COVID-19 and HIVST: Adapting HIV Self Testing models during a pandemic, experiences from South Africa
COVID-19 AND HIVST: ADAPTING HIV SELF TESTING MODELS DURING A PANDEMIC, EXPERIENCES FROM THREE STAR COUNTRIES

EXHIBITION HOT TALK
MONDAY, 6 JULY 2020
10:00 CAT | 01:00 PST

Unitaid
Innovation in Global Health

HIV SELF-TESTING AFRICA INITIATIVE

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THE NEXT FUTURE
POWHER IN MY HANDS

23RD INTERNATIONAL AIDS CONFERENCE VIRTUAL
COVID-19 and HIVST: Adapting HIV Self Testing models during a pandemic, experiences from South Africa

CELESTE MADONDO
HIV Self-Testing Program Manager, Society for Family Health, South Africa
BACKGROUND

Current data shows that an estimated 90% PLHIV know their status – highest proportion of never tested among adult males.

South Africa has the highest impact of COVID-19 in Africa, with more than 180,000 positive confirmed cases.

Reassignment of health workers to support COVID-19 services.

Health services have been disrupted, with dramatic decrease patients testing for HIV or collecting their medication.

Need to maintain services for HIV testing and PLHIV, especially in countries with high burden of HIV and TB.
To date, 2,046,847 million HIVSS test kits have been distributed through the STAR Initiative in collaboration with NDOH.

Coverage in 6 of the 9 provinces that bear the highest HIV burden:
- 59.9% are males 15 – 50 years
- 48.5% are AGYW 15-24 years
- 9.54% among males and 9.06% among females are first-time testers
MODIFICATION OF EXISTING HIVST APPROACHES TO ENSURE HTS SERVICE DELIVERY DURING COVID-19

- Expand online access and home delivery to all populations
- Offer HIVST at pick-up points outside of the health care facilities (ICPA, CCMDD)
- HIVST distribution to vulnerable populations during COVID-19 contact tracing activities at community level
- Encourage the use in facilities both primary and secondary
ONLINE ORDERING AND DISTRIBUTION OF HIVST KITS

• Initially (Oct 2019) targeted key populations (men who have sex with men (MSM) and transgendered (TG) people)
• At the end of March (SA Lockdown), included older men (30-49) and young women (18-25)
• Social media platforms selected for digital marketing and targeting
  • Grindr, GaySA Radio, Facebook, Instagram, Tinder, Bumble and Google ads

"CALL TO ACTION "#OrderNow#StayHome"

• Clients are directed from the relevant social media platform to the https://www.hivselfscreening.co.za/
• Interested clients register on the online platform and provide key information
• Test kit (oral/blood) is delivered within three working days
Online HIVST kit Distribution by sex, age and % of first time testers, Mar - Jun 2020 (N=3,860)

- 69% of kits were delivered to clients aged 20-29
- Of females, 60% kits were delivered to females aged 20-24

Online Distribution by HIVST kit type and age category, Mar – Jun 2020 (N=3,860)

- > 70% of clients prefer Insti (blood) test, of which 60% are ordered by males
HIVST AT PICK-UP POINTS (CCMDD) OUTSIDE OF HEALTH FACILITIES

- Central Chronic Medication Dispensing and Distribution (CCMDD) is a medicine pick-up point for stable chronic patients
- Branded with ‘Cheka Impilo!’ – national wellness campaign
- Distribution at pick-up points (post office, private surgery, pharmacies etc)
- Pick-up point selection criteria used based on key indicators
- Support packages are barcoded and pre-packed
- Clients can call-in on tollfree AIDSLINE or WhatsApp for Business Solution for further managed care

Implementation to commence soon
HIVST DISTRIBUTION TO VULNERABLE POPULATIONS DURING COVID-19 CONTACT TRACING

- Mass COVID-19 Screening Campaign with Contact tracing from COVID-19 hotspot areas
  - Door-to-door symptomatic COVID-19 screening and referral for COVID-19 testing if required
- Distribution of HIVST kits during COVID-19 tracing and screening
COVID-19 Community Distribution, by age, sex and % of first time testers
April – June 2020  (N=24 214)
WAY FORWARD

- Expand distribution of HIVST while supporting contact tracing and screening activities
- Expanded digital marketing (Media24) to increase online distribution
- Strengthen demand creation activities for HIV (back to care)
- NDoH procured HIVST kits through domestic funding to accelerate facility distribution
ACKNOWLEDGMENTS

