WEBINAR

OPTIMIZING HIV TESTING SERVICES, THE IMPORTANCE OF HIV SELF-TESTING

Thursday, July 8, 2021
8:00am EST
2:00pm CEST
WHO policy and technical guidance updates: HIV self-testing

Cheryl Johnson (on behalf of HTS team)
STAR Webinar
8 July 2021
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 2020
## Qualitative values and preferences on HIVST kits

<table>
<thead>
<tr>
<th>All</th>
<th>General population</th>
<th>Key populations</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clear, simple, pictorial instructions</td>
<td>• Oral fluid sometimes preferred e.g. noted to be considered pain-free and perceived to be simple</td>
<td>• No clear preference between oral fluid or blood tests</td>
<td>• Preference for quality assured tests</td>
</tr>
<tr>
<td>• Discreet packaging</td>
<td></td>
<td>• Some prefer and desire blood-based kits or perceive blood tests to be more accurate</td>
<td></td>
</tr>
<tr>
<td>• Highly accurate test kits – clearly indicated</td>
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</tr>
</tbody>
</table>

**Take away:** Findings complement quantitative V&P. Preference for kits with clear and simple instructions with discreet packaging. Desire for high quality kits. **No clear preference for oral or blood tests.**

Source: WHO 2019; Figueroa et al 2020
Ensure products are quality assured
Choose *products with acceptable specifications*

- **HIVST products should be:**
  - highly sensitive and specific;
  - simple to use;
  - have necessary consumables (such as swabs and plasters);
  - provide results that are easy to read/interpret and that are available in a short period of time (1–20 minutes after the test is conducted);
  - disposable in general waste system

- **HIVST should be accompanied with:**
  - Contain clear pictorial instructions, support tools, info on what to do and where to go after self-testing
  - Products that include support tools – such as instructional videos, hotlines, websites and referral information – should be prioritized.
  - Products that do not have good stability (that cannot sustain suboptimal storage) or that are not robust (for example cannot sustain common user errors) may not be ideal for self-testing.

- **Other considerations**
  - Cost – consider cost of full service not just unit cost of kit
  - **Options (offering blood and oral)**
**COVID-19 HTS & ART Initiation Adaptation strategy**

### 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.

### 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.

### 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.
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.

Source: WHO 2021
Realizing the role of HIVST in COVID-19 Context

Considerations for HIVST

- **HIVST can be used** 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
  - Linked to PrEP and PEP programmes

Countries with HIVST programmes

*Expand and adapt HIVST*

- Replace facility with HIVST (to decongest health facilities)
- Use HIVST for partner and social network testing
- Maintaining PrEP/PEP services
- Domestic and Donor funding (e.g. Global Fund & PEPFAR)

Countries yet to use HIVST

- Lobby for rapid HIVST approval

https://www.psi.org/project/star/hiv-self-testing-during-covid-19/
# HIVST products with WHO prequalification (PQ)

<table>
<thead>
<tr>
<th>Test (manufacturer)</th>
<th>Type</th>
<th>Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mylan HIV Self Test</td>
<td>Blood</td>
<td>WHO PQ</td>
</tr>
<tr>
<td>INSTI® HIV Self Test **</td>
<td>Blood</td>
<td>WHO PQ</td>
</tr>
<tr>
<td>(bioLytical Lab., Canada)</td>
<td></td>
<td>CE</td>
</tr>
<tr>
<td>OraQuick® HIV Self Test°</td>
<td>Oral</td>
<td>WHO PQ</td>
</tr>
<tr>
<td>(OraSure Technologies, USA, assembled Thailand)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SURE CHECK® HIV Self Test</td>
<td>Blood</td>
<td>WHO PQ</td>
</tr>
<tr>
<td>(Chembio Diagnostic Systems Inc., USA)</td>
<td></td>
<td>CE</td>
</tr>
</tbody>
</table>

**WHO PQ version of OraQuick HIV self-test is not the same packaging as USA-FDA version.**

Global Fund HIVST pricing
US$2-3.09

More information available from Global Fund PSM/Sourcing team

WHO supports price negotiation in PAHO through strategic fund

2021 new HIVST product added to Global Fund eligible list for ERPD procurement
US$1.50

Additional lower cost products emerging

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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.
44% (86/194) reporting countries have HIVST policies, of these only 48% (41) are implementing HIVST policies and pilots.
Number of HIV self-test kits procured and distributed by reporting countries, 2019

- HIVST procured: 2,559,602 (n=14)
- HIVST distributed: 1,635,074 (n=17)

Number of HIV self-test kits procured and distributed by reporting countries, 2019

- **Brazil**: 1,200,000
- **Eswatini**: 200,000
- **Guinea**: 200,000
- **Mali**: 200,000
- **Lao PDR**: 200,000
- **Lebanon**: 200,000
- **Malawi**: 200,000
- **Republic of Moldova**: 200,000
- **Tajikistan**: 200,000
- **Kyrgyzstan**: 200,000
- **Belarus**: 200,000
- **Ukraine**: 200,000
- **Senegal**: 200,000
- **Ethiopia**: 200,000
- **Lesotho**: 200,000
- **Botswana**: 200,000
- **Kenya**: 200,000
- **South Africa**: 200,000
- **Total**: 1,400,000

**Legend**:
- Blue: HIVST Procured
- Orange: HIVST Distributed
Total HIVST need for LMICs is estimated to be 177m kits – growing to 192m kits by 2025

Source: WHO forecast 2020 – for more information email johnsonc@who.int
**Confirmed volumes of 21 million HIVST kits 2020 – 2023**

<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 PEFAR and Unitaid funding cycles confirmed volumes for 2022 and 2023 are not yet available for these organizations.

Source: WHO forecast 2020 – for more information email johnsonc@who.int
Opportunities for blood-based HIVST

Source: WHO special analysis of countries reporting oral vs blood procurement; WHO forecast 2020 – for more information email johnsonc@who.int
Low but increasing LMIC Demand volumes as a percentage of need is anticipated

Source: WHO forecast 2020 – for more information email johnsonc@who.int
Key takeaways

• **HIVST is a critical strategy** for reaching the first 95 target
  • Opportunities to expand in response to COVID-19 and maintain essential services – including PrEP and PEP
  • Future direction for testing more broadly

• **Growing market with many opportunities**
  • 4 WHO PQ products and strong pipeline
  • Procurement through Global Fund and PAHO Strategic Fund
  • Funding gap to reach current demand and need for HIVST – urgent priority

• **Offering quality options and both blood and oral HIVST can be beneficial**
  • Supply security
  • Reaching diverse group of users
Access the full guidelines on the WHO HTS APP!

- Search ‘WHO HTS Info’ wherever you get Apps
- Notifications when new content is available
- Search, save, send
- Country HTS data in one place w/ guidelines
- Available online and off
- French, Spanish, & Chinese
- Videos coming for 2021
For more information on HIV testing services

WHO HIV Testing Services Dashboard

WHO HIV Testing Services Info App

WHO HTS GL

Questions?

Contact Cheryl Johnson johnsonc@who.int
Thank you!

