

Sustainable financing for workplace HIV self-testing: launch and overview of new policy brief



MENHT Special Webinar: Launch of WHO-ILO Policy Brief

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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)

Remarks

- 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.



WHO RECOMMENDS HIV SELF-TESTING – EVIDENCE UPDATE AND CONSIDERATIONS FOR SUCCESS

NOVEMBER 2019



Community-based

Distribution during campaigns, at events, mobile outreach or home-based (door-to-door) distribution. Integration with existing community-based testing programmes can improve efficacy and optimize resources. Community-led models are likely to be successful.



Facility-based

Distribution from facilities or other fixed sites for use later or within the facilities. Kits can be given to HIV-positive or HIV-negative clients for secondary distribution.



Order online and receive via mail

A range of online platforms such as websites, social media, dating apps, and other digital media can be used. HIVST kits can be provided for free, at a cost or with coupons/vouchers for reduced cost.



Secondary distribution

Includes secondary distribution to partners or peers including distribution by HIV-negative and HIV-positive clients. Index clients can be given HIVST kits by providers at facilities.



Retail outlets, pharmacies and vending machines

Kits are typically provided at a cost to users but price can be reduced through public-private partnerships and distribution of coupons or vouchers.



Faith-based settings

Distribution from faith-based settings such as churches and mosques.



Workplace

Distribution to workers for testing themselves and/or for their partners. Consider sustainable models such as through public-private partnership and/or insurance packages to cover the cost.

A GUIDE FOR PLANNING, INTRODUCING AND SCALING UP

OCTOBER 2018

HIV TESTING SERVICES



The number of people living with HIV in the workforce globally is estimated to be 29.9 million in 2020

HIV SELF-TESTING AT THE WORKPLACE

NOVEMBER 2018



What is HIV self-testing?

HIV self-testing is a process in which a person collects his



World Health Organization



International Labour Organization



1919-2019



More than 9 million people globally — 25% of all people with HIV — do not know their HIV status.

Approach	Key questions and considerations
Who are the intended users?	<p>Is HIVST targeted to all workers or to groups at higher risk, such as vulnerable and key populations?</p> <ul style="list-style-type: none"> Consider the epidemiological context (high or low prevalence), programme objectives and available resources when identifying target groups. <p>Is HIVST for workers only or also for distribution to partners, family members or social networks (secondary distribution)?</p> <ul style="list-style-type: none"> Secondary distribution of HIVST kits is safe and acceptable. To implement this approach, initial distribution to index should include screening for intimate partner violence and adequate information on how to perform, offer and demonstrate a self-test. It is also important to emphasize HIVST should never be coercive and HIVST kits should not be used to test infants or children. Cost and available resources may limit or rule out secondary distribution.
Where are HIVST kits distributed?	<p>What are the best places and types of sites to offer HIVST?</p> <ul style="list-style-type: none"> Possible sites include workplace health-care facilities, VCT@WORK sites, occupational health and well-being clinics, unions' offices, mobile distribution to workers in temporary camps or field (for example, mining, agriculture). Resource needs and availability of support and referral services are a factor. To minimize resource needs, consider leveraging existing systems and sites for HIVST distribution. If HIVST is offered on-site, it should be aligned to times convenient to workers to ensure confidentiality. Distributing information and promotional materials on where HIVST can be accessed should be considered.
When and how is HIVST delivered?	<p>What is the best time of day and/or day of the week to offer HIVST?</p> <ul style="list-style-type: none"> Consider if HIVST will be available only during normal operating hours or after hours as well. Select days/times for HIVST distribution when maximum coverage can be achieved. <p>How frequently should HIVST be offered?</p> <ul style="list-style-type: none"> Providing access to multiple HIVST kits per year has helped high-risk men who have sex with men to test as often as quarterly, but this may require additional resources. Consider innovative financing options – for example reimbursement through insurance schemes – to support this. However, limiting reimbursement to a maximum number of HIVST kits per year may be needed to optimize resource use. <p>Will HIVST be available continually or occasionally?</p> <ul style="list-style-type: none"> Depending on the type of workplace and setting, there may be value in offering HIVST routinely on an ongoing basis or for specific time periods, for example, during events or campaigns.
Who distributes HIVST kits?	<p>Are HIVST kits distributed in-person or through an automated delivery system such as kiosks or vending machines?</p> <ul style="list-style-type: none"> In-person distribution: different cadres of health-care providers or workers can be utilized for HIVST distribution – for example, health-care professionals, lay providers, trained peers or volunteers. Training needs and support packages will vary depending on who distributes the kits. Trained peers and volunteers can promote access to HIV testing services, provide support if needed, and create demand (see box 1). They can also provide in-person demonstrations on how to self-test and how to interpret the results. Automated delivery system: It is important to consider if this approach is accessible and feasible. Such automated systems will need reliable electrical supply, mechanisms to ensure privacy, regular restocking, and a voucher, code, token, or payment system to operate. Resources will be needed on an ongoing basis for restocking to prevent stock-outs and distribution of expired HIVST kits.
What services and support are offered?	<p>Is appropriate support package tailored to the implementation approach available and feasible?</p> <ul style="list-style-type: none"> A minimum package of support services is essential. Support can be in-person or virtual (that is, through text messages, telephone hotline, or Internet-based resources, such as videos). Appropriate support facilitates accurate testing and promotes post-test linkage to services.

