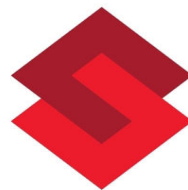


Legitimising HIV Self- Testing! My journey into the unknown



STAR “HIV Self Testing - Going To Scale” Workshop
Boma Hotel, Nairobi, Kenya. 29th – 30th March 2017

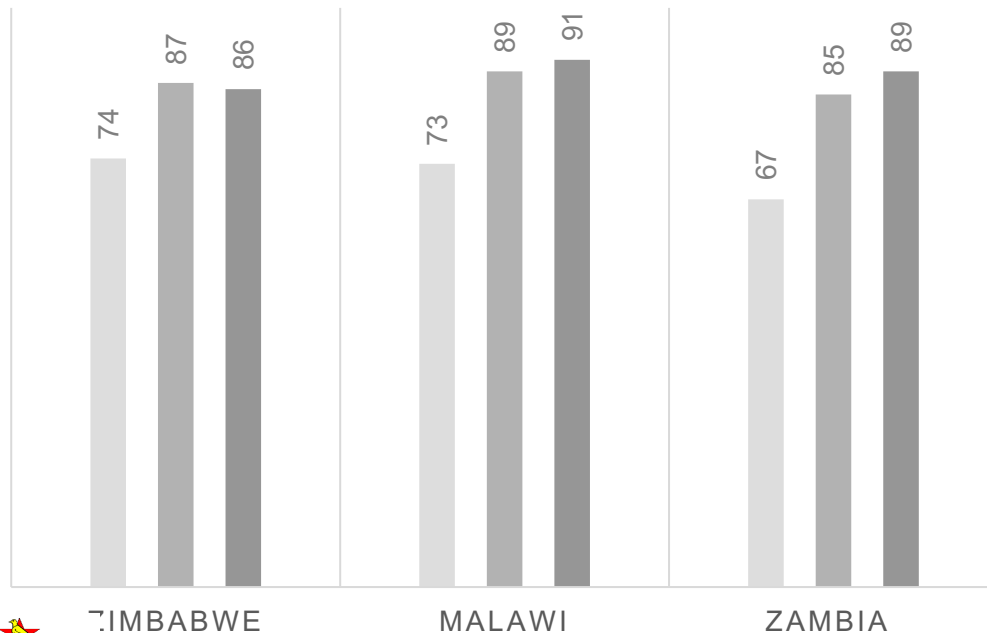
Miriam Mutseta: PSI/Zimbabwe



Progress towards 90/90/90 (1)

PROGRESS TOWARDS 90/90/90, ADULTS 15-64 YEARS

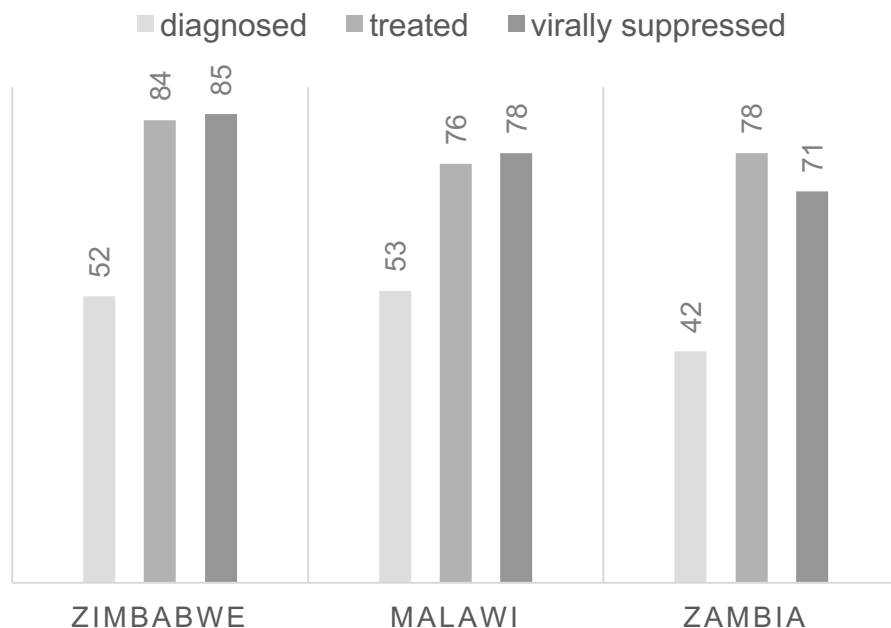
■ diagnosed ■ treated ■ virally suppressed



