

HIV Self Testing meeting



HIV SELF TESTING IN SA: TRANSLATING POLICY INTO PRACTICE

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NDOH: HIV PREVENTION STRATEGIES

31ST MAY 2017

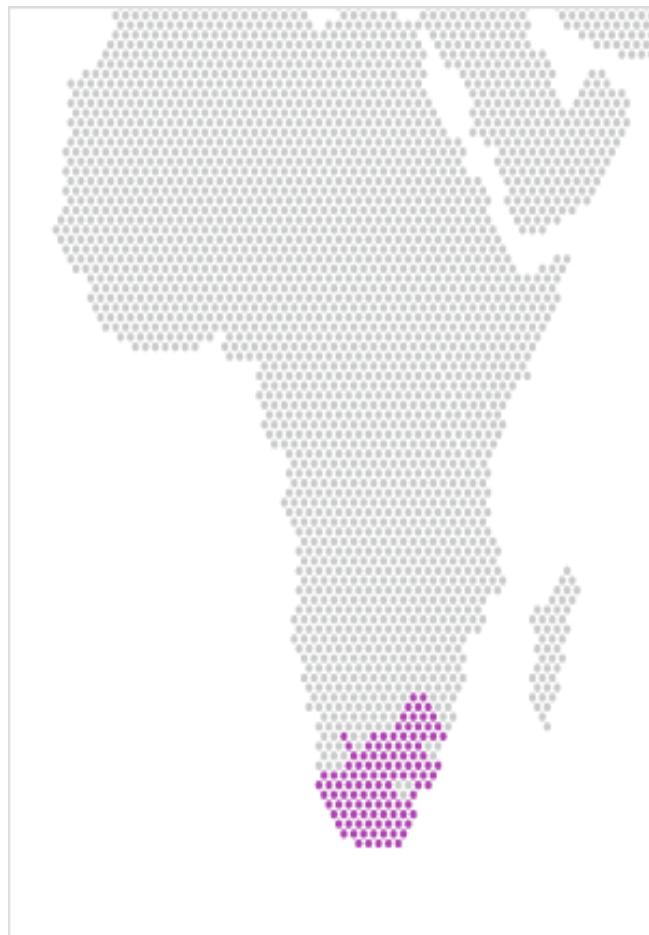


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Current Situation



South Africa (2015)

7 million people living with HIV

19.2% adult HIV prevalence

380,000 new HIV infections

180,000 AIDS-related deaths

48% adults on antiretroviral treatment

Source: UNAIDS Gap Report 2016

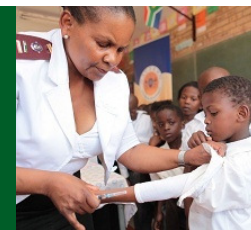


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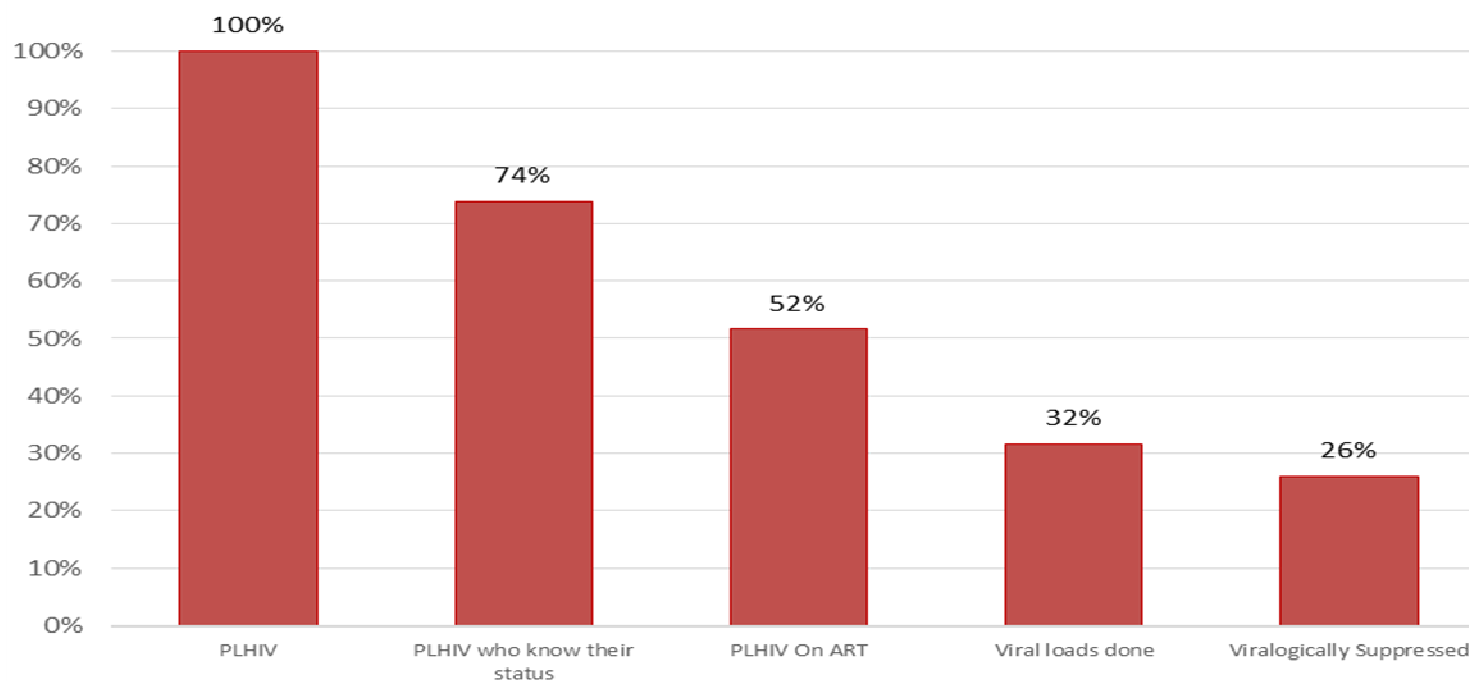
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National HIV Care and Treatment Cascade



