

Zambart

Community-based Distribution of Oral HIV Self-testing Kits

A Pilot Intervention and Rapid Impact Evaluation in Zambia
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Outline

1. Background
2. Rationale for pilot HIV self-testing study
3. Design of the pilot HIV self-testing intervention
4. Using routine data to evaluate impact
5. Summary

Background

- PopART (HPTN071) – community-based, randomised study to evaluate the impact of household-based combination HIV prevention approach on HIV incidence in South Africa and Zambia
- Community healthcare workers (CHiPs) go door-to-door offering HIV testing and link to other HIV-related services (VMMC, ART)
- Individuals contacted are offered participation in the intervention

Background

- CHiPs use an Electronic Data Capture (EDC) device during door-to-door household visits
- Through the EDC CHiPs collect data on:
 - Household members (whether absent/present during HH visit, age, male/female, education)
 - Individual uptake of intervention components

Background

- EDC data measure coverage and estimate progress towards 90-90-90 targets
- In Zambia, annual round 1, 83% (n=101,578) of adults (≥ 18 yrs) consented to participate¹
 - Among those who did not self-report HIV-positive, 71% (n=66,829) accepted HIV testing services from CHiPs¹
- After annual round 2, ~78% of men and 90% of women (86% overall) knew their HIV+ status following the R2 annual visit²
- Despite successes, there remain challenges in reaching:
 - Men
 - Adolescents and young people

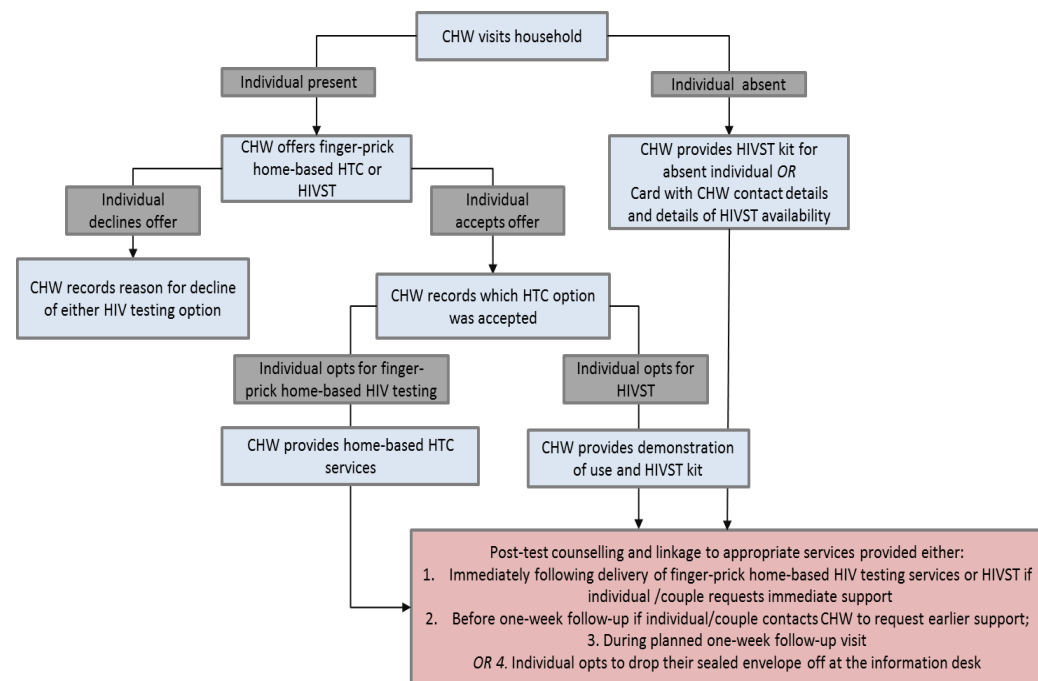
Ref: 1. Kwame Shanaube; Joseph M. Chaila; Sian Floyd; Ab Schaap; Sam Griffith; Richard Hayes; Sarah J. Fidler; Helen Ayles; for the HPTN071/PopART study team. Uptake of HIV Testing in the HPTN 071 (PopART) Trial in Zambia. CROI 2016. 2. Richard Hayes et al. Reaching 90-90-90? Findings After 2 Years of HPTN 071 (PopART) Intervention in Zambia. CROI 2017. Abstract #1011