• Unitaid
• STAR Partners (XX, WRHI and CHAI)
• NDoH, Provincial and District Departments of Health
• Other partners supporting the COVID-19 response
COVID-19 and HIVST: Adapting HIV Self-Testing models during a pandemic; experience from Eswatini
AIDS 2020
THE NEXT FUTURE: POWER IN MY HANDS
COVID-19 and HIVST: Adapting HIV Self-Testing models during a pandemic; experience from Eswatini

Musa Ginindza
National Community HTS Coordinator
Eswatini background

- Population: ~1,140,000
- Rural population: 76%
- Divided into four regions
- Median age: 21.7 years
- HIV prevalence: 27% (ages 15-49, 2018)
HIV & HIVST in Eswatini

- HIV testing offered in health facilities & in the community
- In 2019, ~374,000 HIV tests done (conventional RDT)
- HIVST: pilot in 2017; national guidelines in 2018; scale-up of HIV self testing to national level in 2019
- In 2019: >32,000 oral HIV self-tests distributed

National AIDS Program guidance on HIVST:
1. Target young women; men of all ages and key populations
2. Distribution at workplaces (factories; manufacturing plants; logistics companies); community hotspots/events; index contact tracing; at high-volume healthcare facilities; secondary distribution to pregnant women, clients with STIs
COVID-19 in Eswatini

First case confirmed on 17 March

28 March: National lockdown announced

- Non-essential businesses closed
- Pharmacies, health facilities, food stores open
- Work from home order in place

SARS-CoV-2 confirmed cases as of July 2:

Total population of Eswatini: 1,140,000
Total number of confirmed cases: 873 (8 per 10,000 people)
Total recoveries: 452 (52%)
Total deaths: 11 (0.01%)
Eswatini response to COVID-19

COVID-19 task team set up; involvement of private health sector

Approach to containing the virus:

- lockdown in varying degrees
- test - trace contacts – isolate asymptomatic – quarantine symptomatic

Modified one hospital to treat & quarantine symptomatic COVID-19 cases

Modified one large convention centre for isolation of confirmed asymptomatic cases who are unable to isolate at home

Daily national updates of the confirmed cases; mortality and recoveries

Since the lockdown, MoH personnel from all departments have been assigned COVID-19-related duties such as conducting trainings for HCWs on infection prevention & control, & case management
HIV self-testing during COVID-19 lockdown

In order to ensure continuity of HIV testing services with less risk for health care workforce and the community MOH is recommending:

1. That community HTS counselors may be used in facilities to provide HTS eligibility screening and risk assessment, contact elicitation and contact follow up through phone calls.

2. The use of HIV self-testing distribution to reach contacts of positive patients identified in the facility. Only contacts screening positive with the self-test kit should attend the facility for the purpose of confirmation.

3. Community distribution of HIV self-test kits in the community by HTS counsellors using only pharmacies and shops as channels for distribution.

Your continued support and cooperation is always appreciated.

Yours sincerely,

[Signature]

Dr VUSI MAGAGULA
DIRECTOR OF HEALTH SERVICES MINISTRY OF HEALTH
HIV self-testing in the community before and after lockdown

**BEFORE**

Distribution took place at:

(1) **Workplaces** (factories; manufacturing plants; logistics companies);

(2) Community **hotspots/events** (e.g. sports events; tertiary institutions, etc.)

(3) Used for **index contact tracing**

(4) **Peer-to-peer** distribution for key populations

**AFTER**

*NO DISTRIBUTION OF HIVST through the normal community channels.*

Distribution in communities at/in front of:

(1) **Pharmacies**

(2) **Food shops**

(3) **Small peer-to-peer gatherings** of key populations (group of <6 peers)
Promoting HIV self-testing during lockdown: adverts in the national media

Newspaper:

Television:

Radio:

Call the toll free line to find out where you can get an HIV self-test

On two national radio stations, an advert has been playing, promoting HIVST, its benefits & sharing toll-free line
Results: HIVST distribution in the community

Total number of HIVST kits distributed in the community in Eswatini (Jan – May 2020)

**Before lockdown**
- Three months’ data
- Distribution at **events/hotspots; peer-to-peer; workplaces; index contact tracing in the community**
- Refer clients with reactive self-tests to facility OR confirm HIV status in the community

**After lockdown**
- Two months’ data
- >3 times the amount of kits as the three months prior
- Distribution at **pharmacies, food shops**
- No community confirmation of reactive HIV self-tests
Next Steps

