

HIV SELF TESTING

STATUS AND EFFECTIVENESS OF HIV SELF TESTING PROGRAMME IN TANZANIA



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Summary

HIV identification forms one of the cornerstones towards ending HIV epidemic by 2030. HIV Self Testing strategy is known to increase HIV identification as a screening test towards conventional HIV testing.

The quantitative research which was conducted in all regions in Tanzania found that HIV Self-Test Programme implementation was suboptimal. However, the Programme was shown to be effective in improving HIV Viral Load suppression.

The qualitative research in 3 regions: Dodoma, Iringa and Njombe found that the Programme was well known to both potential users as well as to Health Care Providers. Factors facilitating HIV Self-Test Programme included its simplicity in using, its associated privacy and confidentiality as well as its readily availability.

Barriers to HIV Self Testing Programme included fear of HIV positive results, unawareness on how to use the test kits and skepticism regarding the results. This policy brief therefore, recommends continuous scaling up of HIV Self-Test Programme as well as health education to build confidence among people regarding HIV Self Testing.



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Background

Identifying 95% of People Living with HIV (PLHIV) among those estimated to have the infection is one of the markers in monitoring towards HIV epidemic control by 2030 (UNAIDS, 2014); (Vara et al., 2020).

HIV Self-Test (HIVST), which is an initial HIV screening process whereby an individual collects his or her own specimen (oral fluid or blood), performs an HIV rapid diagnostic test and interprets the results, often in a private setting, either alone or with someone trusted.

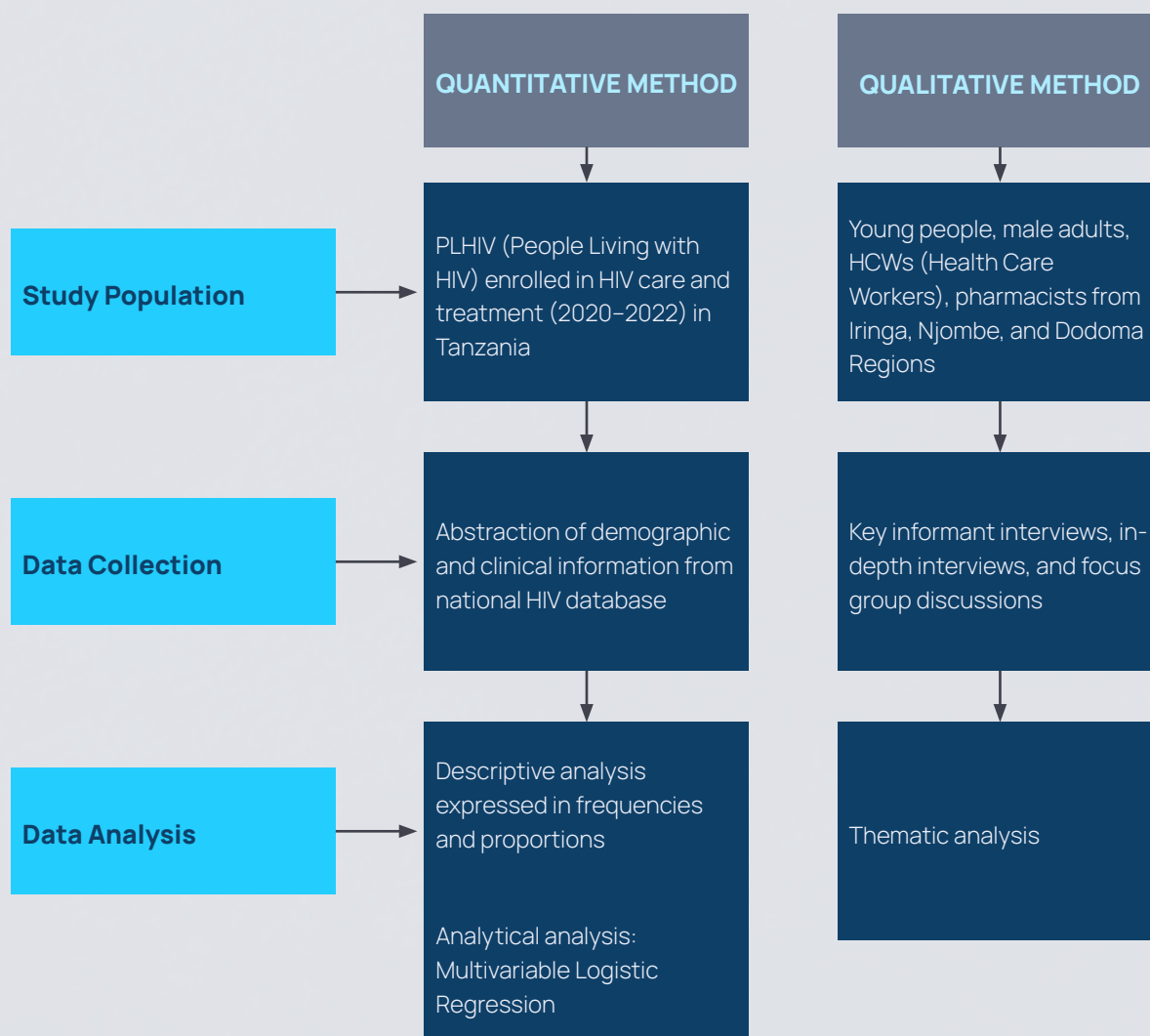
HIVST gives an individual an opportunity to self-screen for HIV infection in privacy and thereafter seek health services for confirmatory HIV test results upon positive results (Vara et al., 2020) (Hlongwa et al., 2019; Paschen-Wolffa et al., 2020).