Email: johnsonc@who.int

Acknowledgements:

Rachel Baggaley, Mohammad Jamil, Maggie Barr-DiChiara, Céline Lastrucci, Anne Bekelynck, Emmanuel Fajardo, Peter Cherutich, Purvi Shah, David Maman, Belen Dinku, and Anita Sands
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HIV SELF-TESTING AFRICA

Steps for HIVST implementation, Critical Lessons Learned

Dr Karin Hatzold,
Associate Director HIV and TB | PSI
Director STAR Initiative
STAR HIVST Defining Research and Market Needs

Global HIVST policy recommendations

Country implementation

Policy needs

Formative
- By key target group
  - Demand
  - Accuracy / safety / Acceptability
  - User instructions
  - Counseling preferences
  - Linkage
- Basic costing
- Early advocacy
- Legal, policy, regulatory review

Early scale up
- Participant outcomes
  - Uptake of (re)testing
  - Social consequences
  - Program accuracy
  - Linkage/retention
- Delivery models
  - Resources required, preferred trade-offs, costs & effectiveness
- Legal, policy, regulatory revision

Optimise models
- Public health impact by equity & target group
  - Population coverage
  - “Testing gap”
  - Uptake of ART & VMMC
  - DALY, deaths and HIV infections averted
- Broader social impact
- Economic impact
  - Cost-effectiveness
- Health Systems Impact

Market needs

Engagement

Entry

Deliver to scale

Global scale up

Global expansion

STAR Initiative PHASE 1

STAR Initiative PHASE 2

STAR Initiative PHASE 3

By key target group
- Demand
- Accuracy / safety / Acceptability
- User instructions
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Basic costing
Early advocacy
Legal, policy, regulatory review

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Broader social impact
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Global HIVST policy recommendations

Country implementation

Policy needs

Formative

Early scale up

Optimise models

Market needs

Engagement

Entry

Deliver to scale

Global scale up

Global expansion

STAR Initiative PHASE 1

STAR Initiative PHASE 2

STAR Initiative PHASE 3
Who is at risk, in need of testing & not reached by existing testing services?

<table>
<thead>
<tr>
<th>Know your epidemic &amp; testing gap</th>
<th>Distribution Approaches</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Couples &amp; Partners</strong></td>
<td>Community-based</td>
<td>Benefits &amp; Risks to Populations</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>Facility-based</td>
<td>Support tools</td>
</tr>
<tr>
<td><strong>Key populations</strong></td>
<td>VMMC programs</td>
<td>Linkage</td>
</tr>
<tr>
<td><strong>Young people</strong></td>
<td>Workplace programs</td>
<td>Increased access</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Pharmacies &amp; Kiosks</td>
<td>Increased coverage</td>
</tr>
<tr>
<td><strong>At risk populations</strong></td>
<td>Internet &amp; Apps</td>
<td></td>
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<tr>
<td>(SDC, partners of PLHIV, migrants etc.)</td>
<td>Vending machines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partner-delivered</td>
<td></td>
</tr>
<tr>
<td><strong>When</strong></td>
<td><strong>Where</strong></td>
<td><strong>Who</strong></td>
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<tr>
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</tr>
<tr>
<td><strong>Mobilization</strong></td>
<td><strong>Daily placement of Posters/ in person sensitization at CBO office/ hygiene activities/ Social media</strong></td>
<td><strong>High volume, male focused hotspots in high burden locations in Kisumu and Nairobi/ Groups' social media</strong></td>
</tr>
<tr>
<td></td>
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<tr>
<td><strong>Testing</strong></td>
<td><strong>Daily at CBO office/ at client's convenient time/client request via phone call/WhatsApp/Delivery to client</strong></td>
<td><strong>At place convenient to tester. Make on-site private self-testing and confirmatory testing available</strong></td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Linking</strong></td>
<td><strong>If client tested positive at CBO office/ disclosure on phone via follow-up/ WhatsApp. Linkage options provided with kit</strong></td>
<td><strong>Client preferred facility. Referral by on-site counsellor or offer ART starter pack on-site where available/ WhatsApp</strong></td>
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</tbody>
</table>

**Male Dominated Hotspots Kenya**
Scale: Relationship between costs and quantity

Zimbabwe transport hubs & busy places model

Cost ($ per HIVST kit distributed -

Low volume, high cost

High volume, low cost

HIVST kit distributed by site
MAPPING ENABLERS AND BARRIERS ALONG THE HIVST CLIENT JOURNEY

Enablers
- Projects to Stimulate Demand
- Convenience
- HIV Self-Testing Adverts
- Community-Based Distribution
- Norms Around Masculinity
- Preference for Private Sector
- Projects to Improve Distribution
- Informational Materials
- Free Treatment
- Informational Materials
- 

Barriers
- Community Stigma
- Suspicion
- Religion
- Lack of Awareness
- Self Stigma
- Drug Shops
- Price
- Product Display
- Anonymity and Privacy
- Knowledge of where to access self – test kits
- Registration of HIV self-test kits
- Non-quality assured test kits
- Non-Quality Assured Kits
- Informational Material Distribution
- Norms Around Masculinity
- Health Centers
- Lack of Support Tools
- Lack of Support from Distributors
- Consumers May Not Want to be Followed or Tracked

Attract

Uptake

Use

Link to Care/Prevention

Reporting
Make it easy, Make it private, Make it convenient - HIVST Demand Creation
M&E: Examples of routine HIVST monitoring tools used for collecting data on **linkage**

<table>
<thead>
<tr>
<th>Notifications and referrals</th>
<th>Self-administered reporting</th>
<th>Individual-level follow up</th>
<th>Clinic registers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral cards to link to services.</strong> Automated SMS and messages. Interactive voice response systems</td>
<td>Mobile apps, messengers, chat bots, web apps and online feedback collection forms</td>
<td>Provider administered individual follow up forms, peer referral and navigation</td>
<td>HTS registers, ART registers, PrEP registers, etc.</td>
</tr>
</tbody>
</table>

- Number of people self-reported positive test results confirmed after HIVST
- Number of people self-reported link to prevention and treatment services after HIVST
- Proportion of people using prevention, testing and care services prompted by HIVST
Digital Solutions to optimize HIVST use

• Anonymity, privacy and control over testing process important to men
• Various ways to obtain HIVST kit including on-line ordering and distribution through pharmacies
  • Unassisted use of HIV self-test
  • Unassisted interpretation of test results
• Linkage to post-test services
• Measuring HIVST impact on case identification, linkage and uptake of ART
HIV Self-Testing Operational Guide
FOR THE PLANNING, IMPLEMENTATION, MONITORING AND REPORTING OF HIV SELF-TESTING

What does adequate HIVST service delivery require and what needs to be considered in the context of COVID-19?

- key populations and their partners, who may not be able to access HIV testing services routinely or as frequently as needed;
- sexual and drug-injecting partners of a person with HIV;
- people with HIV-related symptoms;
- individuals who are sexually active and have not tested in the past 12 months.

Demand creation/mobilization: adapted, user-centred communication and demand creation tools that increase awareness and demand among priority populations should be available. These engage with key stakeholders and also provide information about COVID-19 and its potential risks for PLHIV who are not on treatment.

Testing process: distribution is either direct (offered to the client who will use it) or indirect (secondary distribution) and should be largely unassisted to reduce in-person contact with the provider. Adequate information and demonstration videos should be provided through the social media or user-friendly inserts. Self-testers may have the option to test on site at a facility or take the test kit home.

CLIENTS

- FACILITY RECEPTION
  Clients are informed about available testing services and offered choice

- Assisted HIVST

- Video or in-person demonstration (individual or group)

- Client performs test in tent/tubicle and interprets result

- NON REACTIVE
  LINKAGE: VVMC, PEPF, family planning, etc.

- REACTIVE
  Confirmatory testing

- Testing and follow-up done according to national rapid HIV testing algorithm

- LINKAGE: retesting before ART initiation, ART initiation, TB screening, STI screening, VMMC, medical care

- Client offered HIVST kits for partners

- EQUITY
- RELIABLE
- DISPOSABLE

- Video or in-person demonstration (distributed or group)

- Distribution of HIVST and STI materials for partners

- Follow-up with index clients at next visit

- Follow-up with sexual partners directly or through intermediate partner contact tracing

- Clients attending antenatal clinics test positive for HIV

- Logically assessable for eligible asymptomatic youth

- Screening for all individuals participating in antenatal care

- Video in partnership with partner

- Confirmatory testing

- Non reactive

- Reactive

- Confirmatory testing

- Distribution of HIVST and STI materials for partners

- Follow-up with index clients at next visit

- Follow-up with sexual partners directly or through intermediate partner contact tracing

- Clients attending antenatal clinics test positive for HIV

- Logically assessable for eligible asymptomatic youth

- Screening for all individuals participating in antenatal care
Unitaid/PSI STAR Catalytic Investment: Close to 5 million HIVST (oral & blood-based) kits distributed (June 2016- July 2021)
Unitaid/PSI STAR Initiative 2015 – 2022