Confirmation of clients with reactive HIV self-tests was affected when the country was on strict lockdown; linkages affected

**Confirmation** of clients with reactive HIV self-tests in the community will resume

**HIVST distribution** will also resume in community

Emphasis on **virtual counseling** to reduce contact with clients coming for confirmation

As soon as movement restrictions are relaxed, **catch-up campaigns** will be considered to improve coverage of testing, prevention & treatment for the at-risk population
Acknowledgements

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• And all HTS implementing partners in Eswatini
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MOLEMO MAKHETHA
HTS Manager – Programs, Lesotho
Lesotho

COVID-19 and HIV self-testing: Adapting HIV Self Testing models during a pandemic
Lesotho HIV Profile: LePHIA 2017

• 306,000 PLHIV (25.6%)
• Burden of HIV higher among females 30.4% vs 20.8% in males
• Annual HIV incidence of 1.1%
• 72% of FSWs and 33% of MSM are living with HIV
• 81% of PLHIV know their status (84% Females, 76.6% males)
HIVST Implementation models

HIVST launched on 1st Dec 2017

- PSI in 5 Lowlands districts
  - Integrated HIVST with New Start Fixed sites and outreach
  - Uniformed services (Military and Police in Maseru)
- Public health facilities
  - Secondary distribution at MNCH sites in 5 selected hospitals
HIVST distribution, case identification and linkage
Nov‘17- Dec’19

176,458 • Total distribution

2,895 • Confirmed HIV positive at Newstart

2,092 • Linked to HIV Care and Treatment Services

72%
Increased case identification with on-site HIVST

- Introduced onsite HIVST

- Stock-out

- Pos
- HIVST Contribution
- % HIVST Contribution
HIVST distribution during COVID period
Lesotho COVID-19 status (05 July 2020)

Total tests conducted: 4637

Confirmed cases: 91

Recoveries: 11

Deaths: 0

Active cases: 80

2% from tests conducted
Upward trend in confirmed COVID-19 cases
Lesotho’s response to COVID-19

National lock-down from the 29th March 2020 (eased on 6th May 2020)

Community based HIV testing services halted

Key messages on physical distancing through different media platforms

HIVST distribution to increase HTS access whilst ensuring physical distancing
  - HIVST kit distributed together with referral IEC material (outlining nearby confirmation facilities)
  - Selected pick-up points for easy access
  - Clients self-test offsite and self report reactive results
  - HIVST distribution and at public health facilities (e.g. OPD, MNCH)

Need to change HIV programming; scale up HIVST
Adopted HIVST distribution models during COVID-19 period: Lesotho

Newstart fixed sites (centres)
- Six Newstart centres
- Self-test offsite

Targeted community pick-up points
- High foot traffic areas
- Areas with history of high HIV burden (e.g. factories)
- Self-test offsite

Pharmacy distribution model
- Seventeen selected retail pharmacies

Index distribution model
- Secondary distribution for sexual partners of clients living with HIV

Facility based distribution
- All public health facilities
Impact of COVID 19 on HIVST distribution

Community HTS suspended
HIVST distribution by modality: June 2020

- Newstart site: Male 2349, Female 3104
- Pick-up points/mobile: Male 2842, Female 3321
- Index: Male 95, Female 55
- Facility: Male 5288, Female 6484

Total: Male 6484, Female 5288

Legend: Male, Female
Populations of child bearing age reached with HIVST: June 2020

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>15-19</td>
<td>242</td>
<td>552</td>
</tr>
<tr>
<td>20-24</td>
<td>1042</td>
<td>1882</td>
</tr>
<tr>
<td>25-29</td>
<td>1294</td>
<td>1551</td>
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<tr>
<td>30-34</td>
<td>1082</td>
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<tr>
<td>35-39</td>
<td>732</td>
<td>662</td>
</tr>
<tr>
<td>40-44</td>
<td>454</td>
<td>397</td>
</tr>
<tr>
<td>45-49</td>
<td>213</td>
<td>190</td>
</tr>
<tr>
<td>50+</td>
<td>228</td>
<td>164</td>
</tr>
</tbody>
</table>
Self reported reactive HIVST results: June 2020
Lessons

HIVST is the only hope for community HTS delivery during this pandemic period.

Most distributions/pick ups of HIVST among child bearing age groups.

IEC material on linkage aids self-reporting of reactive HIVST results.