Planning

- Strategic **priorities and clear objectives** (test all, focus on groups with less access, or facilitate retesting among those with ongoing risk)
- Stakeholders' engagement and strategic partnerships** (both internal and external; form workplace HIVST steering committee/task force)
- Human rights** (workplace HIV testing policy ensuring voluntarism, confidentiality and non-discrimination)
- Leveraging existing systems** for HIVST implementation (workplace clinics, VCT@WORK, wellness programmes; consider joint ventures)
- Product selection and regulatory considerations** (procurement of quality-assured products)
- Resource considerations** (human resources and sustainable financing; innovative financing options such as insurance reimbursement)

Implementation

- Who are the intended users (all, or workers at ongoing risk such as members of key populations, social and/or sexual contacts)?
- Where are HIVST kits distributed (clinic, other fixed site, field, mobile)?
- When and how is HIVST delivered (appropriate timing and frequency; ongoing, occasional, or campaign)?
- Who distributes HIVST kits (in-person: health professional, lay worker, trained peer; automated – for example, vending machine)?

Tailored support package

- Support tools to perform** HIVST correctly (videos, in-person demonstration, virtual support, hotlines)
- Post-self-test support** (linkage to counselling, prevention and treatment services; onsite or by referral to external service providers)
- Information on linkage** (steps to take following HIVST and how to link to services)
- Supportive and enabling workplace environment** (strong leadership is critical as well as buy-in from management, workers and unions)

Demand creation

- Mobilization activities** (trained peers and volunteers can be effective)
- Social marketing and promotion** to raise awareness and create demand (for example, videos, brochures, flyers, mass media)
- Education and training** (for providers, self-test distributors and workers)
- Leadership** from top management, involvement of local **celebrities**, workplace **champions**

Monitoring and evaluation

- Strategies to **mitigate risks and social harms**
- Appropriate messages** to prevent social harm (no coercion or forced testing of partners, infants, children, or sex workers)
- Social harms monitoring and reporting** (add to routine surveys; provide redress when necessary)
- Monitoring to optimize implementation** (how many kits distributed and to whom; monitoring workplace stigma and discrimination)
- Evaluate and refine** programming (ongoing; steering committee/task force can lead)

- Guiding principles for designing and implementing workplace HIVST programmes
- Rights-based approach*
 - Workplace policy
 - Voluntary and confidential,
 - Non-discrimination

Box 1. Basic standards for lay provider or peer distributors of HIVST kits

These criteria may prove useful when selecting peers or community workers for HIVST distribution:

- Trusted by the local community or peers – for example, recommended or nominated by peers or union
- Representative of the community – for example, the workers' organization or union
- Able to perform the self-test correctly and accurately and to demonstrate its use and interpretation of results
- Able to provide accurate information and additional support – for example, to refer for further HIV testing and prevention
- Able to read and write
- Able to carry out monitoring and reporting tasks.

See HIV self-testing strategic framework: a guide for planning, introducing and scaling up¹³ for more information.

HIV SELF-TESTING AT WORKPLACES: APPROACHES TO IMPLEMENTATION AND SUSTAINABLE FINANCING

MAY 2022

HIV TESTING SERVICES



- Pilot projects have been successfully implemented in workplaces, facilitated through catalytic donor investments – need scale up and sustainable approaches
- Policy brief addresses promising and emerging financing approaches
- Highlights examples of HIVST implementation at workplaces in four high HIV burden countries
- Key audiences: ministries of health and labour, national HIV programmes, health insurance agencies, labour unions, implementing partners and employers.

