:

- the number of oblasts with HS decreased (from 9 to 4)
- the number of RHI cases in HS decreased (from 38 to 16)
- the proportion of people at risk of HIV infection due to injection drug use increased in Zaporizka Oblast (from 14% to 50%) and in Kyiv (from 0% to 33%)
- in Kyivska Oblast, the proportion of people at risk due to unprotected sexual contact increased (from 75% to 94%); no risks associated with injection drug use were recorded; risks associated with invasive medical procedures (1 case) and captivity (1 case) were recorded for the first time.

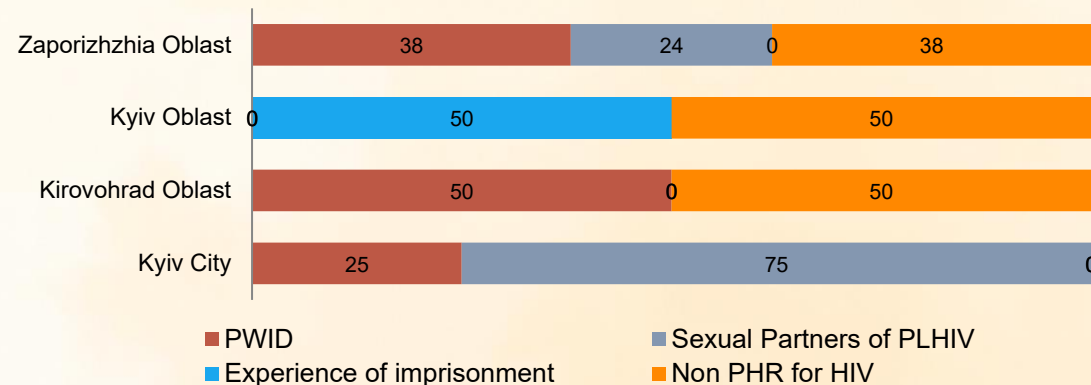


“Hotspots”: People at Higher Risk for HIV Infection*

Distribution of RHI cases by PHR for HIV, % (2024)**



Distribution of RHI cases by PHR for HIV, % (2025)**



- In 2024, sexual partners of PLHIV accounted for the majority of cases in the “hotspots” of the Kyivska, Cherkaska, and Chernihivska oblasts (50–60% of all RHI cases). In the Kyivska, Dnipropetrovska, and Zaporizka oblasts, a significant proportion of individuals diagnosed with RHI in HS were PWID (100%, 50%, and 31%, respectively).
- Throughout 2025, cases of RHI were identified in “hotspots” among PWID, sexual partners of PLHIV (Zaporizka oblast and the city of Kyiv), as well as among individuals with a history of imprisonment (Kyivska oblast).

*Data source: HS Monitoring Tool

** Only members of the primary PHR for the HIV group are indicated



Conclusions

- **RHI Testing Services (RTRI).** Between 2023 and 2025, access to RHI testing expanded across the 13 project oblasts, which account for approximately 80% of all new HIV infections in Ukraine. The number of RTRI sites increased from 47 to 62, contributing to a rise in RHI testing coverage among people newly diagnosed with HIV from 44% to 53%. All sites were supplied with Asante Rapid Recency Assay HIV-1 rapid tests. An external quality assessment of laboratory testing confirmed an increase in staff competence: the accuracy rate rose from 94% to 98.6%. This ensured the proper functioning of the surveillance system for recent HIV infection.
- **Percentage of RHI cases (according to RITA).** Between 2023 and 2025, the overall proportion of RHI cases among those tested for HIV decreased by more than threefold – from 3.46% (152 people) to 1.08% (39 people) – consistent with the decline in the number of new HIV infections in Ukraine. At the same time, the proportion of HIV-positive individuals with an initial CD4 count <350 cells/ μ L in the 13 project oblasts increased from 49% to 59%, indicating that the problem of late diagnosis persists. Nearly half of RHI cases (48%) were registered in the Dnipropetrovska and Zaporizka oblasts, with the highest rates observed in Zaporizka and Mykolaivska. In 2025, no cases of RHI were recorded in the Donetska, Mykolaivska, Poltavska, and Kharkivska oblasts.
- **HTS modalities (RTRI, RITA).** RTRI testing was predominantly conducted among individuals who received HTS through self-referral to a healthcare facility (VCT: 53% in 2023, 43% in 2024, and 40% in 2025) and through provider-initiated HIV testing and counseling (PITC: 36%, 48%, and 50%, respectively). However, the increase in the proportion of PITC masks the actual situation regarding RHI, as it primarily covers individuals with HIV-indicative conditions; index testing accounted for 6–8% of the total RTRI volume. Testing via social networks involving NGO (SN-NGO) is the most effective modality, as it requires 5 times fewer tests to detect a single case of HIV – 9 tests for SN-NGO versus 45 for VCT, 51 for PITC, and 40 for index testing. In 2025, SN-NGO accounted for only 2% of all RTRI, while the proportion of RHI in this group remained the highest (14.1% in 2023, 7.6% in 2024, and 5.5% in 2025).



