Coordinating Implementation Science: PrEP and the Role of HIV Self-Testing Think Tank

AVAC/BioPIC and WHO

27 June 2024, 9am- 10.30am EDT

Background/Rationale

At IAS 2023, WHO issued a new recommendation to offer HIV self-testing (HIVST) for oral PrEP, PEP, and the dapivirine vaginal ring initiation, re-initiation, and continuation. The full guidance and case examples from countries is now being shared for AIDS 2024. Provider-administered testing may be a barrier to PrEP uptake in some contexts, and offering HIVST as an option may increase access to PrEP while continuing to simplify PrEP delivery both by enabling use of differentiated models, like telePrEP and pharmacies, and by reducing required facility visits for follow-up testing from quarterly to biannually or annually. However, introduction and scale-up of HIVST for PrEP and PEP has so far been limited, as many implementers and Ministries of Health (MoH) have questions on how to do this effectively. To promote the use of HIVST for PrEP, AVAC and WHO hosted a webinar on 23 May to help participants understand the latest WHO guidance on HIVST for PrEP and PEP, identify common barriers to scale-up, and address raised concerns.

At the webinar, participant questions and concerns fell into five broad categories:

- Sensitivity rates of HIVST kits.
- Cost in comparison to provider-administered testing.
- Optimal strategies to monitor and report results, including trusting results reported by clients.
- Operational questions, including how to use HIVST with multi-month PrEP dispensing.
- Interest in ways HIVST can help expand and facilitate differentiated service delivery, particularly supported by new technologies such as telehealth and artificial intelligence.

This think tank provided an opportunity for PrEP implementers and technical experts to strategise on how to best address these concerns to ensure implementers and MoH have the tools and information they need to scale up HIVST for PrEP, while highlighting the opportunities HIVST creates.

Meeting Objectives:

- Review and prioritise list of identified questions and concerns regarding HIVST for PrEP to address via “myth busting” document (to be drafted by AVAC/WHO)
- Identify opportunities for HIVST and PrEP to create a compelling value proposition for implementers and MoH

Key Discussion Points:

Some concerns raised during the webinar were based on common misconceptions. See the Think Tank slide deck for a comprehensive overview addressing these and other common HIVST misconceptions.

Addressing Misconceptions

- HIVST does not increase programme costs, and has been found to be be cost-saving in certain contexts, such as by replacing facility visits and offering six-monthly refills/dispensing options.
- Randomised Controlled Trials that evaluated HIVST found no increase in STI incidence or reduction in STI testing. New multiplex tests like dual self-tests for HIV and syphilis, as well as other self-collection and self-testing tools for STIs, could encourage increased STI testing in conjunction with HIVST.
- There is no significant difference in sensitivity rates between oral and blood-based self-tests. Some MoH are encouraging blood-based HIVST based on the misunderstanding that they are more sensitive than oral.
- The majority of people who use HIVST will accurately interpret and share their results when asked. There is no evidence across self-testing technologies and approaches that suggests the majority of people will misrepresent or misuse their self-test result, especially when provided with accurate messages and support from communities. Yet, it remains important to address concerns and questions from governments, particularly in eastern Europe/central Asia, who may be concerned that they will not have direct information about testing and test results and that this could somehow hurt programming. Engagement with governments about monitoring and evaluation, results reporting and using data remains important to guide HIVST policies and practices, including within PrEP and PEP.

Opportunities

- HIVST user guides/demonstrations (video or in-person) can be a helpful tool to improve testing performance, particularly in settings with low literacy levels. It can also be useful at the start of new HIVST programmes, when the community is still becoming familiar with HIVST. However, most users can successfully self-test even without this type of additional support, and all HIVST kits prequalified by WHO were evaluated using data from users who did not receive direct assistance.
- WHO are not currently recommending use of HIVST for cabotegravir (CAB) for PrEP initiation and continuation, but are monitoring the outcomes of four implementation science studies which are evaluating the performance of HIVST for CAB for PrEP.
- HIVST offers a significant opportunity to increase testing rates at the start of a course of post-exposure prophylaxis (PEP), which can then prompt users to start PEP quickly without needing further testing or facility visit. Additionally, HIVST use at the end of a course of PEP removes the need for in-person follow-up for those testing negative and enabling rapid start of PrEP, or further enabling those with a reactive status to rapidly link to further testing and treatment as needed.
- Providers can sometimes be a barrier to HIVST and would benefit from improved messaging, including around the role of confirmatory testing for positive HIVST results, and from learning from countries/programmes who have successfully rolled out HIVST for PrEP.
- HIVST can be a way to empower users to make choices for themselves, and increase their confidence to seek HIV prevention services. Information for clients should be in positive, straightforward language and tailored to specific audiences, like adolescents. Messaging should include limitations of self-testing, particularly that they cannot be used immediately after exposure.
- There are numerous opportunities to leverage differentiated service delivery strategies to expand HIVST coverage, including delivery via lay providers, vending machines, pharmacies, and telemedicine. These channels can then be linked to PrEP delivery mechanisms to further expand PrEP coverage, though advocacy on task shifting is needed to support PrEP delivery via differentiated channels. Technologies such as artificial intelligence can be leveraged to support HIVST implementation and reporting.

Next Steps:

- AVAC and WHO to develop and disseminate HIVST myth busting and opportunities document
- AVAC and WHO to develop messaging for implementers, MoH, and providers and disseminate via channels such as South-to-South Learning Network, the Global PrEP Learning Network, and road shows
- AVAC and WHO to track use of HIVST and its impact on PrEP coverage
- WHO to address country questions and concerns about acute HIV infection in guidelines and encouraging countries to think about programmatic solutions to address their concerns

Additional Resources:

- WHO Consolidated Guidelines on Differentiated HIV Testing Services (July 2024)
- PrEP and the Role of HIVST webinar recording, May 2024
- WHO Recommendation on HIVST, July 2023
- HIV self-test reporting using mHealth platforms: A pilot study in Johannesburg, South Africa, Frontiers in Reproductive Health, February 2023
- Six-month PrEP dispensing with HIV self-testing to improve the efficiency of delivery in Kenya: a randomized non-inferiority implementation trial, Lancet HIV, July 2022
- Willingness of health care providers to offer HIV self-testing from specialized HIV care services in the northeast of Brazil, BMC Health Services Research, May 2022
- Uptake, Accuracy, Safety, and Linkage into Care over Two Years of Promoting Annual Self-Testing for HIV in Blantyre, Malawi: A Community-Based Prospective Study, PLoS Med, September 2015