

HIV Self-Testing and VMMC Improving uptake and service efficiency



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Introduction

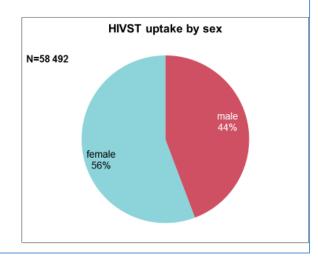
- HIV testing is part of the minimum package of VMMC
- HIV testing is not mandatory to undergo VMMC
- Fear of HIV testing and fear of a positive result represents barrier to uptake of VMMC among sexually active men
- Introduction of HIVST in Africa has shown high uptake among men, young people and key populations, 20-30% are first time testers

George at al, 2014, Hatzold et al 2014, Skolnik et al, 2014, Hermann Roloff et al 2011, Strauss et al 2014

HIVST reaches men

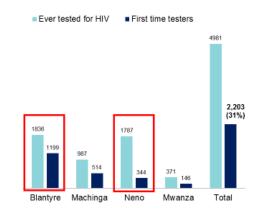
In Zimbabwe

- 44% of self-testers are men
- In rural Zimbabwe, achieved 60% population coverage among men



First Time Testers Malawi

- 31% of those who self-tested were first time testers
- 40% first time testers in Blantyre
- 16% in Neno



HIV Self-Testing (HIVST)





Collects

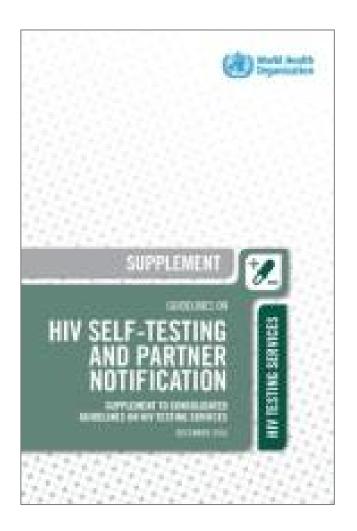
Performs

Interprets

Reactive results need confirmation by trained tester using a validated national algorithm

Slide Credit: C. Johnson, WHO

WHO Guidelines on HIVST



- 5 RCTs directly comparing HIVST to HIV testing by a provider as of July 2016
- 25 studies on HIV RDT for self-testing performance as of April 2016
- 125 studies on acceptability/feasibility (including user values preferences) as of July 2016
- 4 studies on cost/cost-effectiveness as of July 2016

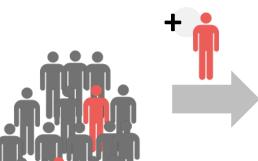


HIVST PREP

Acceptability

Willingness to Pay

Usability



DIRECT ACTION

Link to Treatment

Infections Averted

Cost and Time Savings (Health System & Users)

DIRECT IMPACT

Health for PLHIV: Reduced Morbidity & Mortality

Reduced HIV Transmission &

ADDITIONAL IMPACT

Social & Economic

Population Productivity & Growth

> Social Benefit Social Harm

Triaged out of Health System

Link to Prevention

Health Systems

Efficiency

Expanded Coverage

Equity of Health

*Adapted framework based on BMGF & UNITAID HIVST Meeting in January 2017; Slide Credit: C. Johnson, WHO