**HIV Cascade - Total Population
(Dec 2016 - South Africa)**



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Reaching the first 90



- Focused and targeted HTS
- Appropriate interventions for maximum impact
- Targeted testing modalities: HTS
 - HIV ST
 - Facility based (CICT; strategic use of PICT)
 - Community based (Stand alone, mobile/out reach, work-place, higher institutions incl TVETs, home based, index tracking)
 - Increased linkage to care

Interventions



- HTS: HIV ST
- MMC
- PreP
- PEP
- ARVs: Test and Treat
- Condoms
 - Male
 - Female



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Policy



- HTS Policy revised in 2016 – embraces full range of services incl ST (self screening)
- Task sharing/shifting: Lay counselors trained to conduct HTS using RDT – 2010 (more efficient use of resources)
- Quality HTS and Delivery of Correct Results
 - Validation of national algorithms

Policy guidance



- SA HTS Policy recommends HIVST as expansion to testing to reach hard to reach populations such as AGYW
- HIVST should be seen as screening test and not diagnostic test
- Confirmation of every positive test with national algorithms
- Guidelines for implementation are still in draft form in collaboration with the SA Clinician Society



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HIV ST Benefits



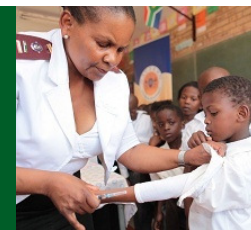
- Potential impact on 1st '90' by increasing access and acceptability for under-tested & at-risk populations that need frequent or routine testing
- Can reach untested and test-averse populations.
- Potential approach to scale-up HTS and accelerate case detection
- Contribute to closing testing gap in South Africa
- Particularly for young women and girls, their partners, men in general, female sex workers, MSM

Target profile



- High quality manufacturing standards
- Must be appropriate for an untrained, non-professional layperson
- Acceptable analytical performance in laboratory settings.
- High clinical sensitivity/specificity with untrained users
- Pictorial instructions for use with any text-based instruction translated into local languages

Target profile



- Fewer test steps with simple sample transfer
- Simple to interpret test results
- Fast time to result
- Test results to remain stable for a longer period
- Product to include referrals for assistance with results and linkage to care

HIVST delivery models



Targeted delivery models dependant on the target population:

- PHC facilities, Hospitals and pharmacies
- Workplace programmes (mines, farms, construction, mostly to reach men)
- Special services (ANC, STI clinics, FP, VMMC, PrEP)
- AGYW, TVETS, in and out of school
- Other outreach incl mobiles and campaigns

(for both directly assisted and unassisted HIVST)