**STAR 1.0 & STAR 2.0**
- Demonstration
- Integration
  - Generate evidence
  - Prepare systems for the HIVST scale-up,
  - Inform global scale up

**STAR 3.0**
- Global Scale up of sustainable markets
- Public Sector and public/private partnerships
- Multiple HIVST products to accelerate procurement and scale up
- Preparing markets for larger investments by Pepfar/GF/CIFF/MOH

**HIV Self-testing Market Life Cycle**
- Critical stage market intervention as leading markets (STAR 1, 2, 3) are moving towards the growth stage
- Product Extension
STAR team

• Researchers and implementers from 13 STAR Countries
• Economics, Epidemiology and Qualitative Research Networks
• Communities, Ministries of Health and District Health teams

Website: [http://Hivstar.lshtm.ac.uk](http://Hivstar.lshtm.ac.uk) and [https://www.psi.org/project/star/](https://www.psi.org/project/star/)
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OPTIMIZING HIV TESTING SERVICES, THE IMPORTANCE OF HIV SELF-TESTING

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Overview of WHO prequalified HIVST kits, oral fluid and blood based RDTs, technical specifications

Mohammed Majam, Ezintsha

Webinar: Optimizing HIV Testing Services, the Importance of HIV Self-Testing, 8th July 2021
What are the current WHO PQ HIVST products?

What are the technical specifications of each and how do they meet the requirements of the Technical Specification Series and Target Product Profile?
Going back to basics!  What makes a good self-test?

Think back to 2014 and the Target Product Profile:

- High clinical and analytical sensitivity and specificity
- Low invalid and test failure rates
- Pictorial instructions for use with any text-based instruction translated into local languages
- Low number of test steps which could be achieved through integrated systems to deliver buffer or other such innovations
- Simple to interpret test results which require little instruction
- Reduction in time to result
- Increased stability of test results
HSTAR Program Evaluations

• Kicked off in Dec 2015 with the aim of supporting independent data generation for HIV RDT Manufacturers looking to compile a dossier for HIV Self-Testing for submission to WHO PQ

• TSS updated to include requirements for HIVST in Dec 2016. WHO HIVST Guidelines launched Dec 2016.

• Part 3: Qualification of usability (self-testing)
  PURPOSE: Assessment of product design, instructions for use and usability of RDTs for self-testing
Protocols designed to follow the requirements of the TSS for HP settings

**Protocol 1: Usability Assessment**

The purpose of the Usability Assessment is to document if “lay” people, non-professional and inexperienced in HIV self-testing, can successfully perform the steps to use a HIV Self-Test device, without product familiarization

- Label comprehension
- Mock Result Interpretation
- Overall usability and FMEA

NO demonstration provided prior to test use, and manufacturer provided information only (i.e. no additional job aids or IEC materials)

**Protocol 2: Clinical Performance Evaluation**

Evaluate the ability of untrained users to obtain accurate HIV test results using the XXXXX Rapid HIV Self-Test when compared to professional users and ELISA.

- Additionally, assess test usability and successful completion rate
<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>INSTI® HIV Self Test **</td>
<td>Blood</td>
<td>WHO PQ</td>
<td>Several countries in Europe, Nigeria</td>
<td>LIC: $3–14</td>
</tr>
<tr>
<td>(bioLytical Lab., Canada)</td>
<td></td>
<td>CE mark</td>
<td></td>
<td>HIC: $7–40</td>
</tr>
<tr>
<td>Mylan HIV Self Test</td>
<td>Blood</td>
<td>WHO PQ</td>
<td>To be updated</td>
<td>Public sector: $4.5–6</td>
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<tr>
<td>(Atomo Diagnostics, Australia)</td>
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<tr>
<td>OraQuick® HIV Self Test</td>
<td>Oral fluid</td>
<td>WHO PQ</td>
<td>Several countries in sub-Saharan Africa, Asia, Latin America and the Caribbean</td>
<td>LMIC ex-works: $2 for 50 countries</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</td>
<td>To be updated</td>
<td>To be updated</td>
</tr>
<tr>
<td>(Chembio Diagnostic Systems Inc., USA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>atomo HIV Self Test</td>
<td>Blood</td>
<td>CE mark, TGA ERPD-3</td>
<td>Australia</td>
<td>HIC: $17</td>
</tr>
<tr>
<td>(Atomo Diagnostics, Australia)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>autotest VIH® **</td>
<td>Blood</td>
<td>CE mark</td>
<td>15 European countries</td>
<td>HIC: retail: $20–28; NGOs: $8–15</td>
</tr>
<tr>
<td>(AAZ Labs, France)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BioSURE HIV Self Test **</td>
<td>Blood</td>
<td>CE mark ERPD-3</td>
<td>South Africa, United Kingdom</td>
<td>HIC: retail: $25–40; NGOs: $6–10</td>
</tr>
<tr>
<td>(BioSURE , United Kingdom Ltd)</td>
<td></td>
<td></td>
<td></td>
<td>LIC: retail: $10–18; public sector: $3.8–6</td>
</tr>
<tr>
<td>Exacto® Test HIV</td>
<td>Blood</td>
<td>CE mark</td>
<td>Austria, France, Gabon, Germany, Switzerland</td>
<td>To be updated</td>
</tr>
<tr>
<td>(Biosynex, France)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OraQuick® In-Home HIV Test</td>
<td>Oral fluid</td>
<td>FDA CE Mark</td>
<td>USA, Not yet marketed in Europe</td>
<td>HIC retail: $40</td>
</tr>
<tr>
<td>(OraSure Technologies, USA)</td>
<td></td>
<td></td>
<td></td>
<td>Public sector prices vary.</td>
</tr>
</tbody>
</table>

WHO PQ products: https://www.who.int/diagnostics_laboratory/evaluations/PQ_list/en/


HIC, high-income countries; FDA, Food and Drug Administration; ERPD, Expert Review Panel for Diagnostics; Gen, test generation; LMIC, low- and middle-income countries, MRSP: maximum suggested retail price; NA, not available.
* 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 for Diagnostics. ** These products sold in more than one packaging format.
Note: Product details based on information provided by the manufacturers at the time of report preparation.
Current HIVST with WHO PQ

<table>
<thead>
<tr>
<th>Test (manufacturer)</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTI® HIV Self Test **</td>
<td>Blood</td>
</tr>
<tr>
<td>(bioLytical Lab., Canada)</td>
<td></td>
</tr>
<tr>
<td>Mylan HIV Self Test</td>
<td>Blood</td>
</tr>
<tr>
<td>OraQuick® HIV Self Test</td>
<td>Oral</td>
</tr>
<tr>
<td>(OraSure Technologies, USA)</td>
<td></td>
</tr>
<tr>
<td>SURE CHECK® HIV Self Test</td>
<td>Blood</td>
</tr>
<tr>
<td>(Chembio Diagnostic Systems Inc., USA)</td>
<td></td>
</tr>
</tbody>
</table>
PQ Public reports

- All manufacturers approved by PQ for HIV Self-Testing have public reports available

Latest list of WHO prequalified products: https://www.who.int/diagnostics_laboratory/evaluations/PQ_list/en/
## Ezintsha product evaluations for PQ submissions