Rationale for HIV Self-Testing Pilot Study

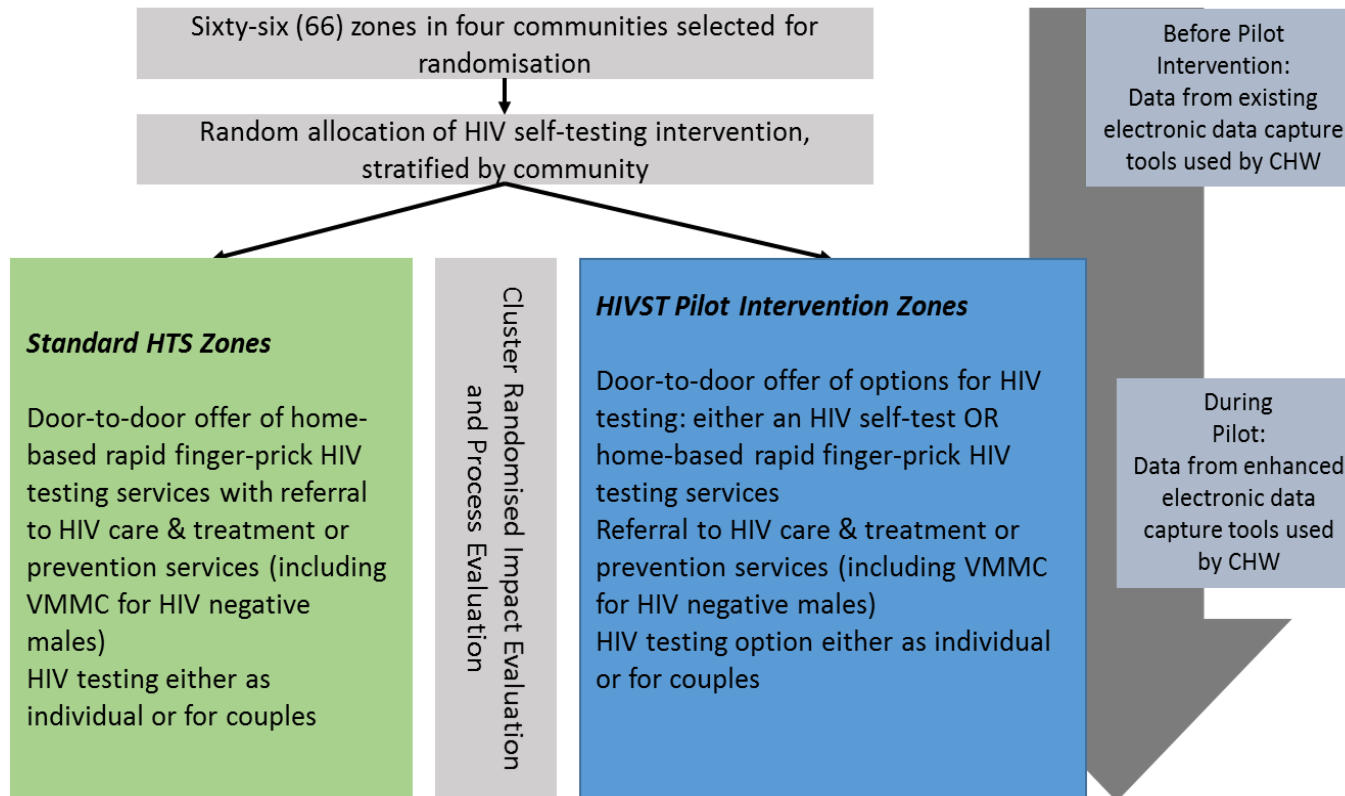
- Door-to-door delivery of HIV testing services not reaching all individuals
- Providing individuals with a “menu” of options for how to test for HIV may increase uptake of HIV testing services
- Offering to leave an HIV self-test (HIVST) for an absent partner/spouse, may increase uptake of HIV testing services among individuals not home during CHiP visit
- An opportunity to nest HIVST pilot within an existing study and leverage existing infrastructure (inclu. data collection structures)

The Pilot HIVST Intervention

- Individuals choosing to have an HIV test choose finger prick test or HIVST
 - Supervised/unsupervised
- Individuals 18yrs+ with a partner/spouse absent are asked if want to take an HIVST for their absent partner



The Rapid Impact Evaluation



The Rapid Impact Evaluation

Primary Outcome:

To investigate whether the inclusion of HIVST as an option for HIV testing, in addition to the offer of HIV testing with a finger-prick blood sample, through CHiPs **increases knowledge of HIV status** among the population enumerated during the study period