National Guidance



National Guidance for HIVST in SA



**SA HIV Self-Testing Policy
Guideline consideration -
DRAFT**

LET OUR ACTIONS COUNT

Reflections on NSP 2012-2016
and moving forward to NSP 2017-2022



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WHO Guidance



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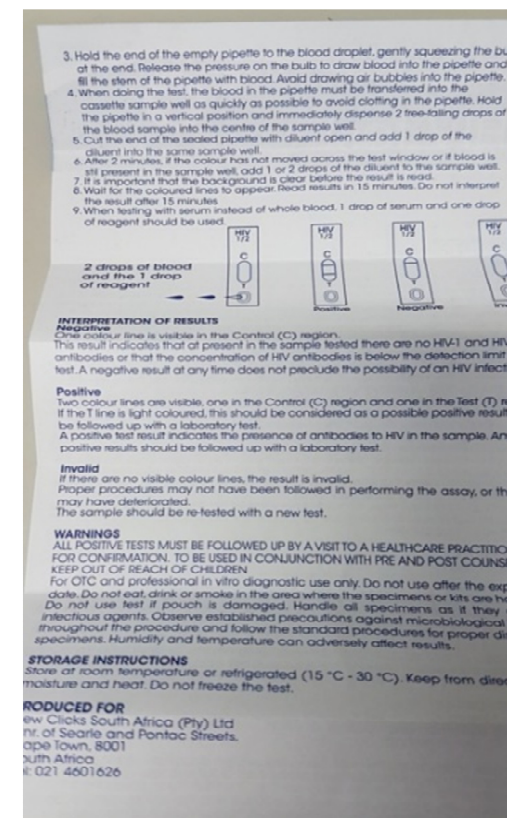
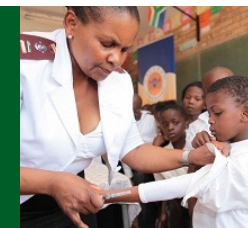


Regulatory challenges



- 2015: SA Pharmacy Council approved selling of HIV self testing kits by pharmacies: Recommends QA
- 2016: Published a notice regarding minimum standards for selling of the kits
- On-going demonstration projects to inform implementation: cover feasibility, acceptability, useability, targetting, distribution, waste disposal etc
- NDOH working with Wits RHI, WHO and the SA Clinician Society to finalise the implementation guidelines
- Working with NICD for quality recommendations in laboratories
- Rollout in Public Sector will be informed by WHO Pre-qualification
- Different types of HIV Self test kits are already available in the market (private sector) and need to be regulated and guided.

Regulation challenges

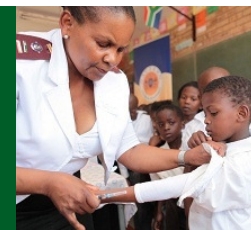


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Demo projects



1. Who should have **access**?
 - i. All populations or priority groups?
 - ii. Adolescents and young people?
 - iii. Age of consent: 12
2. **How & where** will it be implemented & distributed? Distribution models especially for young people, waste management
3. **Cost?** Will it be **free** or **subsidized** to users? Critical
4. **PQ** by WHO

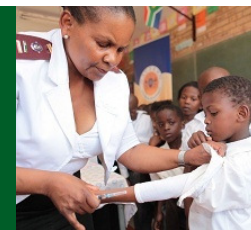


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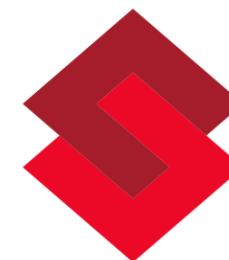


Demo Projects



Project underway in Malawi, Zambia and Zimbabwe – South Africa to participate following Phase-I

The project will be critical to identifying the most ethical, acceptable, effective and sustainable HIVST approaches for South Africa



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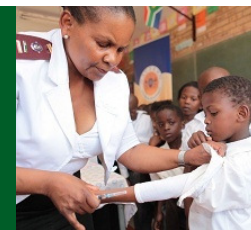


