

UNITAID-PSI
HIV SELF-TESTING AFRICA

Closing the HIV testing gap: Facility-based integration of HIV self-testing, a way to improve testing coverage, yield and efficiency of client-initiated HIV testing services in Zimbabwe

Hatzold K,¹ Mutseta M², Sibanda E³, Gudukeya S², Tumushime M³, Lopez C¹, Stankard P¹, Taegtmeier M⁴, Johnson C⁵, Corbett EL⁶, Cowan F^{3,4}

¹Population Services International, Washington, ²Population Services International Zimbabwe, Harare ³Centre for Sexual Health and HIV/AIDS Research Zimbabwe, Harare, Zimbabwe, ⁴Liverpool School of Tropical Medicine, Liverpool, United Kingdom, ⁵World Health Organisation, ⁶London School of Hygiene & Tropical Medicine, London, United Kingdom

BACKGROUND

- ❖ HIV self-testing (HIVST) is a new approach to HIV testing that could help identify HIV-positive individuals reluctant to test with a provider.
- ❖ Several community and facility based HIVST models were evaluated through the Unitaid/PSI HIV Self-Testing Africa (STAR) project by Population Services in Zimbabwe.
- ❖ HIVST used as a triage test with provider initiated (PITC) and client initiated HIV testing services (CITC) could relieve human resource challenges with HIV testing services through “task-shifting” from the health care provider to the self-tester, increase efficiency of service delivery through increased client flow, consequently reduce costs and increase HIV testing coverage.

METHODS

- ❖ PSI started offering oral fluid rapid diagnostic tests for self-test use as alternative option to conventional provider delivered HIV testing services (PDHTS) at 4 of its urban social franchise HIV testing and treatment clinics in September 2016.
- ❖ HIVST and provider delivered testing was initially offered in parallel. Sites recently started to offer HIVST through an opt-out approach.
- ❖ Participants opting for HIVST were shown a short instructional video and provided the option to conduct the self-test in a private space or to conduct the self-test off site. One counsellor was available to assist and facilitate linkage for self-testers needing on-site confirmative testing and anti-retroviral-therapy (ART).
- ❖ Demographics were captured electronically. Self-testers were asked to return used kits to locked drop-boxes and completed a short questionnaire on testing history and interpretation of HIVST results.
- ❖ Used kits were read by a professional and reactive results were used to estimate positivity rates.
- ❖ Costing, cost-effectiveness, and qualitative research to assess provider/client perceptions are underway.

RESULTS

- ❖ Between September-December 2016 a total of 6278 HIVST kits were distributed in 4 CITC clinics.
- ❖ HIVST was chosen over parallel PDHTS by 29% of clients presenting at the site (6278/21897, 27.1% of females, 30.9% of men), figure 1.
- ❖ 98.4% of self-test accepters opted to test on-site; all of whom returned their used test kits.
- ❖ 4.3% of self-testers had reactive tests (5.8% of women, 3.1% of men) as compared to 12.8% (14.2% of women, 7.2% of men) with PDHTS, figure 2.
- ❖ 23% of the self-testers were first-time-testers.
- ❖ Among those who had tested before, 3% had tested positive previously, none reported being on ART.
- ❖ All self-testers with reactive result linked to confirmative testing, 95.5% tested HIV-positive and initiated ART.

