Increasing access to HIV testing: Self-testing and community testing approaches

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Rates of HTC are suboptimal

Median reporting tested in last 12 months:
- Women = 20%
- Men = 20%

Median reporting ever tested:
- Women = 51%
- Men = 37%

Staveteig et al, measuredhs.com, 2013
PITC is necessary, but not sufficient

Provider-initiated HTC
• Acceptance ranges from 31% (South Africa) to 99% (Uganda) – 44 studies
• Under programmatic conditions, completion may fall sharply
  – 13% of PHC attendances in Blantyre

• Population impact limited:
  – Very low completion in men (8%) / non-pregnant women (6%) attendees
  – Many community members rarely attend facilities
  – Over reliance on health worker making time to do PITC in overstretched health systems
  – Resource intensive (e.g. counselling)
  – Stock-outs
  – Inconvenient and long waits
  – Stigma

➢ Continued late presentations

1. Roura et al, AIDS 2013
2. MacPherson et al, TMIH 2012
3. MacPherson et al, JIAS 2013
## Community-Based Approaches to HTC

<table>
<thead>
<tr>
<th>Uptake</th>
<th></th>
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<tbody>
<tr>
<td>Index testing</td>
<td>88%</td>
</tr>
<tr>
<td>Self-testing</td>
<td>87%</td>
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<tr>
<td>Mobile testing</td>
<td>87%</td>
</tr>
<tr>
<td>Door-to-door testing</td>
<td>80%</td>
</tr>
<tr>
<td>Work-place testing</td>
<td>67%</td>
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<tr>
<td>School testing</td>
<td>62%</td>
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### Additional benefits:
- 62% testing for the first time
- 57% tested have CD4 count >350 cells/mm³
- High rates of linkage into care
  - 80% have CD4 count measured
  - 73% of ART eligible initiate treatment
- Potential to normalise HIV testing
- Link to other community-based health programmes

Spectrum of HIVST approaches

Vending machine

Community health worker distribution

Unsupervised in facility

“Unsupervised” HIVST

Community availability (e.g. pharmacies)

Community health worker supervision

Health worker supervised in facility

“Supervised” HIVST

WHO Technical Policy Brief on HIVST - forthcoming
HIV Self-Testing in Blantyre, Malawi
HIV Self-Testing in Blantyre, Malawi

- 13,655 (82%) self-tests of 16,660 adults (≥16 years) over 12-months
- 12,166 (89%) returned kits
- 98% would recommend to friends and family

Unpublished data – Liz Corbett and Augustine Choko
Home initiation of HIV care after HIVST significant increased population uptake of ART

MacPherson et al: CROI 2013

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Percentage of all adult residents who initiated ART</th>
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</thead>
<tbody>
<tr>
<td>Optional home initiation after HIVST</td>
<td>1.4%</td>
</tr>
<tr>
<td>Facility initiation after HIVST</td>
<td>0.8%</td>
</tr>
<tr>
<td>No HIVST</td>
<td>0.7%</td>
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</table>

RR: 2.94 (2.10-4.12)
HIV Self-Testing Uptake by Sex

- **Facility care only arm: Women**
- **Facility care only arm: Men**
- **Optional home initiation of care arm: Women**

**Percentage of residents self-testing by age group:**

- 16-20
- 20-30
- 30-40
- 40-50
- 50-60
- >=60

**Age group**

- 16-20
- 20-30
- 30-40
- 40-50
- 50-60
- >=60

**Unpublished data – Liz Corbett and Augustine Choko**
Key challenges for HIVST

• What rapid diagnostic kits are best suited to HIVST?

• What quality assurance needs to be in place?

• Selection of appropriate mix of supported/unsupported HIVST models for general and most-at-risk populations
  • Impact on HIV incidence and mortality

• Proactive intervention to achieve maximum linkage into care and prevention

• Regulation and legislation
  – In UK, from April 2014, HIVST kits approved by MHRA available for sale to the public
  – But still illegal in a number of countries

• Coercion and intimate partner violence?