More clients reached through community based HIVST pick-up points and Newstart fixed centres.

Majority of those self reporting reactive results are females.
Using HIVST to reach military populations in Zambia during COVID-19 pandemic

Brian Lukwesa, HIV Testing and Prevention Technical Advisor, Jhpiego Zambia
Zambia: Progress towards 95-95-95 targets (all ages)

87% Aware of their HIV status

of which

89% On HIV treatment

= 78% of all people living with HIV

of which

75% Virally suppressed

= 59% of all people living with HIV

Source: UNAIDS Data 2019

Avert www.avert.org
Zambia: COVID-19 confirmed cases by month

<table>
<thead>
<tr>
<th>Month</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>36</td>
</tr>
<tr>
<td>April</td>
<td>106</td>
</tr>
<tr>
<td>May</td>
<td>1057</td>
</tr>
<tr>
<td>June</td>
<td>1557</td>
</tr>
</tbody>
</table>

TOTAL COVID-19 CASES reported
COVID-19 Impact on HIV Testing Services (HTS)

Health facilities started reporting decrease in clients accessing HTS and ART services.

Health providers shifted attention from the routine HTS to COVID-19 screening, testing and care.

Lack of PPEs for Community Lay Workers (CLW) resulted in reduced HTS at community level.

The MOH provided guidance to halt community HTS, leaving program implementers in suspense.

Decongestion of health facilities (“stay home and be safe”), prevented clients referred by CLWs to access testing and treatment services.
Target population for HIVST

HIVST kits are distributed by trained CLW at community level while observing preventive COVID-19 measures

HIVST kits are distributed to

Sexual contacts to newly diagnosed PLHIV

Sexual contacts to HIV-positive clients with unsuppressed, high viral load

Sexual contacts to clients newly initiated on ART (less than 6 months)

Sexual contacts to Known HIV-positive clients (on treatment less than 6 months) who had not been offered index testing previously.
HIVST Distribution testing

CLWs are encouraged to use the HIV Risk Screening
Follow up of results and linkage confirmation

HIVST kits are distributed either by index clients to their sexual partners (index cases) or by CLW during index contact tracing at community level.

CLWs follow up on results either through index clients or with self-test users directly within 3-7 days.

Self-test users with reactive HIVST results receive confirmative testing at community level or at the health facility. Self-test users with reactive or confirmed positive results are escorted to the health facility by the CLW or are directed to health care facilities via phone.

After confirmative testing, HIV positive index cases are initiated on treatment and the clinician communicates the ART number of the client to the CLW; CLW are also contacting the clients to confirm ART initiation.
### Total HIVST Data for March - April 2020

<table>
<thead>
<tr>
<th></th>
<th>FSW</th>
<th>Workforce</th>
<th>Civilian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIVST Distributed</td>
<td>86</td>
<td>103</td>
<td>43</td>
<td>231</td>
</tr>
<tr>
<td>HIVST Reactive</td>
<td>23</td>
<td>2</td>
<td>11</td>
<td>36</td>
</tr>
<tr>
<td>Confirmed POS*</td>
<td>23</td>
<td>2</td>
<td>11</td>
<td>36</td>
</tr>
<tr>
<td>Linked to ART</td>
<td>22</td>
<td>2</td>
<td>9</td>
<td>33</td>
</tr>
<tr>
<td>HIVST Yield</td>
<td>27%</td>
<td>2%</td>
<td>26%</td>
<td>16%</td>
</tr>
<tr>
<td>Linked (%)</td>
<td>96%</td>
<td>100%</td>
<td>82%</td>
<td>92%</td>
</tr>
</tbody>
</table>

- **HIVST Distributed**: 231
- **HIVST Reactive**: 36
- **Confirmed POS***: 36
- **Linked to ART**: 33
- **HIVST Yield**: 16%
- **Linked (%)**: 92%
Way Forward/Next Steps

HIVST is an acceptable and feasible approach to maintain index testing during COVID-19

HIVST reduces the risk of COVID-19 transmission through physical distancing

Index testing with HIVST has the potential to reach hard to reach populations.

HIVST increases case finding and linkage to ART services

HIVST provides the platform for HIV-negative clients to be linked to preventive services such as VMMC and PrEP
THANK YOU!
KNOWLEDGE SHARING SESSIONS ON HIVST LINKAGE TOOLS - LINKAGES AND OUTCOME MEASURES HIVST, MHEALTH SOLUTIONS

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