Conclusions (2)

- **Epidemiological profile of RHI cases (according to RITA):**
 - Between 2023 and 2025, the highest percentage of RHI was observed among people aged 18–24 and among women aged 45–49. A consistently high proportion of RHI individuals was recorded among young people, regardless of gender or risk group affiliation, supporting the view of young people as a distinct cohort at increased risk of HIV infection.
 - Among those tested for RHI, a smaller proportion of individuals from the PHR for HIV (27% in 2023, 22% in 2024, and 15% in 2025) accounts for a disproportionately higher share of recent infection cases (35%, 27%, and 21%, respectively). The prevalence of RHI among the PHR for HIV is 1.3–1.9 times higher than the corresponding rate in the general population. The highest proportions of RHI infection are observed among MSM (5.9% in 2023, 3.3% in 2024, and 1.3% in 2025) and PWID (4.3%, 2.1%, and 1.6%, respectively). At the same time, the contribution of MSM to the spread of RHI is likely underestimated, as some men classified as having been infected with HIV through heterosexual contact may in fact belong to the MSM population.
 - A typical case of recent HIV infection in 2025 is a man aged 45–49, living in an urban area, without a steady partner, with a secondary education, and employed. Most often, he is in PHR for HIV (57%), most commonly a PWID (23%) or a partner of a PLHIV (23%). The main factor in HIV infection is unprotected heterosexual contact (84%), both with partners of unknown HIV status and with HIV-positive individuals.
 - From 2023 to 2025, the number of HS decreased from 42 to 7, and the number of oblasts with HS decreased from 9 to 4. Unprotected sexual contact remains the primary mode of HIV transmission in HH, and PHR for HIV are PWID and sexual partners of PLHIV. Most PWID with RHI face multiple infection risks. In 2025, the proportion of RHI linked to injection drug use increased in Zaporizka oblast and Kyiv. For the first time, RHI associated with medical invasive procedures and captivity was recorded.



Conclusions (3)

○ General Recommendations Based on RITA Findings

- **Expanding RHI testing coverage:** Increase the number of RTRI sites in high-risk oblasts—Dnipropetrovska, Zaporizka, and Mykolaivska oblasts, as well as in the city of Kyiv - particularly through SN to effectively identify new HIV infections among young people and PHR for HIV.
- **Focus on early diagnosis:** strengthen early HIV detection through active index testing and the use of effective HIV testing modalities outside of healthcare facilities, especially for high-risk groups.
- **Prevention measures among high-risk groups:** support and expand programs for PWID, MSM, and partners of PLHIV, taking into account combined risks of HIV infection.
- **Regional prioritization:** scale up prevention efforts in Dnipropetrovska, Zaporizka oblasts, and Kyiv, where a higher proportion of recent infections and additional HIV transmission factors (injection drug use, medical procedures, and detention) are observed.
- **Combined HIV testing modalities:** intensify HIV testing through SN as the most effective method for identifying cases of HIV infection, and continue combined approaches such as VCT, PITC, and index testing to achieve broad coverage of HIV testing across diverse population groups.
- **Prevention measures among young people:** ensure widely accessible testing for individuals aged 18–24 outside of healthcare facilities (universities, social media, mobile apps, etc.) and conduct motivational campaigns to engage young people in HIV testing, with an emphasis on early HIV detection and raising awareness about HIV/STI prevention
- **Support and prevention among partners of PLHIV:** ensure access to PrEP for HIV-negative partners, their regular HIV testing, and support for PLHIV in taking ART to reduce the risk of HIV transmission.





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More detailed information on testing for recent HIV infection can be found on this **interactive dashboard**:



Do you have any **questions or suggestions** regarding the information in our next digest? Leave your feedback and suggestions here:



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