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Biosure</th>
<th>Orasere</th>
<th>INSTIT</th>
<th>Chembio</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
</tr>
<tr>
<td><strong>Sample size</strong></td>
<td>900 (100.0)</td>
<td>900 (100.0)</td>
<td>900 (100.0)</td>
<td>900 (100.0)</td>
<td>3600 (100.0)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–25 years old</td>
<td>418 (46.4)</td>
<td>339 (37.7)</td>
<td>501 (55.7)</td>
<td>425 (47.2)</td>
<td>1683 (46.8)</td>
</tr>
<tr>
<td>26–35 years old</td>
<td>232 (32.4)</td>
<td>326 (38.2)</td>
<td>255 (28.3)</td>
<td>266 (31.8)</td>
<td>1159 (32.2)</td>
</tr>
<tr>
<td>Over 35 years old</td>
<td>190 (21.2)</td>
<td>235 (26.1)</td>
<td>144 (16.0)</td>
<td>189 (21.0)</td>
<td>756 (21.1)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>419 (46.6)</td>
<td>383 (42.6)</td>
<td>460 (51.1)</td>
<td>394 (43.9)</td>
<td>1656 (46.0)</td>
</tr>
<tr>
<td>Male</td>
<td>481 (53.4)</td>
<td>517 (57.4)</td>
<td>440 (48.9)</td>
<td>506 (56.2)</td>
<td>1944 (54.0)</td>
</tr>
<tr>
<td><strong>Nationality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South African</td>
<td>820 (91.1)</td>
<td>745 (82.0)</td>
<td>829 (92.1)</td>
<td>807 (90.7)</td>
<td>3201 (88.9)</td>
</tr>
<tr>
<td>Zimbabwean</td>
<td>76 (8.5)</td>
<td>117 (13.0)</td>
<td>52 (5.9)</td>
<td>78 (8.7)</td>
<td>323 (9.0)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (0.4)</td>
<td>38 (4.2)</td>
<td>19 (2.1)</td>
<td>15 (1.6)</td>
<td>76 (2.1)</td>
</tr>
<tr>
<td><strong>Education Level</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary school or less</td>
<td>30 (3.3)</td>
<td>35 (3.9)</td>
<td>16 (2.0)</td>
<td>33 (3.7)</td>
<td>116 (3.2)</td>
</tr>
<tr>
<td>Secondary school</td>
<td>543 (60.3)</td>
<td>561 (62.3)</td>
<td>404 (44.9)</td>
<td>548 (60.9)</td>
<td>2056 (57.1)</td>
</tr>
<tr>
<td>Tertiary school (any)</td>
<td>327 (36.4)</td>
<td>304 (33.8)</td>
<td>478 (53.1)</td>
<td>319 (35.4)</td>
<td>1428 (39.7)</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>211 (23.4)</td>
<td>208 (23.1)</td>
<td>149 (16.6)</td>
<td>285 (31.7)</td>
<td>853 (23.7)</td>
</tr>
<tr>
<td>Unemployed</td>
<td>581 (64.6)</td>
<td>618 (68.7)</td>
<td>647 (71.9)</td>
<td>433 (48.1)</td>
<td>2279 (63.3)</td>
</tr>
<tr>
<td>Student</td>
<td>197 (11.0)</td>
<td>74 (8.2)</td>
<td>104 (11.5)</td>
<td>182 (20.2)</td>
<td>467 (13.0)</td>
</tr>
</tbody>
</table>
Table 2: HIV self-testing (HIVST) usability and performance outcomes

<table>
<thead>
<tr>
<th>Usage</th>
<th>Biosure (n=816)</th>
<th>Orasure (n=877)</th>
<th>INSTI (n=849)</th>
<th>Chembio (n=825)</th>
<th>Total (n=3367)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
</tr>
<tr>
<td>Spoiled tests</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invalid device</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>3 (0.3)</td>
<td>1 (0.1)</td>
<td>4 (0.1)</td>
</tr>
<tr>
<td>Required assistance</td>
<td>0 (0)</td>
<td>7 (0.8)</td>
<td>0 (0)</td>
<td>0 (0.0)</td>
<td>7 (0.2)</td>
</tr>
<tr>
<td>Quit</td>
<td>6 (0.7)</td>
<td>3 (0.3)</td>
<td>3 (0.3)</td>
<td>0 (0.0)</td>
<td>12 (0.3)</td>
</tr>
<tr>
<td>Collection error</td>
<td>38 (4.6)</td>
<td>7 (0.8)</td>
<td>31 (3.7)</td>
<td>27 (3.0)</td>
<td>101 (2.8)</td>
</tr>
<tr>
<td>Process error</td>
<td>60 (6.7)</td>
<td>11 (1.2)</td>
<td>15 (1.7)</td>
<td>74 (8.2)</td>
<td>160 (4.4)</td>
</tr>
<tr>
<td>Total</td>
<td>84 (9.3)</td>
<td>23 (2.6)</td>
<td>51 (6.7)</td>
<td>75 (8.3)</td>
<td>233 (6.5)</td>
</tr>
<tr>
<td>Successful HIVSTs</td>
<td>816 (90.7)</td>
<td>877 (98.2)</td>
<td>840 (93.3)</td>
<td>825 (91.7)</td>
<td>3367 (93.5)</td>
</tr>
<tr>
<td>Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
</tr>
<tr>
<td>True positive</td>
<td>126 (15.4)</td>
<td>152 (18.5)</td>
<td>98 (11.5)</td>
<td>122 (14.6)</td>
<td>468 (14.6)</td>
</tr>
<tr>
<td>True negative</td>
<td>667 (84.2)</td>
<td>717 (87.9)</td>
<td>750 (88.3)</td>
<td>698 (85.4)</td>
<td>2853 (85.4)</td>
</tr>
<tr>
<td>False positive</td>
<td>0 (0.0)</td>
<td>7 (0.9)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>7 (0.2)</td>
</tr>
<tr>
<td>False negative</td>
<td>3 (0.4)</td>
<td>1 (0.1)</td>
<td>1* (0.1)</td>
<td>4 (0.5)</td>
<td>9 (0.3)</td>
</tr>
<tr>
<td>Outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>Usability index</td>
<td>95.9</td>
<td>97.4</td>
<td>97.1</td>
<td>97.6</td>
<td>97.1*</td>
</tr>
<tr>
<td>HIVST sensitivity</td>
<td>97.7</td>
<td>99.3</td>
<td>99.0</td>
<td>98.8</td>
<td>98.2*</td>
</tr>
<tr>
<td>HIVST specificity</td>
<td>100.0</td>
<td>99.4</td>
<td>100.0</td>
<td>100.0</td>
<td>99.6*</td>
</tr>
</tbody>
</table>

*One indeterminate ELISA result excluded, unable to recall participant for re-testing. Participant was conditionally diagnosed as HIV negative, as all three rapid tests (HIVST and HIVST and INSTI) and antibody tests were negative.
# PQ’d options vs TPP

<table>
<thead>
<tr>
<th>TPP characteristic</th>
<th>Who wore it best?</th>
</tr>
</thead>
<tbody>
<tr>
<td>High clinical and analytical sensitivity and specificity</td>
<td>All. Have to meet minimum standards &gt;99% Sn, Sp</td>
</tr>
<tr>
<td>Low invalid and test failure rates</td>
<td>Chembio, then Orasure</td>
</tr>
<tr>
<td>Pictorial instructions for use with any text-based instruction translated into local languages</td>
<td>All have done very well with multiple iterations. Orasure lead language availability. Biolytical test IFU is particularly well constructed</td>
</tr>
<tr>
<td>Low number of test steps which could be achieved through integrated systems to deliver buffer or other such innovations</td>
<td>Mylan (Atomo) – integrated lancet, buffer</td>
</tr>
<tr>
<td>Simple to interpret test results which require little instruction</td>
<td>All follow same principle and have used the IFU to simplify result read. Low Reactive always a concern</td>
</tr>
<tr>
<td>Reduction in time to result</td>
<td>Biolytical lead the market by a country minute</td>
</tr>
<tr>
<td>Increased stability of test results</td>
<td>Chembio 99% stability with 1 - 6 month re-read</td>
</tr>
</tbody>
</table>
Products in the Pipeline

SEDIA Asanté™ HIV-1/2 Oral Test

ABBOTT Check Now HIV-1/2 Blood test
Acknowledgements

• BMGF
• UNITAID
• National Department of Health
• STAR Partners: PSI, SFH, CHAI, LSHTM
• Naleni Rhagnath and the Ezintsha HSTAR team
• WHO HIV and PQ teams
• Halteres Associates
• All the HIVST manufacturers

CONTACT: MOHAMMED MAJAM, +27 82 826 0180, mmajam@ezintsha.org
WEBINAR
OPTIMIZING HIV TESTING SERVICES, THE IMPORTANCE OF HIV SELF-TESTING