Despite the existence of HIVST which would improve identification of new HIV infections, there are still challenges facing HIV testing implementation in general.

Fear of confidentiality breach, stigma and discrimination, lack of informed consent and counselling prior to or after HIV testing and some population groups such as males, adolescents and young people and other key and vulnerable populations have lower HIV testing uptake compared to others (Wekesa, 2019).

It was thus, important to determine HIVST implementation status and its impact on selected outcomes in the country for the purpose of communicating the status of the implementation for improving HIVST programming.

Methods



Key Findings

- Up to 6.67% of those enrolled in HIV care from 2020 to 2022 took HIVST prior to definitive HIV testing
- HIVST program roll out has been shown to improve HVL suppression by 10% when comparing those who took HIVST and those who did not take HIVST: (aOR:1.104, (95% CI: 1.07-1.13), $P < 0.05$)
- Awareness and knowledge regarding HIVST Programme: Those who participated in the evaluation were aware of the programme. Similarly, Health Care Providers were also knowledgeable regarding the Programme
- Facilitating factors: Factors facilitating HIVST Programme included it's the fact that the test was simple in conducting and an individual was capable of conducting it in privacy and confidentiality. Another facilitating factor was that the tests were readily available
- Barriers to HIVST Programme included fear of HIV positive results when revealed to other people during the process of taking the test. The other barrier to HIVST was lack of knowledge on how to use the test kits. Another barrier in taking HIVST was doubts on the accuracy of the test results and skepticism regarding the results

Policy and Practice Implications:

- **Strategies to improve HIVST uptake:** HIVST programme has been rolled out. However, its uptake was suboptimal. Low uptake of the intervention underscores the importance of adopting and scaling up of strategies to improve uptake of the programme. Strategies are therefore needed in order to improve uptake of HIVST intervention in routine public health settings. In the presence of low HIVST uptake, the intended purpose of the intervention will not be met.
- **Importance of HVL suppression:** Optimal HVL suppression (undetectable HVL) is critical for cutting HIV transmission by attaining $U=U$ (Undetectable=Untransmissible). As HIVST scale up is associated with HVL suppression, scale up of HIVST is an important aspect as countries focus towards HIV epidemic control due to the relation of HIVST rollout and HVL suppression. The link between HIVST uptake and HVL suppression, and consequently reduction of new HIV transmission is an effective advocacy tool which may be used to improve uptake of the intervention.
- **Importance of public awareness of HIVST:** Awareness of the presence of the interventions such as HIVST among potential benefactors as well as clear understanding of the intervention among Health Care Providers, are important aspects for a successful implementation of the Programme..
- **Importance of promoting HIVST programme facilitating Factors:** Factors which facilitate HIVST uptake are important tools in improving uptake of the intervention.
- **Knowledge of HIVST barriers for programme improvement:** Knowledge of barriers to HIVST intervention uptake forms a basis for formulating strategies for improving the programme.

Recommendations:

- Ministry of Health and other stakeholders to develop and scale up strategies to improve HIVST uptake
- There is need to have continuous awareness program among potential benefactors in order to improve uptakes as well as need for continuous capacity building among Health Care Providers regarding the importance of implementing interventions such as HIVST
- It is important for the Ministry of Health and other stakeholders responsible for policy stewardship, to make sure that facilitating factors are upheld and used for Program scale up advocacy.
- An analysis of both facilitating factors as well as factors which negatively affect the implementation of the Programme through Implementation Research remains a fundamental undertaking in ensuring data-driven programming.

Conclusions:

HIVST programme is an important strategy in improving HIV case identification and subsequent attainment of UNAIDS End HIV strategy by 2030. Improving and sustaining the programme is principal. It is important for the Ministry of Health, in collaboration with other stakeholder including the private sector to design contextualized, data-driven interventions to improve and sustain HIVST programme through Implementation Science approaches. It is also important to make sure that HIVST programme implementation is successful through addressing different aspects of Health Systems.

Acknowledgments:

We would like to acknowledge policy makers, health managers, men and women who took part in the research which led to the development of this policy brief, for their invaluable contribution towards having this piece of information for improving and sustaining HIVST programme in Tanzania. This policy brief would not be developed without devotion of research assistants who were involved in data collection and all other scientists and experts in the field who were involved in data analysis and development of the study report. Special acknowledgement to William & Flora Hewlett Foundation through the NIERA's Demand Driven Research Initiative (DDRI) Program for funding the project and to United States International University in Kenya for hosting the Project.

Funding:

"This work has been supported by the William & Flora Hewlett Foundation through the NIERA's Demand Driven Research Initiative (DDRI) Program. The funder had no role in design of the research or preparation of this policy brief."

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