

Friday
October
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HIV Self Testing in Taxi Ranks

South African
HIV Clinicians
Society
Conference



University of the Witwatersrand
WITS RHI



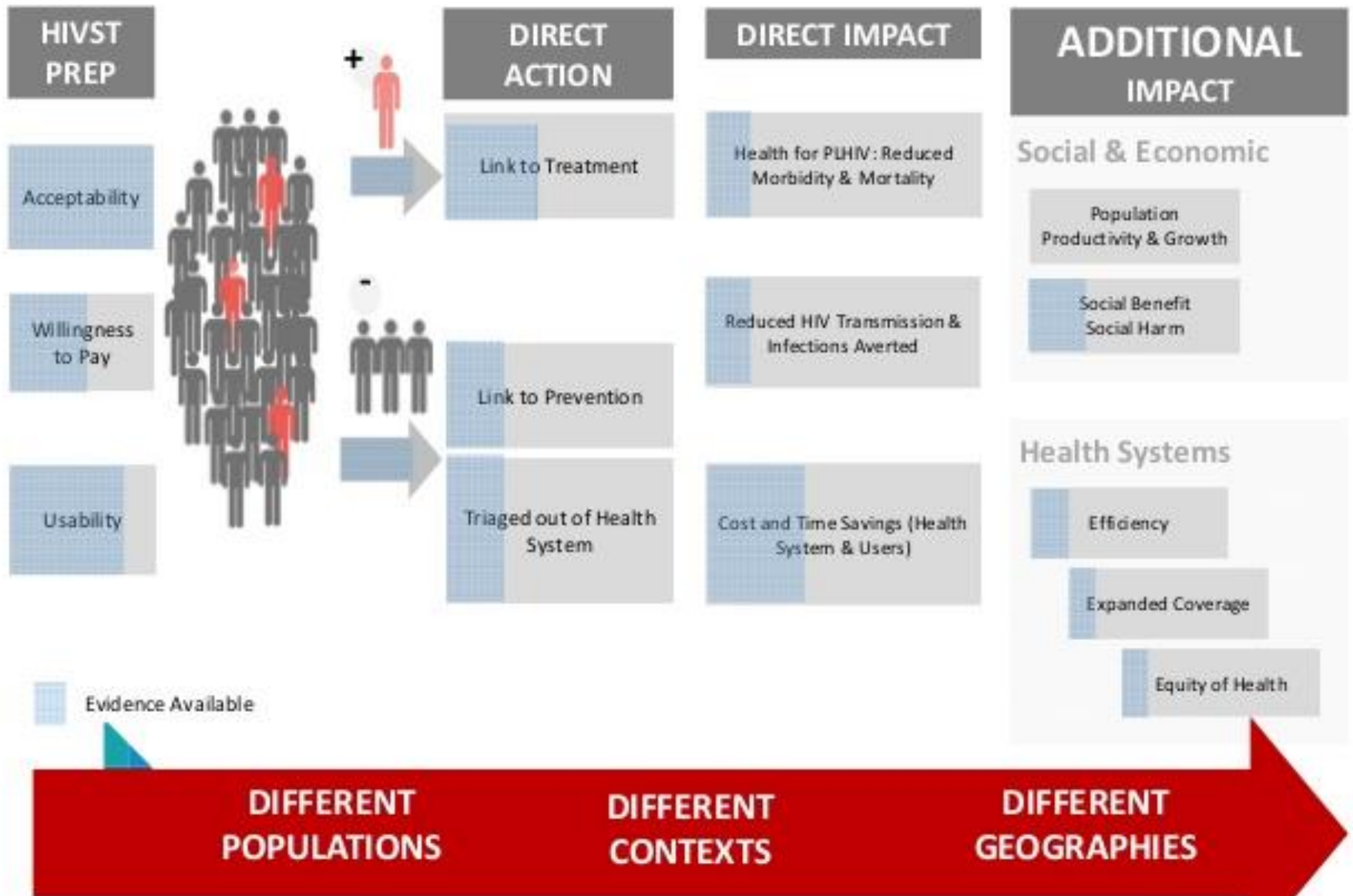
Aim

- Providing a supplementary strategy towards achieving the first 90
- Reaching key and under-tested populations
- Increasing HIV testing options
- Using innovative health communication platforms
- Improving index testing
- Improve testing among discordant couples