Thursday, July 8, 2021

8:00am EST
2:00pm CEST

HIVST scale-up in Vietnam, role of blood-based kits and optimization of distribution model during COVID-19

- Vo Hai Son, MD MA, Vietnam Administration for HIV/AIDS Control
- Doan Hong Anh, MSc, USAID/PATH Healthy Markets, Vietnam
HIV Epidemic in Vietnam: Changing transmission pattern

Estimating on the number of new infections
Reaching the first “95” target is most challenging and requires innovative approaches: the updated HIV/AIDS Law and Strategy underscore the key role of HIVST in the national HIV response.
Road map from pilot to national guidelines development

**Pilot Lay Provider Testing**
- Dec 2015: Initiated through KP-led CBOs and village health workers in 7 provinces

**HIVST**
- Mid 2016: Providing oral fluid and blood-based HIVST through KP-led CBOs

**Partner Notification or Index Testing**
- Mid 2017: Implementing Partner Notification or Index Testing at health facilities and community

**National Guidelines Development**
- April 2018: Ministry of Health issued National Guidelines on community-based HIV testing services.
  - Scale-up: Implementing community-based HIV testing among 40/63 provinces and HIVST in 33/63 provinces

**2015 WHO recommend lay provider testing**

**2016 WHO recommend HIVST and PNS**

National guidelines on community-based approved in April 2018 including lay testing, self-testing and partner notification services
HIVST distributed through various models
• 11 provinces supported by PEPFAR with 86,000 OraQuick and 4,000 INSTI HIVST already distributed (2016 – 2020); 22,000 INSTI being distributed in 2021 and Mylan HIVST: 35,000 in 2022
• 2 provinces supported by WHO with distribution of 10,000 OraQuick (2017-2019) and 5,000 in 2020
• 32 provinces supported by GFATM for both lay testing and HIVST with 108,000 OraQuick (2020 – 2023)
• Commercial market for INSTI and Mylan blood-based HIVST kits growing and not yet reflected in this analysis - will likely balance out the number of oral fluid and blood-based tests that are distributed and/or sold
Intention to use HIVST

Source: USAID/PATH Healthy Markets project, HIV commodity and service consumer preferences, utilization and willingness to pay, December 2015, Hanoi, Vietnam
HIVST pilot and evaluation aimed to understand preferences between oral fluid and blood-based HIVST kits (2016 – 2017)

- HIVST offered from May 2016 through 15 KP CBOs
- Within the pilot was an embedded evaluation that assessed HIV lay and HIVST acceptability, feasibility and linkages
- KP CBO clients offered a choice of lay or self-testing (assisted or unassisted)
  - 15 key population-led CBOs (MSM, TGW, FSW, PWID) in Ho Chi Minh City (5/2016), Hanoi (9/2016), Vinh City, Nghe An (1/2017)
- And a choice of tests:
  - Oral fluid assay (OraQuick Rapid HIV 1/2), August 2016
  - Blood-based assay (Alere Determine HIV 1/2), May 2016
- Inserts, posters and video tutorials developed in Vietnamese
People seeking HIVST tended to be first-time testers and wanted to be the first person to know their result, test in privacy.

% of self-testers who were first time testers

<table>
<thead>
<tr>
<th>Group</th>
<th>% of Self-Testers Who Were First Time Testers</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSW (n=16)</td>
<td>87.5</td>
</tr>
<tr>
<td>MSM (n=803)</td>
<td>51.3</td>
</tr>
<tr>
<td>PWID (n=68)</td>
<td>73.5</td>
</tr>
<tr>
<td>Sex partners</td>
<td>73.5</td>
</tr>
<tr>
<td>Total (n=936)</td>
<td>54.7</td>
</tr>
</tbody>
</table>

Top 5 reasons for choosing HIVST

1. Fist person knows result: 59.1%
2. Receiving instruction: 58.2%
3. Confidentiality: 55.4%
4. Knowing result quickly: 54.2%
5. Privacy: 48.9%
HIVST introduction and scale-up in Vietnam: HIVST guidelines support blood-based and oral-fluid tests

- MOH approved community HIV testing pilot in 6 provinces (Oct 2015)
- National launch of HIVST (Aug 2016)
- MOH approved national guidelines on community HIV testing/HIVST (April 2018)
- GVN approved Decree 155 included community HIV testing/HIVST (Nov 2018)
- Second blood-based HIVST product licensed for importation (Mylan) (July 2019)
- Differentiate HIVST distribution models in response to COVID-19

- Lay testing introduced (Dec 2015)
- Self-testing introduced (May 2016)
- Index testing/ PNS introduced (June 2017)
- Community HIV testing scale-up in 33/63 provinces since 2018 (PEPFAR, GFATM)
- First HIVST product (INSTI) registered in VN (July 2019)
Preferred KP locations for seeking an HIV self-test: choice matters

Source: Assessment of needs, use, preferences and willingness to pay for HIV-related health services among key and general populations in four provinces in Vietnam, February 2021, an USAID-supported survey implemented by PATH; n=157
Enabling local HIVST product registration and generating data for WHO PQ (2018 – 2020)

5 HIVST products evaluated in Vietnam for WHO pre-qualification

2 HIVST product registered for use in Vietnam
### Blood-based HIVST preferences and willingness to pay*

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D14. Prefer to use test at home or a clinic?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At home</td>
<td>313</td>
<td>52.3</td>
</tr>
<tr>
<td>At clinic</td>
<td>193</td>
<td>32.2</td>
</tr>
<tr>
<td>Both of them are fine</td>
<td>93</td>
<td>15.5</td>
</tr>
<tr>
<td><strong>D15. Recommend the test for sexual partners or friends?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>65</td>
<td>10.9</td>
</tr>
<tr>
<td>Yes</td>
<td>526</td>
<td>88.1</td>
</tr>
<tr>
<td>Do not know</td>
<td>6</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>D16. Use the test again?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>6.4</td>
</tr>
<tr>
<td>Yes</td>
<td>543</td>
<td>91.1</td>
</tr>
<tr>
<td>Do not know</td>
<td>15</td>
<td>2.5</td>
</tr>
</tbody>
</table>

*Performance and acceptability of x blood-based HIVST, Vietnam, 2019*
Adapting HIVST distribution models and increasing choice during COVID-19

Protect your privacy, self-test for HIV!
HIVST reach before and during COVID-19

- Online risk assessment and HIV service booking app
- HIV and COVID-19 hotline
- Hook-up app advertisements and OPI postings
- HIV services chatbot

Online peer influencers (OPI), opinion leaders and KP CBO staff
HIVST through KP CBOs, private clinics, pharmacies, social enterprises, secondary distribution

Differentiated models of distribution …

Direct and secondary

Online

Mail order and delivery

https://www.youtube.com/watch?v=wiEUV_biXQc
HIV self-testing 3.0: Using online ordering and home delivery to ensure continued access in Vietnam

**Step 01**
Online reach & risk assessment
- Client views HIVST advertisement
- Completes online risk assessment
- Self-identifies HIV testing needs

**Step 02**
Online HIVST kit order
- Client completes online HIVST delivery order (mail, grab, self-pick up)

**Step 03**
HIVST kit delivery
- HIVST kits delivered to clients within 48 hours
- Client confirms receipt through Zalo/SMS

**Step 04**
Follow-up
- Client performs HIVST, using instructions-for-use and/or video
- Provides feedback to distributors via telephone, Zalo, SMS within 7 days
- If no feedback, distributor calls the client
New HIVST distribution through pharmacies, private clinics, social enterprises in response to COVID-19

INSTI blood-based HIVST available to KP in:

- 67 pharmacies, social enterprises, private clinics and e-commerce platforms engaged in HIVST distribution and sales
The care package includes:
- Medical masks
- One HIVST Kit and IFU
- Condoms and lubricant
- PrEP leaflets (daily and ED)
- PrEP4LOVE T-shirt or tote bag

>1000 kits mailed to clients seeking HIV services for the first time through the HIVST 3.0 platform.
During the current COVID-19 lock-down, >325 PrEP clients separated from PrEP services. Piloting safe PrEP access and use of blood-based HIVST to support PrEP clients to monitor HIV status during service disruptions.
Offering a range of HIVST kits:

