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

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

Slide Credit: C. Johnson, WHO
**HIVST PREP**
- Acceptability
- Willingness to Pay
- Usability

**DIRECT ACTION**
- Link to Prevention
- Link to Treatment
- Triaged out of Health System

**DIRECT IMPACT**
- Health for PLHIV: Reduced Morbidity & Mortality
- Reduced HIV Transmission & Infections Averted
- Cost and Time Savings (Health System & Users)

**ADDITIONAL IMPACT**
- Social & Economic
  - Population Productivity & Growth
  - Social Benefit
  - Social Harm
- Health Systems
  - Efficiency
  - Expanded Coverage
  - Equity of Health

**DIFFERENT POPULATIONS**
- DIFFERENT CONTEXTS
- DIFFERENT GEOGRAPHIES

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

- **Uptake of HIVST among VMMC clients, fixed sites**
  - Offered HIVST
  - took up HIVST and circumcised: 53%

- **Conversion rate men who receive HIVST prior to VMMC**
  - # of Clients who Received ST Kits from IPC Agents: 3000
  - # of clients who received ST Kits from IPC Agents and were circumcised: 28%
HIVST uptake by sex facility based HIVST

HIVST uptake by sex, n=23,007

- **Female**
  - HIVST: 3,461
  - PDHTS: 9,332
  - Total: 12,793
  - Percentage: 27.05%

- **Male**
  - HIVST: 2,817
  - PDHTS: 6,287
  - Total: 9,104
  - Percentage: 30.9%
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

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<th>Arm 1</th>
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<tr>
<td>• Standard IPC</td>
<td>• Enhanced IPC segmentation, segment specific messaging, concepts addressing barriers of uptake</td>
<td>• Enhanced IPC segmentation, segment specific messaging, concepts addressing barriers of uptake • plus HIVST prior to VMMC</td>
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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