Emerging evidence and implementation experiences

South Africa

- Mining, construction, transport, small businesses
- 2018-2020: 160000 HIVST distributed
- Two-thirds to men
- Nearly half first time or non-recent testers
- 4.2% positivity

Kenya

- Truckers and sex workers
- Co-packaging COVID-19 prevention and HIVST
- Jun-Nov 2020: 3000 HIVST kits, 113000 condoms, 7000 masks, 5000 hand sanitizers distributed



Zambia

- Mining, agriculture, transport, tourism, informal economy
- Focus on young men
- 2019: 160 peer educators/workplace champions from 60 workplaces trained. 11000 HIVST distributed
- 2020: 60 peer educators trained. 2500 HIVST distributed
- 2021: scale up and implementation in 15 countries

Zimbabwe

- Mining, agriculture, manufacturing, fast-food processing, energy sector
- Training of peer educators and staff from 10 companies
- 2019: 12780 HIVST distributed
- 72% to men
- 4.3% positivity
- 2021: 10 additional companies joined



KEY ENABLERS FOR SUCCESSFUL WORKPLACE HIVST PROGRAMMES

Based on the experience of workplace HIVST programme implementation and stakeholder interviews, several key enablers of the success of workplace HIVST programmes emerge. These include:

- presence of a non-discriminatory HIV workplace policy demonstrating commitment to respect for confidentiality, protection of jobs and non-discrimination;
- presence of an existing workplace HIV programme such as VCT@WORK;
- partnership and collaboration among key stakeholders including government, national programme, employers, employees and implementing partners;
- ownership and buy-in from employers' organizations, trade unions and their leadership;
- training of staff, community health workers and workplace peer educators to support mobilization, HIVST kit distribution and linkage to post-test services;
- financing through a range of sources, for example, provision of HIVST kits by partners/ministry of health, resources contributed by the ILO and employers, and the use of existing workplace facilities and programmes, such as clinics and occupational safety and health and wellness programmes;
- a focus on communication and advocacy highlighting the benefits of testing and HIVST.



International Labour Organization



FEDERATION OF KENYA EMPLOYERS
The Voice of Employers

“Employers welcome HIV self-testing. This enhances employees’ health and wellbeing and enables us to reach more at-risk persons, particularly men, at a relatively low cost.”