- Increases choice and options
- May appeal to first time HIV testers
- Diversifies the HIVST market and can help to bring down price
- Can be a portal to PrEP and supportive of PrEP monitoring
- Can be a foundation for co-packaging self-care tools including HCV and COVID-19 self-test kits; and HIV and COVID-19 prevention commodities

“The packaging is convenient, small and easy to carry, with clear instruction of how to use. Some clients think a blood-based test is more accurate and is preferred by these users” – Staff @ Glink KP-led clinic


Acknowledgements

• Vietnam MOH/VAAC
• CBOs/clinics/social enterprises/pharmacies
• USAID Vietnam
• Bill & Melinda Gates Foundation
• Ezintsha/Wits RHI
• Unitaid
• WHO
• PATH colleagues
WEBINAR
OPTIMIZING HIV TESTING SERVICES, THE IMPORTANCE OF HIV SELF-TESTING

Thursday, July 8, 2021
8:00am EST
2:00pm CEST
Experiences from national HIV self-testing program in South Africa, using a wide spectrum of products and distribution models

Dr Thato Chidarikire
DIRECTOR HIV PREVENTION PROGRAMS
National Department of Health South Africa

Webinar: Optimizing HIV Testing Services, the Importance of HIV Self-Testing
8.07.2021
STAR Initiative South Africa 2017-2021, 2.14 Million test kits, 9 provinces

STAR HIVST DISTRIBUTION BY PROVINCE
SOUTH AFRICA | 2017–2020
(TOTAL: 2,143,001 HIVST KITS)

- Limpopo: 6,487 HIVST Kits
- North West: 91,893 HIVST Kits
- Northern Cape: 61 HIVST Kits
- Mpumalanga: 354,547 HIVST Kits
- Gauteng: 1,195,399 HIVST Kits
- Free State: 200,299 HIVST Kits
- KwaZulu-Natal: 271,771 HIVST Kits
- Eastern Cape: 20,854 HIVST Kits
- Western Cape: 1,690 HIVST Kits
• **Community-based**: HTS mobile integration, distribution at hot spots and transport hubs

• **Facility-based**: Direct distribution to those not reached with PITC and secondary distribution to male partners of MCH client and sexual partners of newly diagnosed PLHIV and PLHIV on ART

• **Workplace programmes** public/private partnership targeting men in the agricultural, industrial and mining sector

• **Social Network Distribution** peer to peer distribution targeting FSWs, MSM, PWID and their sexual partners
HIVST Distribution Models: public/private partnerships

• **HIVST distribution at pharmacies**
  Open access model, sales at subsidized price, onsite promotion and campaign,

• **Online order and delivery**
  HIVST advertised through social media, linkage to ordering platform, self-identified, need, choice of product, blood based/oral fluid, delivery within 72 hours, client follow up via telephone, WhatsApp

• **Vending Machines**
  Established at pharmacy outlets, transport hubs, workplaces, Client access URL to redeem their pin number after providing individual data, pin entered at vending machine to receive test kit.
South Africa HIVST kit distribution, by province & model of distribution, Nov 2017-July 2020, 9 provinces, N=2,143,001

Mostly community based distribution
Facility based direct and secondary distribution
Workplace
Key population

Gauteng Province
 Mpumalanga Province
 KwaZulu-Natal Province
 Free State Province
 North West Province
 Eastern Cape Province
 Limpopo Province
 Western Cape Province
 Northern Cape Province

Community Based Private sector Public Sector Facility Workplace Public Sector Facility Secondary Key Population Online VMMC Unknown
HIVST User follow-up via phone, results and linkage confirmation

ESSENTIAL REFERRAL

INFOA TION

after you have
HIV self-screening
Improved case finding, linkage into confirmative testing, treatment and care

HIST Distribution at transport hubs, telephonic follow-up

Follow up | Reached | Used kit | Reactive results | Confirmative testing | Confirmed positive | Started ART
---|---|---|---|---|---|---
14119 | 5538 | 4644 | 417 | 226 | 216 | 142

Follow up: 39% Reached: 84% Reactive results: 9%
Confirmative testing: 54% Confirmed positive: 96%
Started ART: 66%

Output by age sex and first time testers (N=323, 680)

- Male
- Female
- Other
- Percentage of first time testers

- Age groups: 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown
Testing cascade facility HIVST secondary distribution

Antenatal clinic: (99% HIVST kits to male partners):

- 82.1% offered
- 98.1% accepted
- 41.8% followed up
- 97.6% report use
- 4.8% reported +ve

Index testing : (79% HIVST kits to male partners)

- 79.6% offered
- 95.8% accepted
- 40.6% followed up
- 95.9% report use
- 24.6% reported +ve
Oral fluid and blood based HIVST products

• Introduction of first blood-based HIVST product with national program in late 2019, additional, second blood-based product introduced in 2021
  – Distribution initially restricted to facility direct distribution and assisted HIVST (integration with HTS outreach)
  – Scale up of blood-based product distribution during COVID-19 lockdown in 2020
    • Distribution through pharmacies
    • Online Ordering and delivery
    • **58,000 blood-based HIVST products distributed**
  • High acceptability and ease of use reported by clients
  • Operational advantages of blood-based products used due to short reaction time
  • Some preference of blood-based products over oral fluid products
    • Certain populations (Men, KPs),
    • Online ordering/distribution
    • In context of COVID-19 pandemic (oral fluid specimen)
    • Perceived superior accuracy
Based on the **Need Estimate**:- A total of around **2.8 million HIVST kits (oral fluid and blood based products)** are required annually for the next three years. (2.8 million in 2021, 3.1 million in 2022, 2.5 million in 2023)

- **Projected**: Unmet need population to be around **0.9 million** (not aware of the status/not on treatment/new cases)
- Half of the above need is expected to be met in next three years if a minimum of 2.5 million HIVST kits are procured annually.

---

**HIVSS Need by population group**

- **Men 25+**
  - 60%
- **Others**
  - 40%

---

**HIVSS Total kits by year - Need based Analysis**

- HIVSS Kits Required in 2021: 2879637
- HIVSS Kits Required in 2022: 3181734
- HIVSS Kits Required in 2023: 2436540
- Total kits required (2021 to 2023): 8497911
HIVST Insights and Lessons Learned

- HIVST offers clear advantages when provided in addition to/integrated with existing HTS services to reach priority populations.
- HIVST reaches high proportion of people never tested before.
- HIVST can increase case finding, linkage, ART initiation, increase uptake of index testing and partner notification.
- Distribution through workplaces and pharmacy networks are potentially sustainable models for scale up.
- Multiple models and multiple products (Oral fluid and blood-based products) are needed for maximum impact.
- Need for effective and acceptable models of linkage to prevention and treatment after HIVST.
Acknowledgements

• Unitaid
• STAR
• Implementing partners
• WHO
• DOH
• NDOH
• All who participated in one way or another towards success of HIVST
THANK YOU
WEBINAR

OPTIMIZING HIV TESTING SERVICES, THE IMPORTANCE OF HIV SELF-TESTING

Thursday, July 8, 2021
8:00am EST
2:00pm CEST
HIV SELF-TESTING AFRICA & ASIA

Experience with blood based HIVST kits in Uganda

Geoffrey Taasi, MOH Uganda
Background of HIVST in Uganda

2016
- HTS policy allows HIVST pilot

2017
- Point of care testing policy and implementation guidelines created-HIVST included

2018
- Addendum added to national HTS policy for HIVST
- Training rollout commenced

2019
- Over 50,000 kits distributed
- Target KPs and ANC mothers

2020
- GF catalytic Fund
- STAR III was created to facilitate HIVST scale up and increase supply, Expand distribution model
Policy Framework and Guidelines