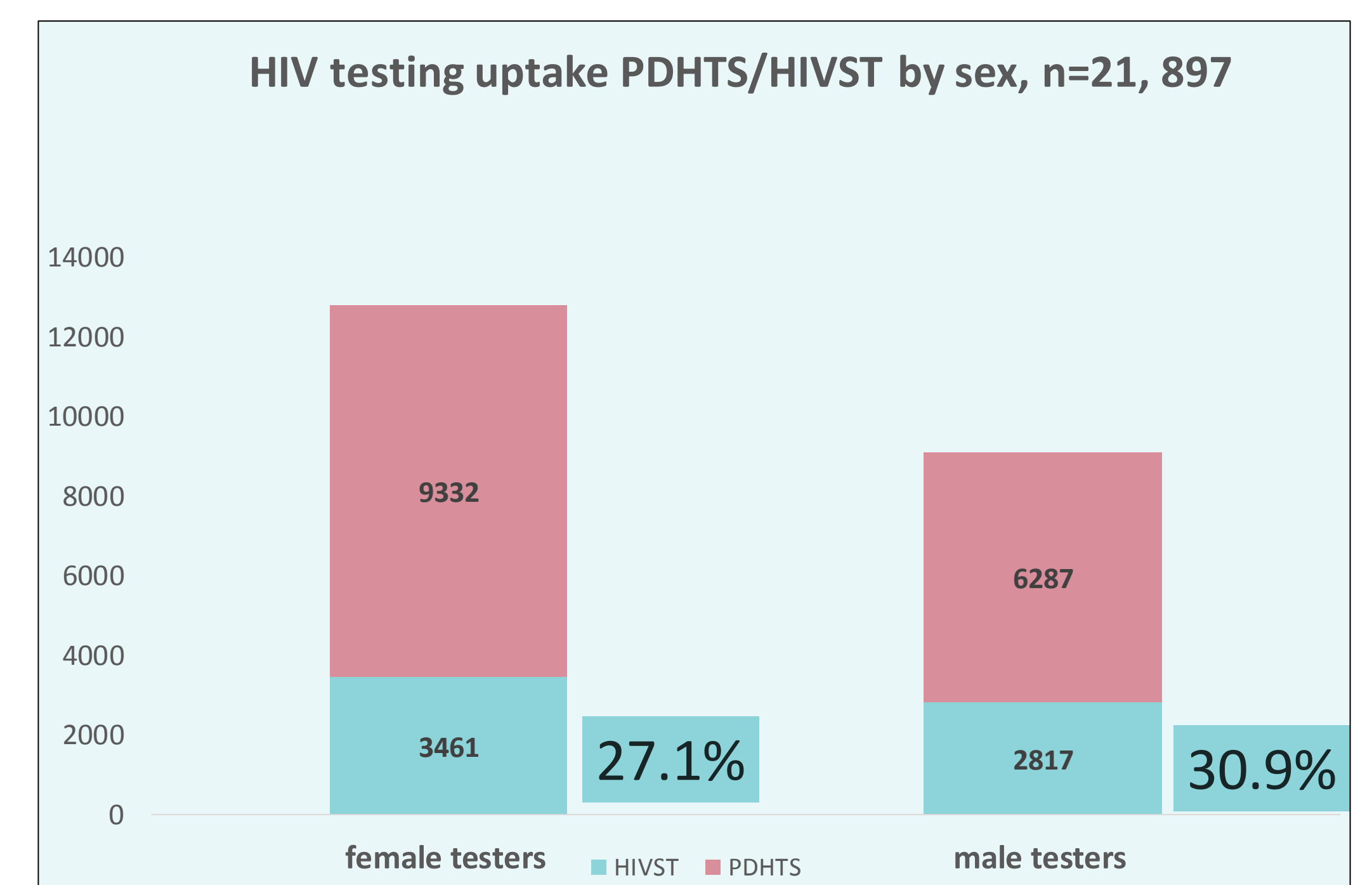


Figure 1: HIV Self-Testing uptake among CITC clients

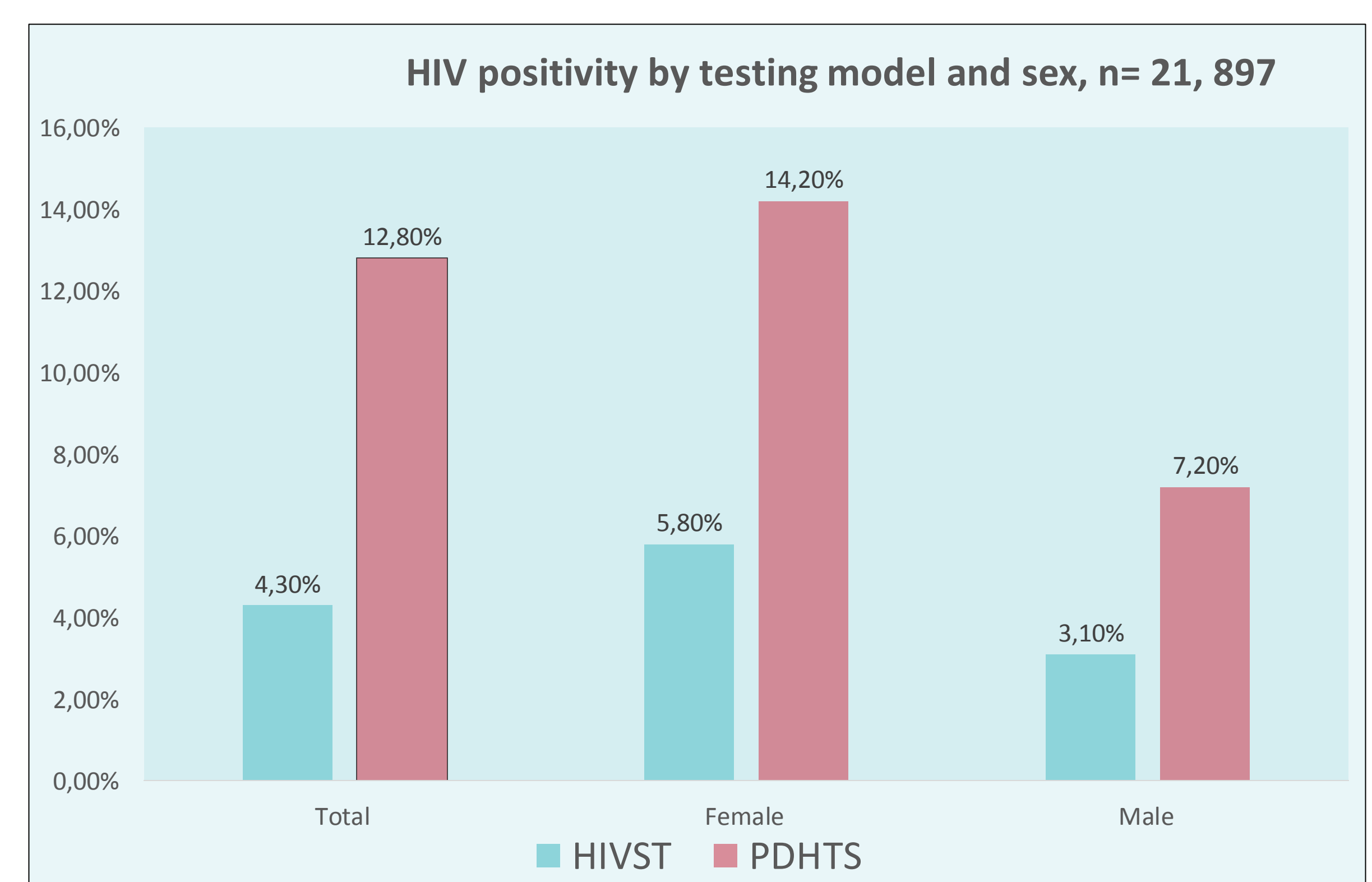


Figure 2: HIV positivity by testing model (HIVST/PDHTS) and by sex

CONCLUSION

- ❖ Uptake of HIVST as alternative testing option to PDHTS is high at CITC clinics and could be further increased through opt-out approaches with HIVST as routine testing method. Clients at lower risk of HIV infection and more likely to test negative seem to self-select for the HIVST option.
- ❖ Used as triage test, HIVST might increase efficiency, freeing counsellor time previously spent on testing HIV-negative individuals to focus on those with reactive results in need of further testing and initiation of ART.
- ❖ HIVST will be expanded to be integrated at public sector health care facilities in Zimbabwe to improve PITC service delivery and uptake of HIV testing at public sector health facilities.
- ❖ Costing, cost-effectiveness, evaluation of HIVST used at triage test with CITC and PITC and qualitative research to assess provider/client perceptions



CONTACT

Dr Karin Hatzold, khatzold@psi.org
Website: PSIIMPACT.COM