HIV self-testing (HIVST) & PrEP
Implementation & lessons learned in Zimbabwe
Why HIVST for Zimbabwe?

National HIV prevalence is **16.7%**\(^1\)
- FSW HIV prevalence is **50 – 70%**\(^2\)
- Young people (aged 15 – 24) HIV prevalence is approximately **4.88%**

Despite more women receiving HIV Testing Services (HTS), more men tested HIV-positive in 2014\(^3\).

High risk pops & many PLHIV who do not know their status not accessing existing HTS

**Current HTS approaches alone are not enough to get to the first 90 by 2020**

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1. MoH estimates 2014;
2. Cowan F PloS One 2013
3. GARPR 2014
HIV testing uptake in Zimbabwe

ZDHS 2010/11 waiting for ZDHS 2015/16 results

More needs to be done to reach those who are living with HIV and don’t know their status.
HIVST kits available through “research” only.

- Modelling suggests HIVST is cost-effective if HIVST is US$3 per test
- Pilot studies show HIVST is acceptable, appealing and accurate
  - Female sex worker (FSW) uptake ~50% - 2/3 HIV- FSW interested in HIVST & 2/3 HIV+ FSW said they’d prefer HIVST to health worker diagnosis alone.
  - 93% users read tests correctly & 88% said it was easy to use (adults urban and rural settings). Demonstration, videos and validated IFUs were key.

- UNITAID/PSI STAR Project started in Zimbabwe in March 2016
  - Offering HIVST in rural, urban and peri-urban settings to reach 16+ people: KP, men, VMMC, young people, 1st-time testers
  - 8,095 HIVST kits were distributed between 23 March and 23 April 2016
  - 61% distributed in men

- MoHCC formed HIVST TWG & is leading planning & guideline development process.
Why PrEP for Zimbabwe?

- Additional interventions to reduce new HIV infections
- Generalised epidemic with geographical hot spots
- PrEP is for people at significant risk of HIV not consistently using HIV prevention
Current PrEP implementation

- Sisters Antiretroviral therapy Programme for Prevention of HIV - an Integrated Response (SAPPH-IRe) is a PrEP Demo Project
- SAPPH-IRe study offers HTS to FSWs, if HIV-ve offering PrEP if HIV+ve offering ART
- Truvada is registered for treatment not prevention, hence PrEP currently offered in context of “research”
- MoHCC in process of adapting the 2015 WHO guidelines & has formed 5 subcommittees of which one is on PrEP.
## Lessons Learned

### PrEP
- **Uptake** may be slow, advocacy & building awareness are first steps in increasing uptake
- **Adherence** may be low and additional support may be needed, particularly for FSW
- Populations with **HIV Incidence** are often left behind by current HIV programmes e.g. FSW & MSM

### HIVST
- Preliminary data shows high uptake among men & young people
- FSW find HIVST acceptable but uptake **not as high as in general population**
- Accuracy can be good, esp. w/ video, demonstration & validated IFUs
- Sensitization & messaging to inform HWs & users about HIVST needed
- 4 archetypes for HIVST users can be leverage to **increase demand**
HIVST Plans & Next Steps

- MOHCC leading the way for HIVST policy development and adaptation planning
  - WHO normative guidance planned Dec 2016 & STAR project results in 2017 will be critical to inform wider implementation & scale up
  - Updated cost-effectiveness model planned within WHO GL
- STAR Project Phase 2 scale-up planned for 2017-2019
  - Planning for implementation & securing resources
- DREAMS districts planning to distribute 30,000 HIVST kits to AYGW & men
  - Start date late-2016/ early-2017
PrEP Plans & Next Steps

- MOHCC is still in the process of discussing inclusion of PrEP in the ARV guidelines as well as the registration of TDF/FTC for prevention
  - Finalization of ARV is scheduled for July 2016

- PEPFAR DREAMS districts planning to offer PrEP for at risk populations ~1500 AGYW
  - DREAMS PrEP implementation planned to start in late-2016/2017

- Potential UNITAID investment offering PrEP to women (age 20-34) through private sector
  - UNITAID planned to start late-2016/2017

- UNAIDS & other stakeholders continuing to liaise with government & advocate on importance of correctly informing people about PrEP
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