Target Population

- **Men**
- AGYW
- Key populations
 - Sex workers
 - MSM
 - PWID
 - Transgender

Rationale



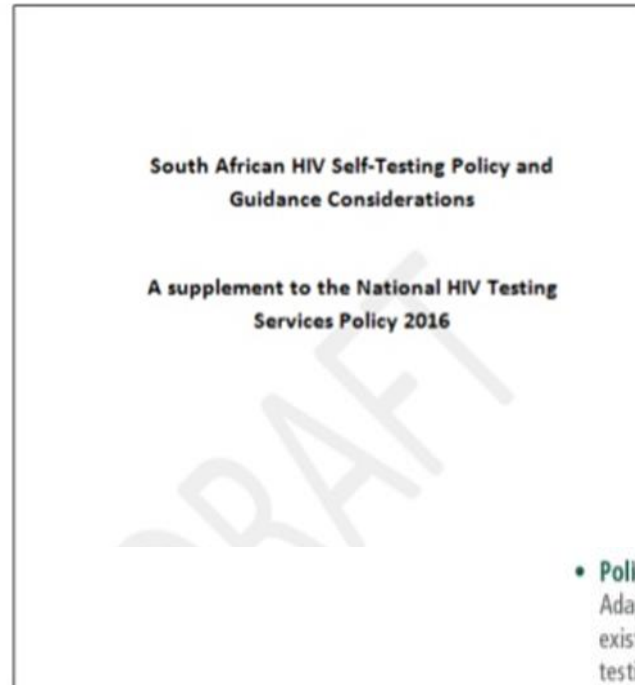
South African Self-Testing Data

- Ndlovu Health (Limpopo)
 - High usability, concordance, Sens and Spec in rural population
- HSTAR (Gauteng)
 - High usability in Oral Fluid and Finger stick products in Inner City Johannesburg
- iTEACH (Gauteng, Mpumalanga, KZN)
 - High concordance, but low LTC in Truck Drivers
- UCT (Western Cape)
 - High acceptability in MSM, and demonstrated utility of online platforms for sale and distribution
- Anova (North West)
 - High acceptability in MSM



Policy and Advocacy

- South African National Guidelines and TWG
- WHO Guidelines
- Pharmacy Council and Pharmacy Groups
- TAC
- SANAC
- South African Stakeholder Symposium



Recommendation

HIV self-testing should be offered as an additional approach to HIV testing services.

[STRONG RECOMMENDATION, MODERATE QUALITY OF EVIDENCE.]