HTS 2018 addendum – HIVST and APN
### Status of HIVST in Uganda

<table>
<thead>
<tr>
<th>Phased Roll out:</th>
<th>• Moving to scale up to more than 1,000 sites in 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Fund Expansion</td>
<td>• Planned distribution of 70:30 oral to blood based test kits.</td>
</tr>
</tbody>
</table>
| PMS, MoH involvement                                  | • Policy review and development around HIVST continuing  
                                                          • PMS, MoH banned use of unauthorized HIVST kits and sale of professional kits off the counter |
HIV Self testing (HIVST) Products with WHO Prequalification (PQ)

<table>
<thead>
<tr>
<th>Test (Manufacturer)</th>
<th>Type</th>
<th>Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mylan HIV Self Test</td>
<td>Blood</td>
<td>WHO PQ</td>
</tr>
<tr>
<td>INSTI® HIV Self Test **</td>
<td>Blood</td>
<td>WHO PQ</td>
</tr>
<tr>
<td>(bioLytical Lab., Canada)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OraQuick® HIV Self Test</td>
<td>Oral</td>
<td>WHO PQ</td>
</tr>
<tr>
<td>(OraSure Technologies, USA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SURE CHECK® HIV Self Test (Chembio</td>
<td>Blood</td>
<td>WHO PQ</td>
</tr>
<tr>
<td>Diagnostic Systems Inc., USA)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Desk review of kit regulatory status in Uganda

**Oral-based Kits:** Main focus of current implementation and policy

**Blood-based Kits:**
- Referenced in policy with limited detail
- Population may fear risks associated with finger pricking

**STAR Milestone:** Introduction of 2,500 blood-based kits into Uganda market to date and anticipated 65,000 kits to arrive in 2021-2022 through partnerships with Biolyticals, Mylan and Abbott HIVST Manufacturers.

<table>
<thead>
<tr>
<th></th>
<th>OraQuick</th>
<th>Sure Check</th>
<th>Insti</th>
<th>Mylan HIVST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample used</td>
<td>Oral Fluid/Transudate</td>
<td>Blood/plasma</td>
<td>Blood/plasma</td>
<td>Blood/plasma</td>
</tr>
<tr>
<td>National regulatory status</td>
<td>Registered</td>
<td>Registered</td>
<td>Registered</td>
<td>In Process</td>
</tr>
<tr>
<td>WHO PQ</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Laboratory &amp; field evaluation studies</td>
<td>Done</td>
<td>Done</td>
<td>In process</td>
<td>In process</td>
</tr>
<tr>
<td>Evaluation and regulatory challenges</td>
<td>Embossing packaging to differentiate public from private market kits yet to be done</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Price in $ (ex works)</td>
<td>$2</td>
<td>$2.99</td>
<td>$3.09</td>
<td>$1.99</td>
</tr>
<tr>
<td>Manufacturer</td>
<td>OraSure Technologies</td>
<td>Chembio</td>
<td>Biolytical Laboratories</td>
<td>Atomo Diagnostics</td>
</tr>
<tr>
<td>Manufacturer country representative</td>
<td>Human diagnostics Uganda Ltd</td>
<td>Bio medics</td>
<td>Bet Scientific</td>
<td>Finalizing</td>
</tr>
</tbody>
</table>
Blood-based kits in Uganda

Preferences

• National policy briefly mentions blood-based kits
• Identified need to expand blood-based kit availability.
• Expanded availability of blood based kits reach audiences that prefer and trust blood based results

Expansion of kits

• Increasing blood-based distribution in STAR III sites
• Demand and communication materials edited to cater for blood-based kits.
• Blood-based kits integrated into M&E and DHIS 2 systems, supply order forms, and training materials
HIVST distribution in Uganda
HIVST Distribution Channels

Facility-based
- Facility drop-in centers
- Integrated facility
- HTS/HIVST delivery through targeting secondary distribution
- Through specialized clinics (e.g., STI/ART clinic)

Community-based
- Workplace
- Peer distributors
- Drop-in centers
- Community outreaches
- Secondary-SNS, peer-to-peer

Others
- Domiciliary/private sector clinics
- Pharmacies
- Electronic vending machines
- Virtual/online platform
Kit distribution by type under STAR III pilot

- Blood-based kits introduced late in March 2021

<table>
<thead>
<tr>
<th>Type of Kits</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insti (blood-based)</td>
<td>894</td>
<td>1.3%</td>
</tr>
<tr>
<td>Oraquick (oral-based)</td>
<td>69,408</td>
<td>98.7%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>70,302</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Blood based kit distribution by distribution channel n=894

- **Clinic**: 86, 10%
- **Community Based**: 598, 67%
- **Facility Based**: 154, 17%
- **Pharmacy/DS**: 56, 6%
Kit distribution by gender

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>429</td>
<td>465</td>
</tr>
<tr>
<td>Total</td>
<td>429</td>
<td>465</td>
</tr>
</tbody>
</table>
Distribution by population category (n=883)

- Uniformed forces: 76
- PWUD: 61
- Others: 505
- Fisher folks: 41
- Transgender: 14
- Sex worker: 135
- PWUIDs: 5
- MSM: 56
## Test outcomes

<table>
<thead>
<tr>
<th>Test outcome</th>
<th>Count of HIVST result</th>
<th>Count of Confirmatory Test result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indeterminate</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Invalid</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Non-Reactive</td>
<td>854</td>
<td>724</td>
</tr>
<tr>
<td>Not Used</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Reactive</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>894</strong></td>
<td><strong>753</strong></td>
</tr>
</tbody>
</table>

100% of reactive tests were positive on confirmation

Lost clients along the cascade
Cascade: blood-based HIVST cohorts

- Reactive: 21
- Confirmed positive: 20
- Linked to care: 19
- Started on ART: 15

Percentage rates: 100%, 95%, 90%, 71%
Distribution by population category
n=894

Distribution by population category

- Uniformed forces: 76
- PWUD: 61
- Others: 516
- Fisher folks: 41
- Transgender: 4
- Sex worker: 135
- PWUIDs: 5
- MSM: 56
CASCADE (BLOOD BASED COHORTS)

- **Reactive**: 21 (100%)
- **Confirmed positive**: 20 (95%)
- **Linked to care**: 19 (90%)
- **Started on ART**: 15 (71%)
Next steps in the journey to sustainability
Next steps

Blood-based kits

• Expand kits under market intervention.
• Pilot kits in private sector through voucher system and price reduction of kits under UNITAID.
• Fast-track evaluation of two blood-based kits under market intervention negotiated by UNITAID with MoH.

Program expansion

• Increase country-wide scale up across all sites
• Implement program evaluations and deeper data analysis
• Increase use of electronic vending machines for easy access to test-kits
• Expand distribution models to other diseases (e.g., viral hepatitis)
Thank You
WEBINAR
OPTIMIZING HIV TESTING SERVICES, THE IMPORTANCE OF HIV SELF-TESTING

Thursday, July 8, 2021
8:00am EST
2:00pm CEST
Global Fund Investments in HIV Self-Testing

The Global Fund - HIV team
July 8, 2021
Contents

➢ The role of HIV self-testing
➢ Current portfolio investments in HIV Self-Testing under NFM3
➢ HIV Self-Testing Matching Funds Summary
➢ HIV Self-Testing C19 Response Mechanism
➢ HIV Self-Testing Investment Case
The role of HIV Self-Testing

**Closing the treatment gap:** reaching those who may not test otherwise and linking them to treatment; ex. men, adolescents and young people and key populations.

**COVID19 Adaptation:** critical alternative to maintain services while adhering to physical distancing, decongestion of health facilities and HR.

