

Webinar: How to deliver HIVST in a sustainable manner to increase testing coverage among priority populations

27 August 2020

Q&A

1. Is it recommending community based-led approach to be scaled up among the different models for increased reach and scale up?

Yes, we would recommend community based and community-led HIV self-testing approaches to be scaled up among the different models for increasing reach and scale up of HIV testing especially for communities with a high burden of undiagnosed HIV. Community testing will become especially important during Covid, where individuals are reluctant to access facilities. Door to door and community led distribution approaches will be able to efficiently those untested members.

2. Great talk Liz. Could you explain the time trend plot again, did you see a difference in ART initiation between self testing and no HST clinics? Would you think there is merit to expand self-testing to STIs for key populations?

We show significantly increased ART initiation for the three months after HIVST campaigns in Zimbabwe and Malawi.

The figure on time trends from Zimbabwe shows numbers of people initiating ART at 40 ART clinics with the HIVST in their catchment area (orange) and 124 clinics with no HIVST in their catchment area (blue line). Time is divided into 6 months before; three months during; and two months following the HIVST campaigns in that area. The comparison is not randomised, but uses difference-in-differences analysis to investigate whether time trends were significantly different in the orange HIVST clinics during or after the HIVST campaign compared to the pre-intervention rate of ART initiations, and if so, whether that difference was more pronounced than any corresponding change in the blue control clinics. The final statistic is expressed as a risk ratio, shown on the left panel as a significant one (blue line: "Zim CB" risk ratio 1.27 [1.14-1.43]) showing that having adjusted for the baseline trends, ART initiations in clinics serving the HIVST catchment areas increased by 27% above that of clinics without HIVST communities in the catchment population.

For Malawi, in the community-led campaign-style trial, ART uptake increased significantly for clients from HIVST villages in the first three months with a risk ratio of 2.16 (1.13 to 3.56) compared to ART initiations for clients from non-HIVST villages standard of care clusters. Here we had no pre-intervention time trends.

3. What type of companies were included, and did they all have an existing wellness program?

The companies were from different and selected sectors/industries of the economy, including the Informal Sector. Not all the participating companies had Wellness Programmes..!

4. What are the remarkable contributions are reported on HIV case identification based on the pharmacy distributions?

We have a 6% yield reported in the pharmacies and have held this since inception. This data is representative of the 10 pharmacies from Nov 2019 to date. The 27 new that were added for scale up did not make use of the self-report platforms and are yet to be followed up.

5. Do you have an idea of the proportion that opted selected follow-up? And would you share details on the INSTi test

As mentioned above, the follow up and self-report channels differed for the two groups, one (the original 10) with the self-report platforms and the other (the scale up pharmacies) without. However, both groups had an offer for telephonic follow up post kit receipt.

- From mHealth 788 out of 1753 consented
- Out of the 788, 597 chose toll free and 191 WhatsApp option.
- From the scale up - out of 1900, 1180 consented for follow up.

The INSTI® HIV Self-Test uses simple flow-through technology to detect HIV-1 and HIV-2 antibodies using a drop of human fingerstick blood. The test is intended for use by untrained lay users as a self-test to aid in the diagnosis of HIV-1 and HIV-2 infection using a small drop (50µL) of blood obtained through fingerstick collection procedures. INSTI® HIV Self-Test gets you your results in just a minute.

6. Does the government of SA provide ART to pharmacies that provide HIVST to start HIV positive clients on ART or the clients buy?

Yes. It does and through a subsidised service by the National Department of Health called the Central Chronic Medicines Dispensing and Distribution (CCMDD) free of charge to clients. Some of our pharmacies are a part of this program and some, new to the HIV program are yet to join the program once there has been strengthened HTS systems within said pharmacies. USAID funded project EPIC, a collaboration between the SA HIV Clinicians Society, Ezintsha, ICPA and others is scaling up pharmacist lead ART initiation (PiMART). This project is ongoing but aims to make ART more widely accessible through pharmacies.

7. Once the yield is going down over the implementation time, would the HVST continue to be cost effective after 5 years of implementation?

We believe so, yes. Pharmacies are already procuring and selling HIVST to the public and our own HIVST would form part of the options offered on the shelf. Pharmacies can elect to procure the kits that have been approved by the WHO and the NDOH at similar costs, beyond this integrated

project. The bench price of the HIVST within our program is still less than the market price at which these tests are currently sold, so in terms of the costs to the pharmacies, they would (I would assume) incur less cost by providing the Insti and/ Oral quick tests. HIVST is one tool in the Self-Care toolbox and can be used as a draw card for other services. Therefore, HIVST in pharmacies must be looked at in the context of other services and demand creation for these.

8. Has HIVST oral kit been fully integrated in the continuum of care in SA? If yes at what stage is it used now?

Yes. The Oral kit is now largely accepted and used in public health facilities as a self-test onsite and offsite. Some of the models are implemented within public health facilities and HIVSS has been accepted as an additional testing option for clients who come for HIV testing, for Index tracing and ANC. The Insti test has taken the same shape and route.