- ZIMPHIA- demonstrated excellent progress in epidemic control in Zimbabwe
- 74% PLHIV know their status

Progress towards 90/90/90(2)

PROGRESS TOWARDS 90/90/90, ADOLESCENTS 15-24 YEARS



- However, **men and young people still experience lower level of testing**: 42% of women 15-24 and only 26% of men 15-24 had tested in the last 12 months in Zimbabwe
- **Nearly half of young people (15-24 years) living with HIV in Zimbabwe** do not know their status

Leading the Way- MoHCC

- MoHCC leading the way for HIVST policy development and adaptation planning
- MoHCC formed HIV ST Technical Working Group (TWG)
- TWG approved CBDA Training Manual.
- PSI Realigned Community distribution districts with New Start operational areas in RCT to support CBD
- MoHCC TWG led PSI and CeSHHAR in the cluster randomization meeting of RCT communities.



Acceptability, Accuracy of HIVST

- HIVST is acceptable
 - Female sex worker (FSW) preferred HIVST over provider assisted testing
 - When offered as an option, 70% of HTS clients preferred HIVST over provider
- Accuracy is high
 - 93% - 100% sensitivity, 95% Specificity when used by lay persons
 - Demonstration, videos and validated IFUs are key to improve accuracy .

HIV Self- Testing Models

- **Models designed to determine acceptability and feasibility of different HIVST distribution models in different settings**
 - **N= 354,000 HIVSTs over two years**
1. Community based Rural population – through Cluster Randomised Control Trial in 34 wards
 2. Facility based HIVST offered as alternative option to provider assisted testing
 3. Secondary Distribution of HIVST kits to enhance partner notifications
 3. VMMC Demand Creation Model
 - VMMC mobiliser
 - Integrated with VMMC services
 4. Key Populations
 - FSW at FWS Clinics and Peer delivered
 - MSM peer delivered



Community Based Distribution

- Community volunteers (CBDAs), two day training
- Test kits are distributed house-to-house to adults (≥ 16 years), verbal consent and only to clients present at the time of distribution
- CBDAs provide information on HIVST use, practical demonstration on kit use, instructional video, info on post-test referral
- Electronic data collection tools to capture demographic data of self-test user
- Data is collected real time on DHIS2
- Self-testers return used kits to locked drop-boxes
- Late read of test kits to estimate HIV positivity rate

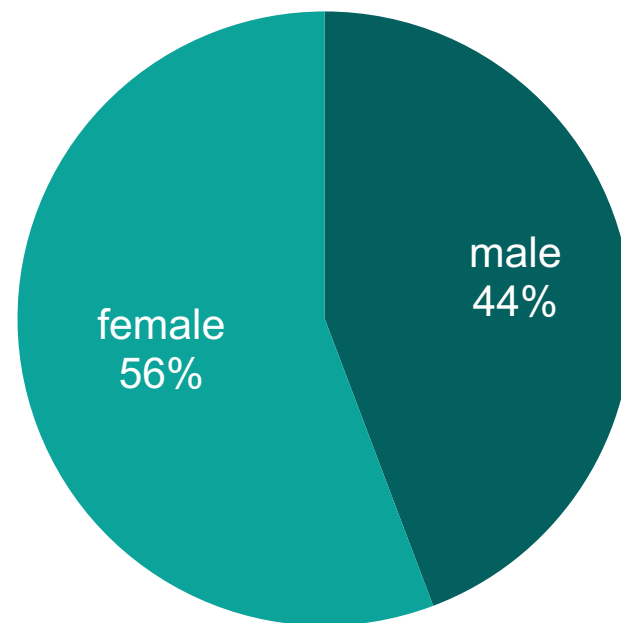
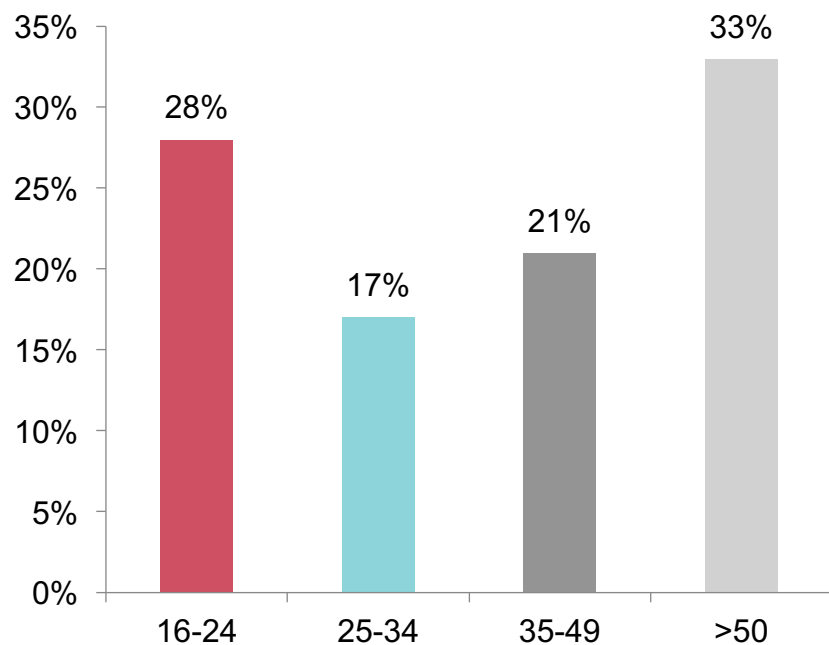