NEW

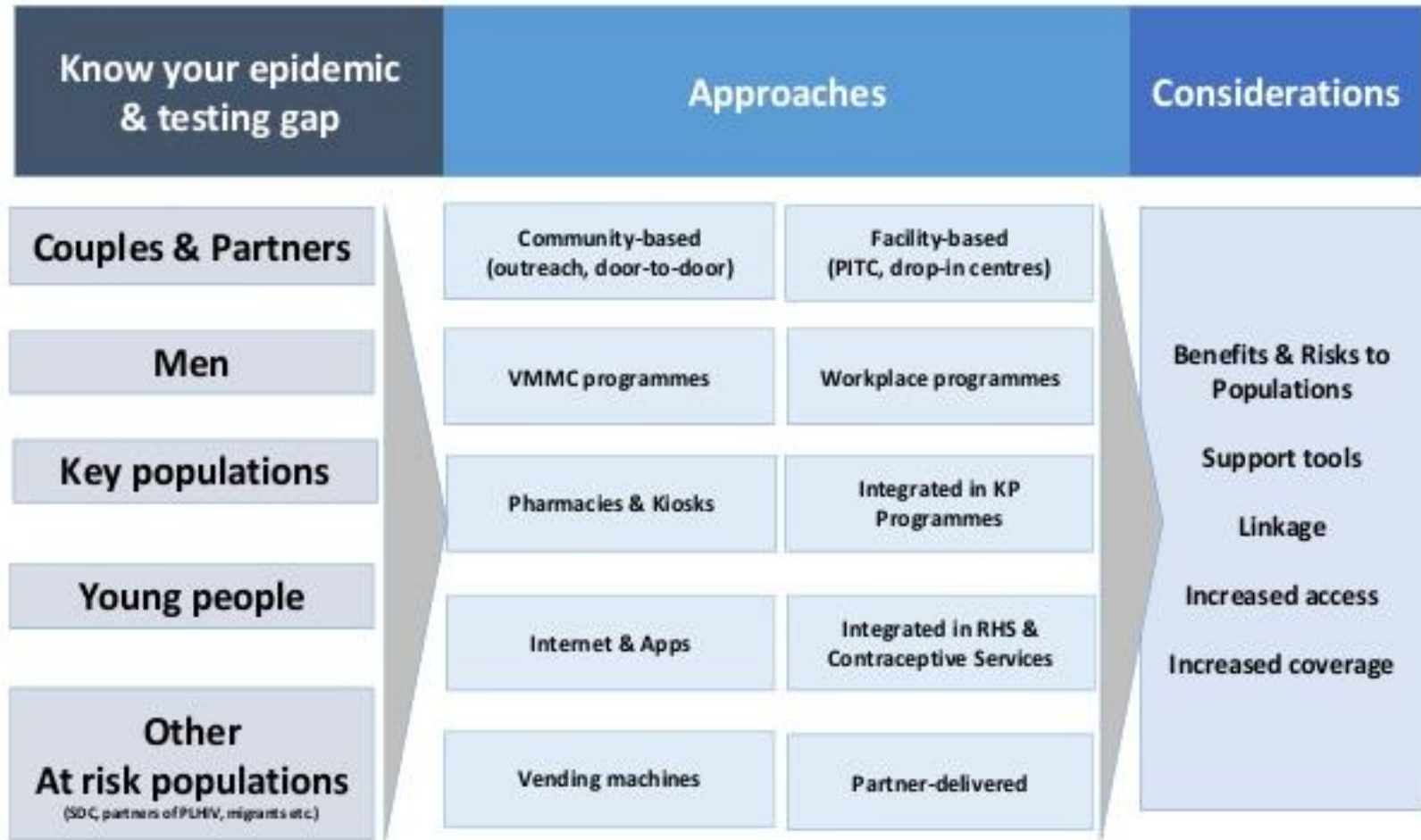
- **Policy and regulatory frameworks.** Adapt, develop and harmonize existing national policies on HIV testing to incorporate HIVST, such as:
 - Laws permitting the sale, distribution, advertisement and use of quality-assured RDTs for HIVST;
 - Age of consent to self-test;
 - Human rights laws, policies and regulations to protect individuals and address misuse of HIVST if and when it occurs;
 - National policies on how to confirm an individual's HIV status following HIVST;
 - Quality assurance and post-market surveillance systems for RDTs used for HIVST.

Social Harm Risk Assessment

- Studies generally report **HIVST can be empowering**
- **Social harm due to HIVST was not identified in RCTs**
- Reports from other studies were limited and did not suggest HIVST increased risk of harm
- In Malawi, two-years of implementing HIVST found no suicides, no self-harm and no cases of IPV.
 - Reports of coercion identified were mostly among men who also reported that they would recommend HIVST
- In Kenya 4 cases of IPV identified - unclear if due to HIVST. (*41% of participants reported IPV 12 months prior to intervention*).



