



POLICY BRIEF

HIV SELF-TESTING POSSIBLE ROUTE FOR ACHIEVING THE 1ST 90 BY 2020

Background

The National Strategic Plan (NSP) 2016 – 2020 is founded on the UNAIDS 90-90-90 fast track treatment targets which aim at ensuring that by the year 2020:

90% of all persons infected with HIV will know their HIV status

90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy

90% of all people receiving antiretroviral therapy will have viral suppression

HIV Testing Service (HTS) is the entry point to HIV treatment, care and support and an important ingredient for HIV prevention¹. The NSP 2016- 2020 provides that HIV self-testing and peer-led testing shall be piloted among MSM in Ghana. However the NSP recognises that HIV self-testing is not approved in Ghana as of 2016. The current draft HIV and AIDS Policy (2019) has identified HIV self-testing as one of the critical policy gaps needed to be rolled out towards attainment of the 1st 90 target (i.e. 90 % of persons with HIV to know their HIV status). In 2016, WHO recommended HIV self-testing to be offered as an additional approach to complement existing HIV Testing Services.

WHO reports that worldwide, 59 countries have adopted HIV self-testing policies, 9.4million (25%) of all people with HIV are unaware of their infection and 81% of people on ARV treatment achieve viral suppression.

According to the UNAIDS, HIV self-testing is a process whereby a person who wants to know his or her HIV status collects a specimen, performs a test and interprets the test result in private².

UNAIDS concludes however that HIV self-testing does not provide a definitive diagnosis; instead, it is a screening test for the presence of HIV-1/2 antibodies. Any positive HIV result must be confirmed by a health worker in accordance with national testing algorithms³.

¹ National HIV and AIDS Strategic Plan 2016 – 2020, pg. 47

² ² http://www.unaids.org/sites/default/files/media_asset/JC2603_self-testing_en_0.pdf A Short Technical Update on Self-Testing for HIV

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WHO on the other hand indicates: HIV self-testing refers to a process in which a person collects his or her own specimen (oral fluid or blood) and then performs an HIV test and interprets the result, often in a private setting, either alone or with someone he or she trusts. As with all approaches to HIV testing, HIV self-testing should always be voluntary, not coercive or mandatory⁴.

NSP Targets for HIV Testing Services 2019 and 2020

Table 1: HTS Targets for 2019 and 2020

Output Indicator	Baseline 2015	2019	2020
Number of people Tested , Counselling for HIV and received results	955,674	2,755,550	2,816,920

Key Benefits of HIV Self-Testing

When focused towards high-risk groups and those with low testing coverage, HIV self-testing can be:

- cost-effective and
- achieve public health impact

Table 2: Self Testing results (Yield) – The Safe Box Project⁵

Project Name (MSM Transgender)	No. Self - Tests Conducted	% Self - Tested and Self - Reported	% Reactive Results	No. with +ve Confirmatory Tests	#/% Enrolled in Treatment and Care
The Safe Box	10,000	28%	15%	230	186 (81)

Table 3: Self-Testing Results (Yield) – Viet Nam Community based Self-Testing⁶

Project Name (MSM, FSW & PWID)	Total No. Self-Tested	#/% Self-Tested Reactive	#/% Confirmed +ve	#/% HIV Positive Initiated Treatment
Community-based HIV Self-Testing (2017)	892	65 (7.3%)	63 (97%)	59 (94%)

⁴ <https://unitaid.org/assets/HIVST-landscape-report.pdf>: Market and Technology Landscape, HIV Rapid Diagnostic Tests For Self-Testing, 4th Edition, July 2018.

⁵ <https://unitaid.org/assets/HIVST-landscape-report.pdf>: HIV Self-Testing can Engage Hard-to-Reach Population in Testing. Example in Russian Federation, The Safe Box Project 2017

⁶ <https://unitaid.org/assets/HIVST-landscape-report.pdf>: Scaling up HIV Self-Testing: Experience in Viet Nam, 2017

Table 4 HIV Self-Testing – Namibia Sex Workers and their Partners

Project Name	Total No. Self-Test Kits Distributed	No. who disclosed self-test results	# /% Confirmed HIV +ve	#/% HIV+ Linked to Treatment
Peer-led Self-Testing Among Sex workers and Their Partners	1475	813	24 (2.9%)	23 (96%)


National Level:

In an exploratory study conducted by USAID/Strengthening the Care Continuum Project, Implemented by JSI in Ghana among MSM and Sex Workers concluded that HIV Self-Testing is largely accepted among both the study population and Policy Makers⁷.

Key findings of the study are:

- Majority of MSM (17/19) and FSWs (16/17) were able to complete and read their test results correctly.
- All participants, even those who could read, liked the pictorial instructions.
- The test was highly acceptable among both MSM and FSWs.
 - Many participants mentioned confidentiality and privacy as the greatest benefits of the HIVST process
 - Convenience: Among both FSWs and MSM groups, the time-saving factor associated with self-testing was highly rated as they do not have to make an appointment, travel to a clinic, and wait in queues to have the test done.
 - Majority spoke of the convenience of being able to test on their own time and in their preferred location and receive the result quickly.
 - Potential to reduce stigma

Study Recommendations:

- Invest in Implementation Science Research and Case Studie
-  Develop National Guidelines for HIVST: After determining HIVST is the right strategy for Ghana, collaborate with Ghana AIDS Commission and National AIDS Control Program to develop national policy linking HIVST to existing HIV strategies and activities.
- Thoughtfully Distribute HIVST Kits: To reach key populations and ensure more of them know their status, engage with a network of KP-friendly organizations and providers when distributing HIVST kits, rather than working through pharmacies or other commercial distributors.
- Focus on Positive Messages: In the messaging/instructions that accompany HIVST kits or counseling sessions, emphasize that if someone diagnosed with HIV it is still

⁷ USAID/JSI/Population Council: Exploring the Feasibility of HIV Self-Testing Among Key Populations in Ghana, 2018 (Unpublished)

possible to have a fruitful and full life because of the life-saving medications that are available.

- Ensure Counselors are Accessible: Make peer educators and counselors available through a hotline or regular outreach activities.

General Challenges Associated with HIV Self-Test:

- An HIV self-test does not provide a definitive HIV-positive diagnosis
- individuals with a reactive test result to receive further testing from a trained tester
- All users with a non-reactive self-test result should be advised to retest if there is a possibility that they were exposed to HIV in the preceding 6 to 12 weeks or if they are at high ongoing HIV risk.
- Any person who is uncertain about how to correctly perform the self-test or interpret the self-test result should be provided with contact details and information about HIV testing services and encouraged to obtain facility-based or community-based HIV testing services.
- Lack of counselling
- Availability of Self-Testing Kits

Conclusion: HIV self-testing has emerged as an acceptable, safe, accurate and effective way to reach people who are at risk and may not otherwise test. Ghana is listed as one of the 59 countries with a supportive policy but HIV self-testing is not implemented.

Recommendation

- Vigorously roll-out implementation of HIV self-testing interventions for all populations in Ghana.