Community Based Distribution

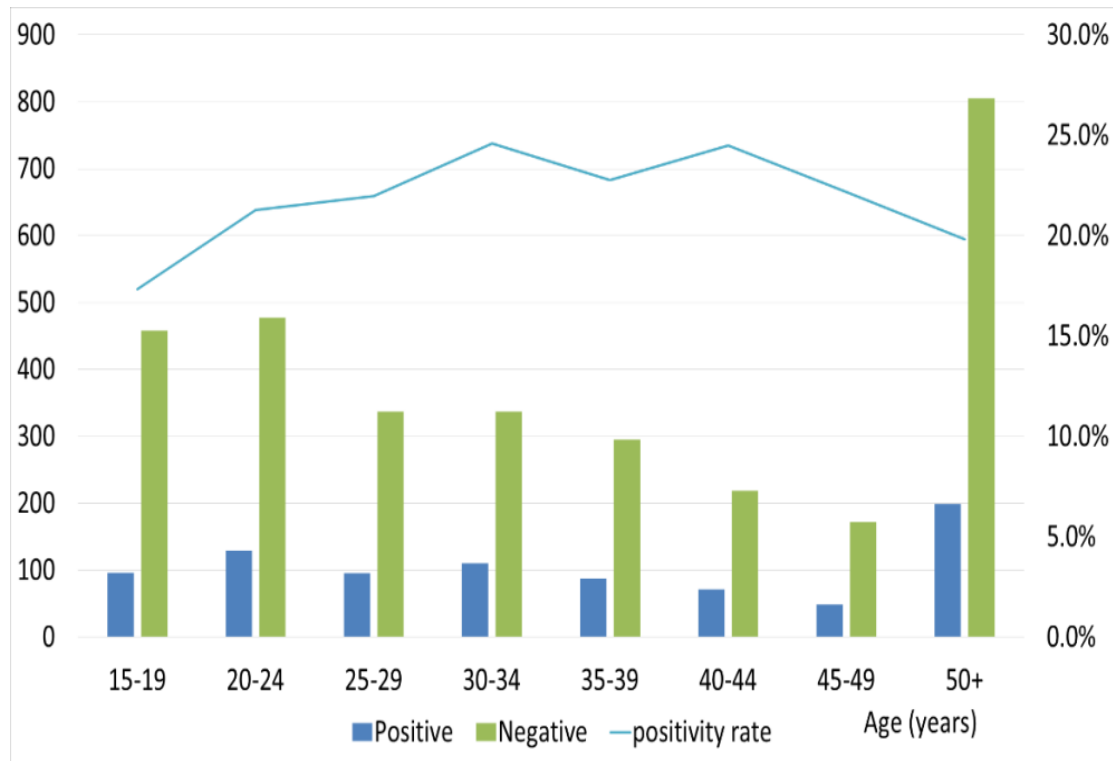
- 73 000 Self-Test kits distributed by end of February 2017
- 44% are men
- 44% from age group 16-24 years
- 73% of Self-testers test on their own
- 23% of recipients are new users/ first time testers
- 60% of test kits returned by end of December 2016



