



Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

KP-LED HIV SELF-TESTING DISTRIBUTION IN DRC

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery



Background – 1

- HIV prevalence in DRC remains low at 1.2%, but members of KP groups are disproportionately affected.
- In 2018, an Integrated Biological and Behavioral Survey (IBBS) estimated HIV prevalence for KP groups:
 - For FSW, prevalence was 5.3% in Kinshasa, 4.6% in Lubumbashi and 7.4% in Kolwezi;
 - For MSM, prevalence was 9.6% in Kinshasa and 3.7% in Katanga province
- According to 2017 Spectrum data, approximately 54% of PLHIV did not know their HIV status.

Background – 2

- Barriers to testing for KP (stigma, distance to testing sites, waiting times) lead to a limited uptake of HIV testing through conventional services.
- HIVST helps expand access to HIV testing services, reach individuals at high risk who may not otherwise get tested, and achieve the first 95 (UNAIDS) 95-95-95 targets.
- HIVST provides privacy, convenience, pain-free testing, and ease of use.

HIVST policy in DRC

- The DRC is one of 59 countries with a policy supporting the adaptation, development and harmonization of national strategies on HIV testing (UNAIDS & WHO, 2018).
- Distributed to people 18 years and above
- However, the HIV self-test can not make a definitive diagnosis of HIV infection. The reactive HIV self-test result must be confirmed by HIV testing according to the national validated algorithm.

Geographical Coverage

In DRC, HIVST is implemented by the EPIC project in Kinshasa, Haut Katanga, and Lualaba for FSWs, MSM, and FSW clients since October 2018

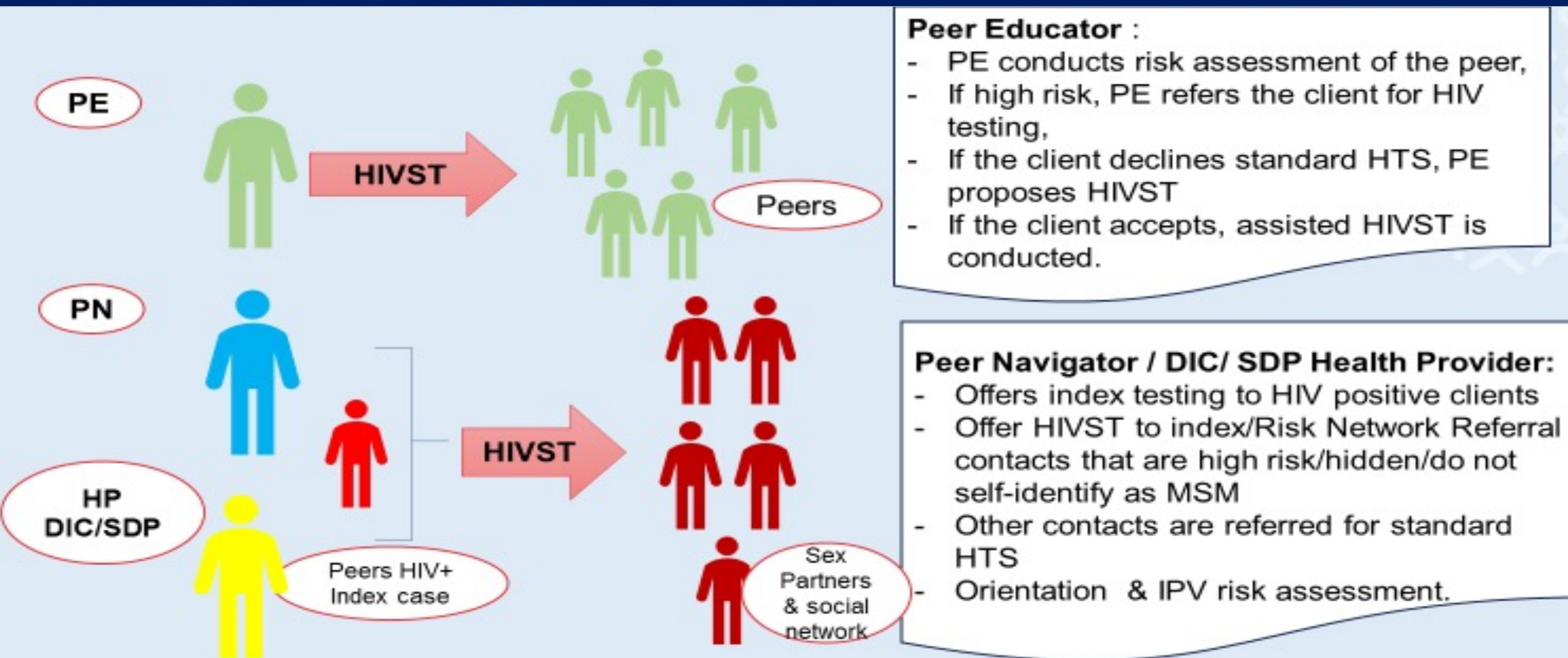


HIVST Overview

- **Test Used:** Oraquick (Human oral fluid)
- Assisted HIVST model was largely used
- Unassisted HIVST model initiated to support index testing approach and in July 2020 in the context of COVID-19.