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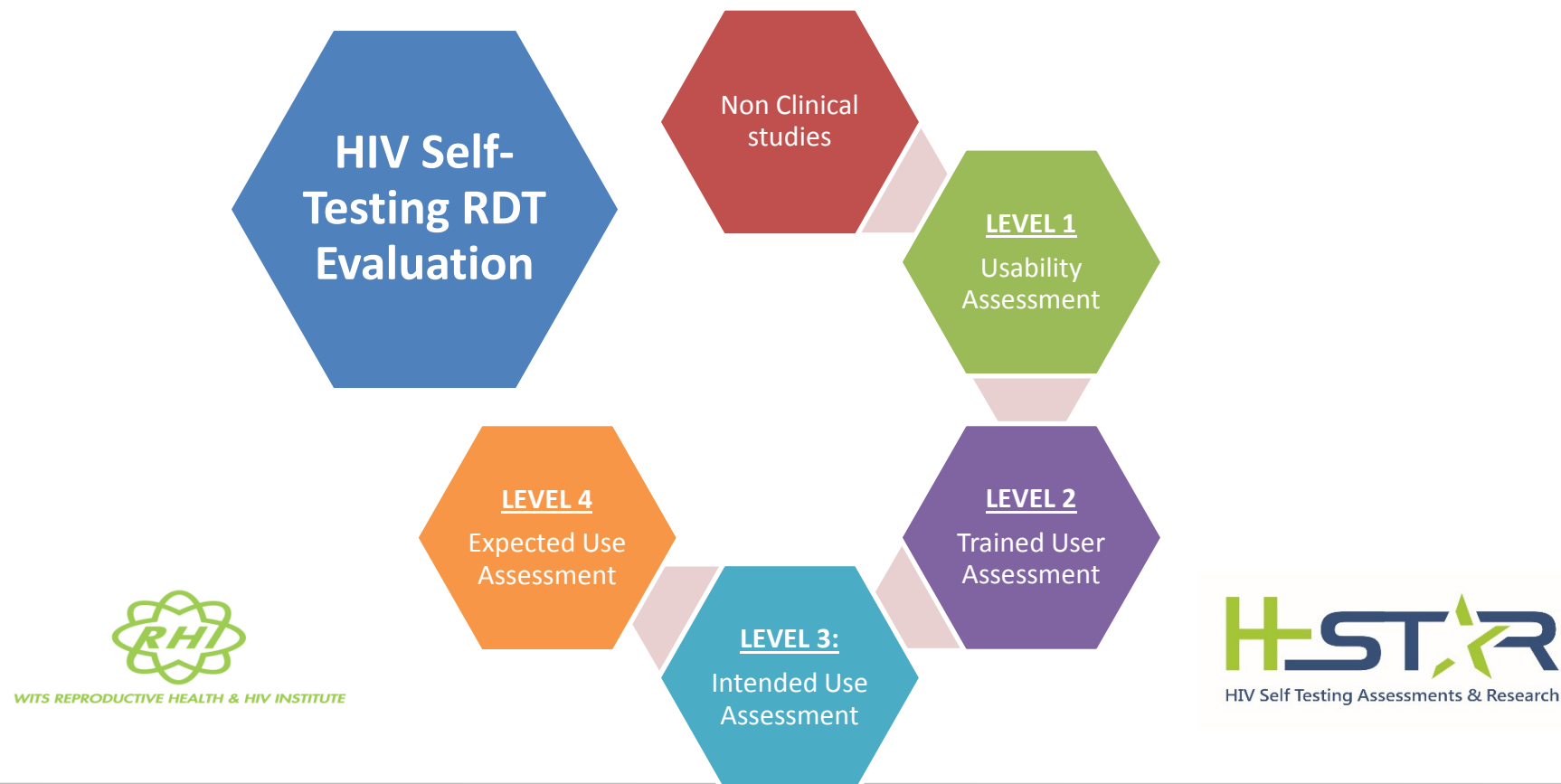
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Demo Projects



Wits RHI HSTAR Programme



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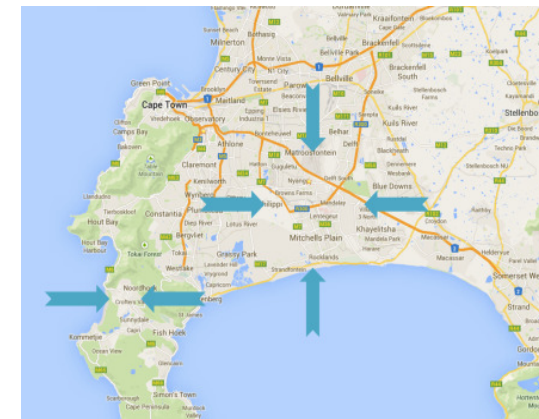
Demo projects Findings HST and young people



- Evaluating community-based “assisted” HIVST among young people in Cape Town
- Report high uptake among first time testers, high acceptability & preference for HIVST compared to standard HTS



Source: Bekker et al AIDS 2016



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Demo Projects Findings



- Ndlovu Health (Limpopo): High usability, concordance, Sens and Spec in rural population
- HSTAR (Gauteng): High usability in Oral Fluid and Finger stick products in Inner City Johannesburg
- iTEACH (Gauteng, Mpumalanga, KZN)
 - High concordance, but low LTC in Truck Drivers
- UCT: Western Cape: High acceptability in MSM and demonstrated utility of online platforms for sale and dist
- ANOVA (NW): High Acceptability in MSM
- WRHI STAR Programme: Usability and assessment studies

Conclusion



- Facilitate finalisation of minimum standards to regulate currently available HIVS test kits
- Finalisation of the implementation Guidelines on HIVST
- Finalisation of the demo projects to provide critical data to guide implementation
- **Awaiting WHO PQ**
- Target implementation in specific geographic areas, populations and settings

Conclusion



- Thank you to everyone who was involved!
- WHO
- NICD
- WITS RHI
- NDOH