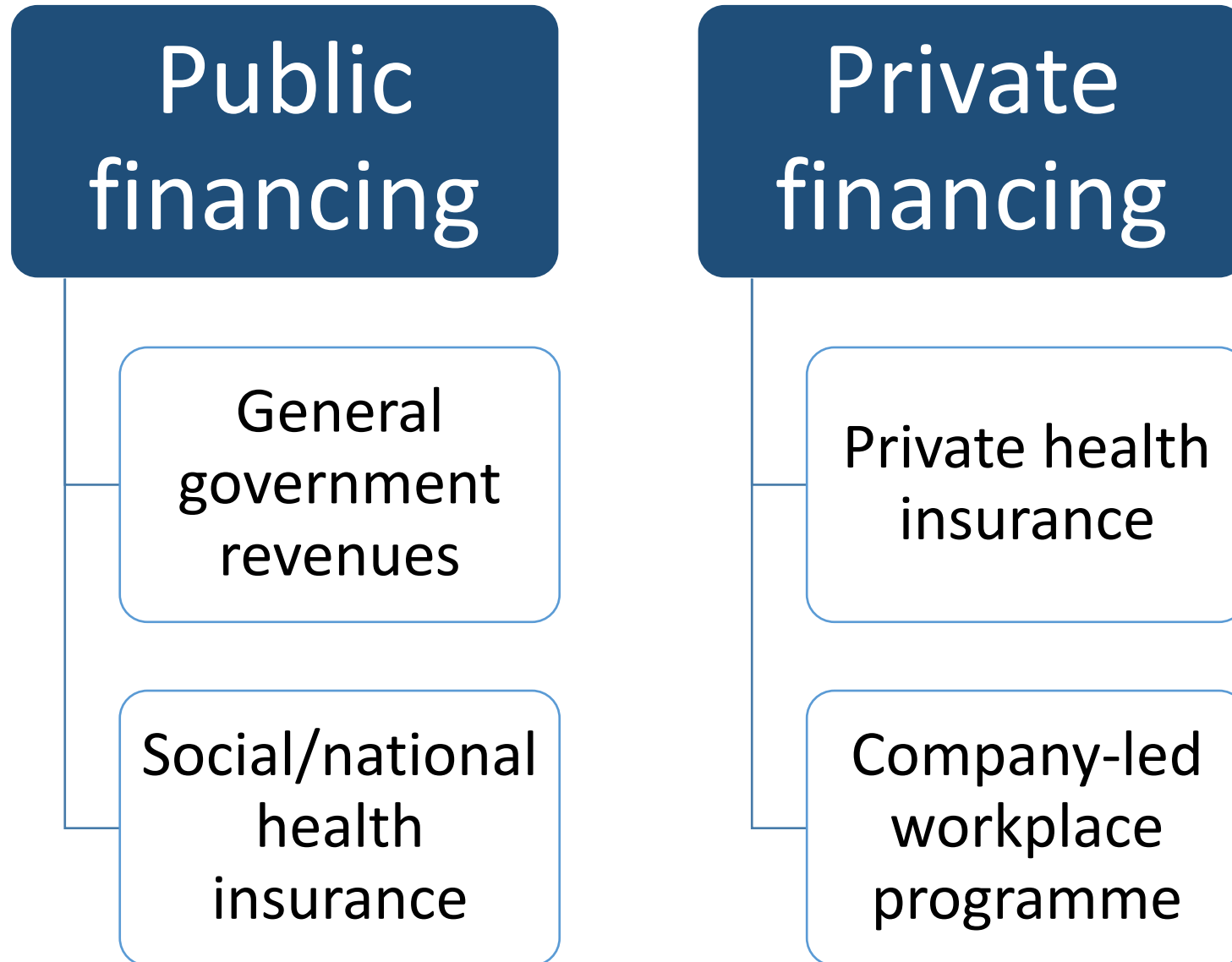
Jacqueline Mugo
Executive Director/CEO
Federation of Kenya Employers
Secretary General, BUSINESS Africa



International Labour Organization



Promising financing approaches for implementation



Approaches to sustainable financing: public financing

Approaches	General definition	Examples that can also leverage HIVST in the workplace
General government revenues	<ul style="list-style-type: none">• Government financing for health remains a centerpiece of national health systems• Most government schemes raise funds through domestic revenues, primarily taxes, and provide a universal basic set of health care services.• Some countries raise HIV-specific national funds – for example, through earmarked taxes or levies or debt conversion.	<ul style="list-style-type: none">• The Zimbabwe AIDS levy, a 3% tax raised on profits of employers or trusts, generates over US\$ 35 million per year. The revenues are used for ARV (50%), HIV prevention, and other services.• The Debt2Health programme, managed by the Global Fund, converts debt repayments into investments in health. Eight LMIC have invested nearly US\$ 140 million in domestic health programmes. In return, 3 donor countries have canceled debt in those implementing countries.
Social / national health insurance	<ul style="list-style-type: none">• In Social Health Insurance, working people, their employers, and self-employed typically pay contributions to ensure coverage for a package of health services.	<ul style="list-style-type: none">• Thailand finances HIV care for PLHIV through its Universal Coverage Scheme.• In Vietnam, social health insurance has taken a central role in supporting the HIV response. The annual premium is the equivalent of approximately US\$ 30 but is subsidized for people with HIV

Approaches to sustainable financing: private financing

Approaches	General definition	Examples that can also leverage HIVST in the workplace
Private health insurance	<ul style="list-style-type: none">Healthcare coverage is usually purchased by employers and distributed through a contract between the employer and a third-party insurance provider.Contributions to private health insurance, often called premiums, are usually not related to income or economic status but rather to individual health condition and risks.	<ul style="list-style-type: none">Jubilee Insurance In Kenya expanded its medical insurance coverage to include HIV testing, care and other services in 2004.The National AIDS Control Policy on non-discrimination towards people living with HIV positively influenced the decision.
Company-led workplace programmes	<ul style="list-style-type: none">A workplace programme led by employers, under the company's health and wellness or HIV workplace policy, uses a company's financial and human resources to promote the health and well-being of workers.	<ul style="list-style-type: none">The BEST company in India provides confidential and voluntary testing for HIV, TB and other conditions: BEST spends 1% of its budget annually, around 81,000 USD, on health and welfare of employees each year and has formal partnerships with government programmes for free treatment.

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