HIV Self-Testing Uptake, Community based distribution, Zimbabwe, by Age and Sex

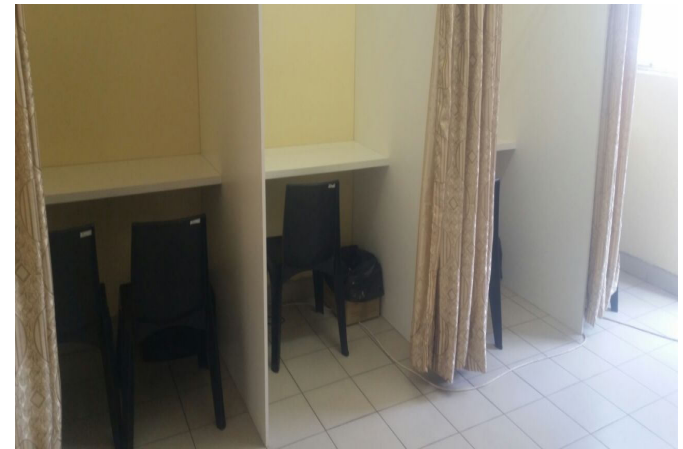


Yield from HIV Self-Testing Pilots in Zimbabwe (Dec 2016)



New Start Centres Fixed Sites & Outreach

- Five New Start Sites offering HIVST
- Fixed Sites and Mobile Outreach services
- Clients choose between HIVST and PDHTC
 - Can test onsite or offsite
 - Secondary Distribution
 - HIV positive clients offered kit for partner, followed by Contact tracing and secondary distribution

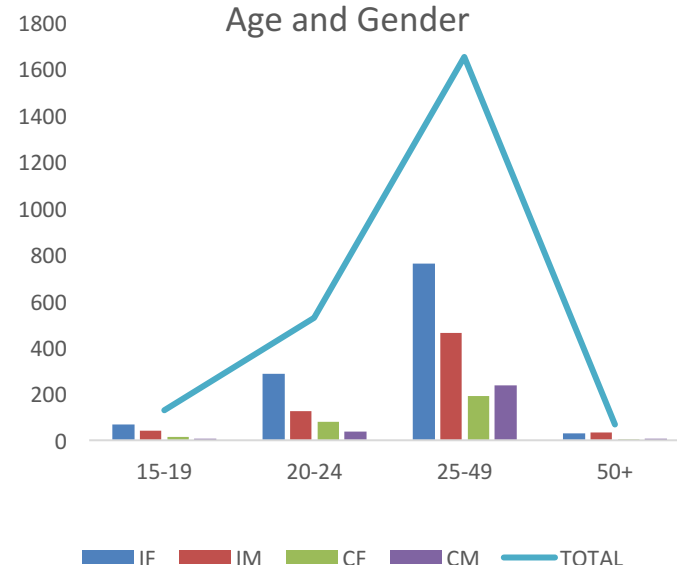


Facility based distribution

9 803 kits distributed to end of February 2017

- Clients are offered either to self-test or to go through PDHTS.
- 40% have opted to self test
 - 47% of the 16-24 age group chose HIVST over PDHTS
 - 40% males and 41% females chose HIVST over PDHTS
- 99% of reactive tests confirmed positive
- 100% of confirmed positives started ART

New Start Centre distribution by Age and Gender



4. VMMC Centres & Outreach

- On site distribution at VMMC centres
 - Offer of HIVST vs PDHTC
 - Confirmatory testing
 - VMMC services
- Distribution by VMMC mobilisers
 - Offer HIVST kits during mobilisation
 - Give appointment cards to potential clients

**Bulawayo
and Harare**

VMMC Model Outputs Zimbabwe

- VMMC Fixed Sites

54% of self- testers took up VMMC (161/299)

- IPC Agents/mobilisers

2 194 kits distributed to men through 24 community mobilisers Nov & Dec 2016

HIVST increases “conversion rate”, 50% of men reached accepting HIVST kit, take up VMMC compared to 10% without HIVST



Lessons Learnt

- Lay providers can be trained to demonstrate HIV ST kit use
- Self-testing reach populations that would otherwise not test: men and adolescents
- High percentage of first time testers suggests that HIVST reaches those not yet reached with other HTS
- 52% of self-testers with reactive result at community level linked to health facilities **within a week.**
- Facility based HIVST: 99% of the self-testers with reactive results are confirmed positive.
- Health Providers to be educated about HIVST to change attitudes, perceptions



Moving Ahead

- SCALE UP of models and introduction of new models of distribution
- Round One of RCT ending April
- Scale up campaign style community based distribution in districts outside the trial
- Public Health Facility
 - Integration with PITC at City health Facilities and District hospitals.
 - PMTCT, secondary distribution through pregnant women



Acknowledgements

- Karin Hatzold, STAR Director
- Stephano Gudukeya, PSI Zimbabwe
- Frances Cowan, Ceshhar Zimbabwe
- Euphemia Sibanda, Ceshhar Zimbabwe



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