**Prevention benefits:** staying negative - has effects on sexual behavior and drives use and uptake of prevention choices

**Enables choice and self-care:** and facilitates de-medicalization of HIV testing. Self-care is less costly overall.
Current portfolio investments in HIV Self-Testing under NFM3

2021 –2023 funding cycle
Approximately 18% of Global Fund NFM3 investments in HIV testing is for HIV self-testing ($71,8M)

Key messages
- US$47.9m of total investment in 5 HIVST matching funds countries* → most of the increase in NFM3 was from the catalytic effect of the matching fund investment.
* Cameroon, Mozambique, Nigeria, Tanzania, Uganda

NFM3 Self-testing budget

NFM3 Differentiated HIV testing budget (375.8 mln USD)
**HIV Self – Testing Matching Funds Summary**

### Matching Funds Countries

- Mozambique
- Cameroon
- Uganda
- Tanzania
- Nigeria

### Investments in countries

- **US$71.8 Million** across GF countries
- **US$47.9 Million** in Matching funds

### Monitoring & Evaluation

- Systematically collect and analyze performance information to track progress.
- Three main programme areas mapped to HIVST indicators:
  - Distribution,
  - Use and Diagnosis,
  - Linkage to ART initiation

### Priority areas for support

- HIV test kits procurement and distribution.
- **Service Delivery Models**: Addressing gaps in the HIV testing for those who would not otherwise test through regular channels
- Demand Generation for uptake through multiple channels
HIV Self-Testing
C19 Response Mechanism
# HIVST as a key intervention in the context of COVID19

<table>
<thead>
<tr>
<th>Considerations for HIVST</th>
<th>HIV self-testing resources can be requested for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIVST may be acceptable alternative to maintain services while adhering to physical distancing guidance.</td>
<td>1. Technical assistance to support policy and regulatory changes required in countries without policies or not being implemented.</td>
</tr>
<tr>
<td>Important to strategically implement HIVST prioritizing areas &amp; populations with greatest risks and gaps in testing coverage.</td>
<td>2. To support development of a reporting, follow-up and M&amp;E instruments for countries starting to implement self-testing.</td>
</tr>
<tr>
<td>Providing HIVST service delivery and support options is desirable.</td>
<td>3. Development of training packages and ToTs on HIVST.</td>
</tr>
<tr>
<td>Communities need to be engaged in developing and adapting HIVST models.</td>
<td>4. Creation and adaptation of IEC materials.</td>
</tr>
</tbody>
</table>

**HIV commodities (prevention, testing and treatment) are not eligible for C19RM funding**

1. Technical assistance to support policy and regulatory changes required in countries without policies or not being implemented.
2. To support development of a reporting, follow-up and M&E instruments for countries starting to implement self-testing.
3. Development of training packages and ToTs on HIVST.
5. Development and implementation of demand creation campaigns.
6. Printing of IEC materials and M&E tools to carry on implementation of activities.
7. Support to human resources (community-led counsellors, peer educators) with implementation of activities.
HIV Self-Testing
Investment case
Strategic shifts in HIV programming to reach our targets by 2025

- The Global Fund can drive a step change in the HIV response by catalyzing availability of HIVST at a much larger scale:
  - Through multiple channels: Outreach, pharmacies, index testing, hotspots, on delivery, on-line platforms
  - Funded through different models including private sector, public subsidies and client purchase

- Scale up of HIVST would also drive a movement towards de-medicalization of HIV testing services- and acceleration of prevention access

- Signals a shift to promote self-care & self-management and encourages responsibility for one's own health.

- Self-care including self-testing increases health system resilience against COVID19 and similar pandemics- and decreasing cost and complexity.

- Strengthen focus on market shaping for HIVST:
  - Introduce interchangeability of HIV testing products to accelerate procurement and scale up.
  - Support policies and regulatory process for introduction of test kits.
  - Demand generation for uptake of HIVST through multiple channels
Optimized HIVST support based on country readiness

**HIVST not yet introduced**
- Support the enabling environment for successful HIVST introduction.
- Support policy adoption and product registration.
- Ensure integration in MOH key systems.
- Capacity building and partner engagement with stakeholders.

**HIVST piloted, not widely available**
- Strategically scale up implementation in phases.
- Prioritize geography and populations with greatest risk and gaps in testing coverage.
- Development of National plans and training Packages.
- Implement as part of mix of differentiated testing approaches.

**HIVST being scaled up**
- Replace some/most facility testing with HIVST (to decongest health facilities)
- Invest in catalyzing the Total Market Approach, including private sector, online, workplace and pharmacies.
- Demand generation activities to increase uptake
- Implement the most effective targeted distribution models for each population lagging.

**HIVST implemented at scale**
- Increase uptake of unassisted and de-medicalized HIVST.
- Invest in catalyzing mixed economic model of HIVST:
  - Domestic/donor funding, public subsidies,
  - Private sector financing
  - Client purchase

---

**THE GLOBAL FUND**
Thank you
WEBINAR

OPTIMIZING HIV TESTING SERVICES, THE IMPORTANCE OF HIV SELF-TESTING

Thursday, July 8, 2021
8:00am EST
2:00pm CEST
HIVST Market and Unitaid Market Accelerator
Unitaid/PSI STAR Catalytic Investment: Close to 5 million HIVST (oral & blood-based) kits distributed (June 2016- July 2021)
Massive market growth potential exists based on the forecast to meet the global HIVST need.

- One manufacturer/product cannot meet these volumes in next five years.
- Market dominated by single product (oral fluid based HIVST) backed by volume guarantee at $2 by BMGF
- Unmet supply is expected to have negative impact on overall HIVST market growth.
- Limited options for end users
- High cost barrier
- Poor in-country price regulation

Low but increasing LMIC Demand volumes as a percentage of need is anticipated, reaching 15% of need by 2025

<table>
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<td>WHO PQ</td>
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<td>(Chembio Diagnostic Systems Inc., USA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abbott HIVST</td>
<td>Blood</td>
<td>ERPD approved, WHO PQ- expected Q4 2021</td>
</tr>
<tr>
<td>BioSure HIVST</td>
<td>Blood</td>
<td>In Pipeline</td>
</tr>
</tbody>
</table>

Total HIV need for LMICs is estimated to be 177m kits- growing to 192m kits by 2025
UNITAID/STAR supported Market interventions: 2020 and 2021

Local Distributor level price regulation

- Oraquick distributor level price negotiation, one all-inclusive price and reduced lead time, private sector led distribution and clearing
- Distributor to customer across project countries: Tanzania, Nigeria, Uganda, Indonesia, RSA etc.

HIVST EMAV

- **Global Access price**: Mylan $1.99 per test, Abbott $1.5
- Offer to Global Fund, PEPFAR, MOH/NDOH, UNICEF and other global donors, NGOs, and other leading investors
  - **135 countries** coverage
  - 25+ priority **country registrations**
  - Long **contract validity**: 72 months.
  - **Product diversity** (2 more Blood-based HIVST - Mylan, Abbott, Oral-based HIVST Orasure)

Demand side procurement (in development)

- Manufacturer engagement to determine transparent pricing and fixed retail price
- Procurement based on aggregated periodic actual consumer pick-up (public and private)
- Negotiated price up to Service delivery point
- Private sector led distribution
WEBINAR

OPTIMIZING HIV TESTING SERVICES, THE IMPORTANCE OF HIV SELF-TESTING

Thursday, July 8, 2021 8:00am EST
               2:00pm CEST
Speakers

Cheryl Johnson, WHO, Switzerland
Self-care, testing gaps and COVID-19 disruptions

Elizabeth Corbett, Malawi-Liverpool-Welcome Programme/LSHTM, Malawi
HIV self-testing: How did we get to where we are today?

Muhammad Jamil, WHO, Switzerland
Launch of the new WHO HCV self-testing guidelines: Recommendation and evidence

Elena Ivanova Reipold, FIND, Switzerland
HCV self-testing in low- and middle-income countries: first evidence on feasibility, acceptability and current status of product pipeline

Jeffrey Klausner, University of Southern California, USA
Self-sampling for sexually transmitted infections and future rapid tests

Iain Buchan, Institute of Population Health, University of Liverpool, UK
Self-testing for COVID-19: lessons learned from the UK

Panel discussion: future directions and opportunities for self-testing

- Lenhle Dube, National HTS Coordinator, MOH Eswatini
- Mauro Guarinieri, INPUD
- Karin Hatzold, STAR/PSI Global
- Mohammed Majam, Ezintsha, Univ. Witwatersrand, South Africa
IAS 2021

HIV SELF-TESTING, WHAT’S NEXT?

SUNDAY, JULY 18, 2021
7PM (CEST), on Channel 4