The Rapid Impact Evaluation: Using routine data to evaluate impact

- EDC modified in zones randomised to HIVST intervention to collect data on choice of HIV test among individuals testing for HIV
 - Finger-prick or HIVST
 - Supervised/unsupervised
 - An HIV self-test for absent partner
- EDC data used to estimate impact of HIVST intervention – data on enumeration, individuals contacted/consenting during HIVST intervention and uptake of HIV testing services

The Rapid Impact Evaluation

Secondary objectives include examining whether the HIVST pilot intervention:

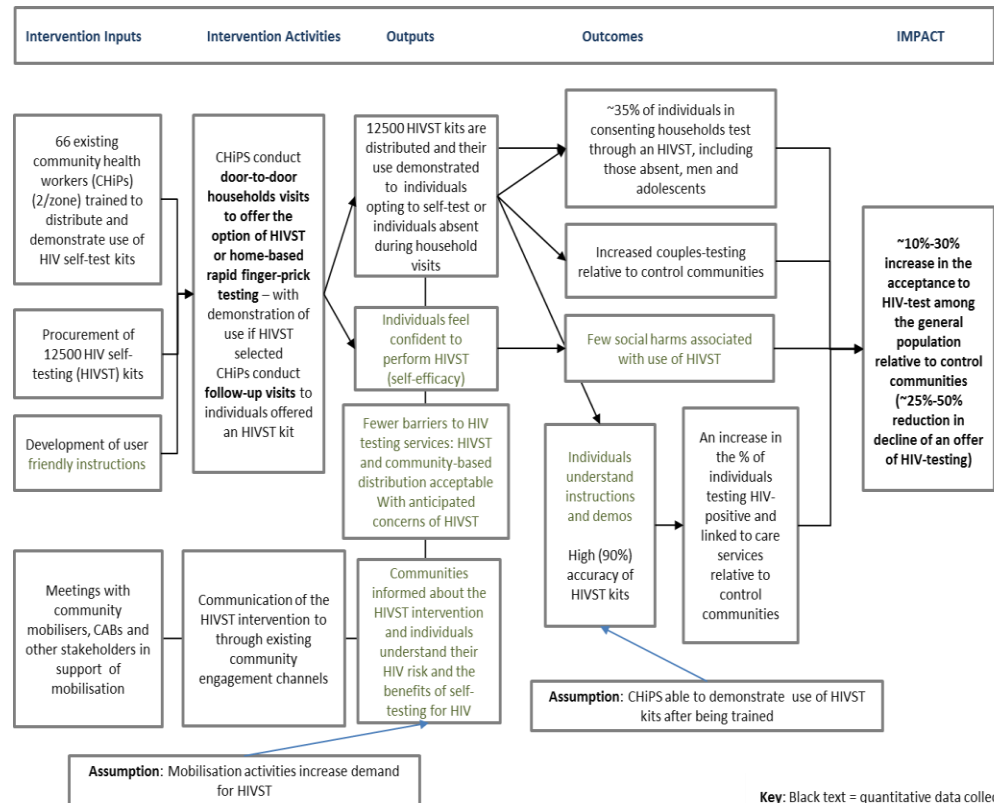
- increases consent to participate in the main PopART study
- increases acceptance of an offer of HIV testing services among individuals eligible and consenting to participate in PopART
- Increase the proportion of individuals who know their HIV positive status

Among others....

- We will also explore the primary and secondary outcomes among sub-populations:
 - Men
 - Adolescents and young people (aged 16-29yrs)
 - Individuals who recently moved into the community

Process Evaluation

- A process evaluation to measure and understand:
 - Whether the intervention was implemented as intended
 - How participants engaged with the intervention (for example, what type of HIVST was selected)
- Data collected through EDC and qualitative research
- Also documenting any social harms



Key: Black text = quantitative data collection
Green text = qualitative data collection

Summary

- Remains a need for alternate HIV testing strategies to reach individuals who are undiagnosed
- Door-to-door offer of a “menu” of HIV testing services, which includes HIVST and finger-prick HIV testing, we hypothesise knowledge of HIV status will increase
- This pilot intervention and rapid impact evaluation will test this hypothesis in four Zambian communities
- The study is nested within an existing universal test and treat study – leveraging existing structures including existing data collection sources
- The impact of the pilot HIV self-test intervention will be evaluated using data routinely collected by CHiPs through an EDC device

The Study Team & Thanks...

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