Implementation Strategy



Distribution Model

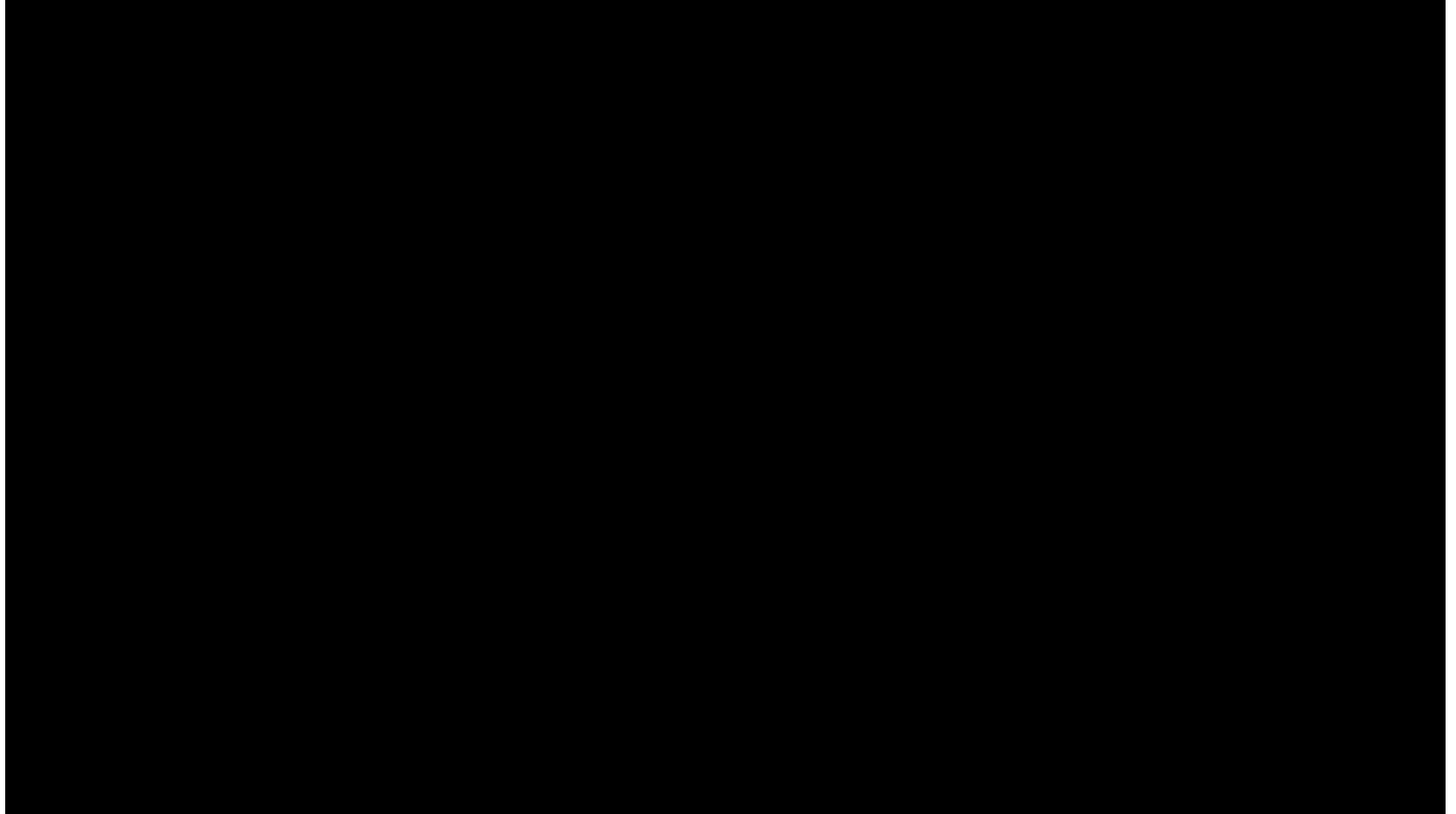


Test Kit

- Swab oral mucosa, HIV antibodies
- Results within 20 min
- Instructions translated in 6 languages
- Barcode for tracking and tracing
- User app questionnaire and information tool
- Emergency call line for questions and referrals
- Peer educator led telephonic follow-up and linkage
- Tailored IEC materials and male and female condoms included as part of a comprehensive preventative package



Outcomes



Going forward – What we still need to know

- Learn which distribution models work best in which populations
- Linkage to care – how best to achieve it
- How do we measure Impact against National targets
- The cost effectiveness of this modality
- How best to address social harm concerns

Going Forward – Ultimate Goals

- Distribute 2.2 million HIVST Kits over 2 years
- Test and research different distribution models in order to ascertain which is most effective and has most impact
- Make investment, operational and implementation recommendations to NDOH
- Improve HIV testing, link people to treatment and reduce new HIV infections

Thank You

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