> **DIFFERENT POPULATIONS**

DIFFERENT CONTEXTS

DIFFERENT GEOGRAPHIES

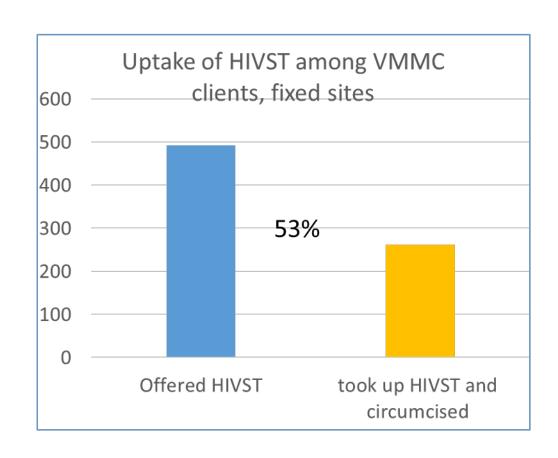
HIVST and VMMC 2 Models

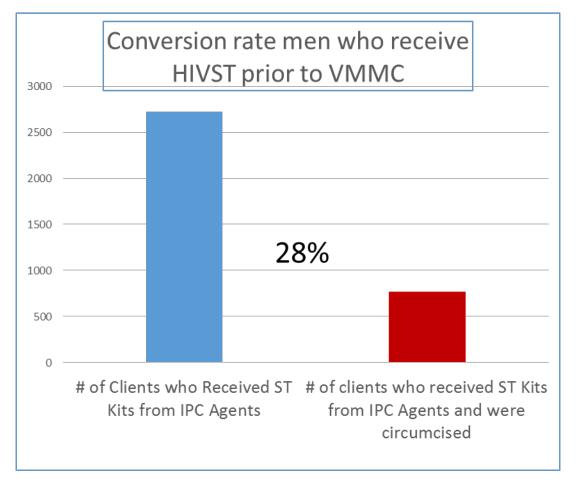
- HIVST offered by the community mobiliser during IPC session
 - Men can test before presenting at the VMMC site
 - Getting to know about their HIV status in private
 - HIV negative result might encourage males to take up VMMC
 - Men presenting used HIVST at VMMC site, do not need to be re-tested at site
 - HIV positive self-testers receive confirmative testing and are linked to care and treatment

- HIVST option offered at the VMMC site
 - Self-Testing at VMMC site
 - Self-testers can proceed to MC procedure after MC counselling and clinical assessment
 - Men are encouraged to disclose status
 - HIV positive self-testers receive confirmative testing and are linked to care and treatment



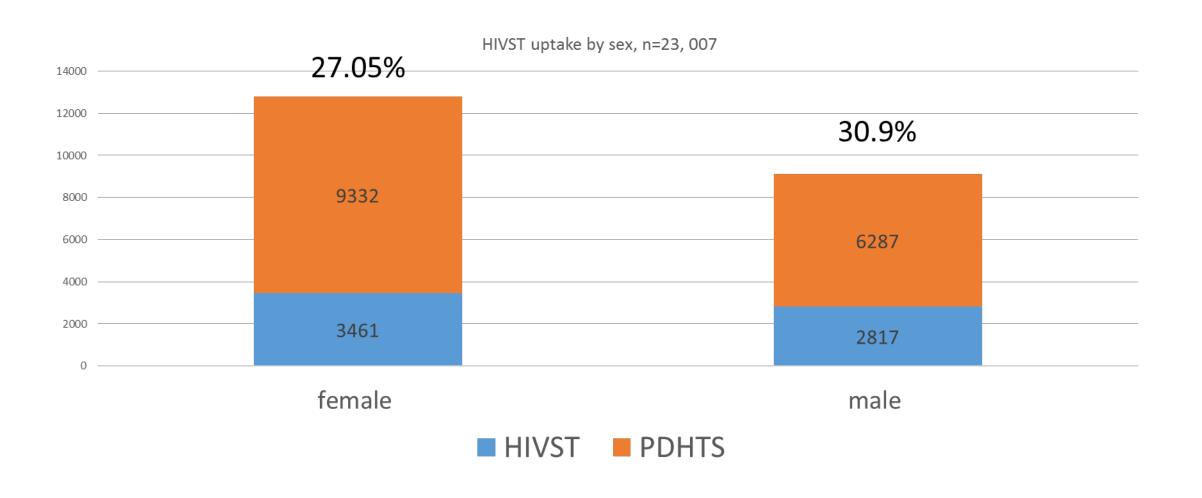
Preliminary Results Zimbabwe







HIVST uptake by sex facility based HIVST



Randomised Controlled Trial Zimbabwe

- Hypothesis: Men who receive HIV self test kits (plus or minus enhanced VMMC demand creation intervention)
 during community mobilization and test themselves prior to provision of VMMC services are more likely to
 undergo VMMC than those who do not receive HIVSTs during mobilization.
- Individual Randomization of community mobilizers (n= 690) to three arms

Arm 1

Standard IPC

Arm 2

Enhanced IPC
 segmentation, segment
 specific messaging,
 concepts addressing
 barriers of uptake

Arm 3

- Enhanced IPC
 segmentation, segment
 specific messaging,
 concepts addressing
 barriers of uptake
- plus HIVST prior to VMMC

Future plans

 Scale up of HIVST through STAR in 6 countries in SSA, including integration of HIVST with VMMC to increase demand and increase efficiency of public/private sector HTS.

 No repeat HIV testing required prior to ART initiation if HIVST/ confirmative HIV testing conducted at site