HIV Self-Testing: Implementation Approaches



Assisted Self-testing Implementation – 1

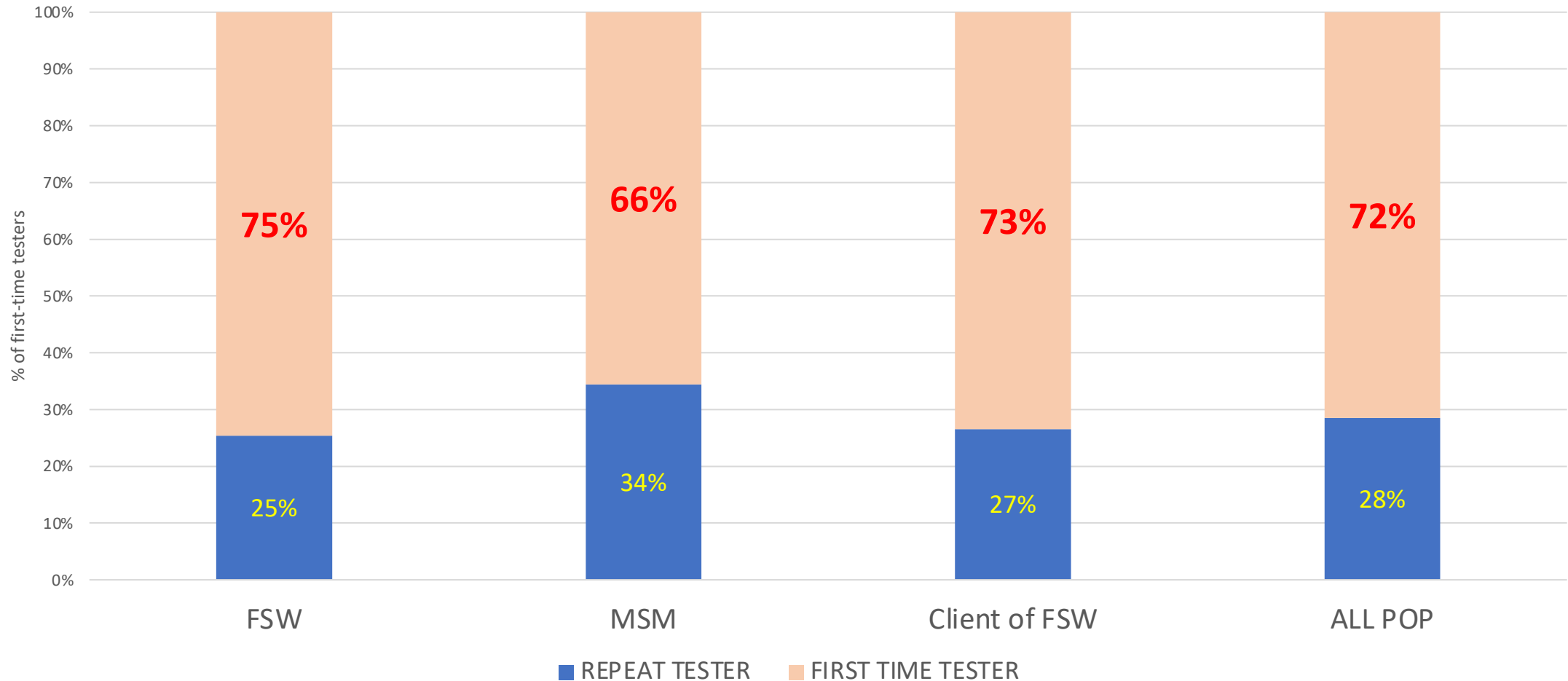
- Peer educators (PEs) are trained to offer OraQuick HIVST kits to peers who refuse testing by other means (mobile, drop-in center, health facility).
- Use of enrollment and risk assessment tool before offering HIVST;
- Assisted HIVST done in the presence of the PE.
- Peers with reactive tests referred or accompanied to confirmatory testing and antiretroviral therapy (ART) initiation.
- Follow up via call/SMS
- Non-reactive clients are referred for PrEP and other services.

Assisted Self-testing Implementation – 2

TRACKING:

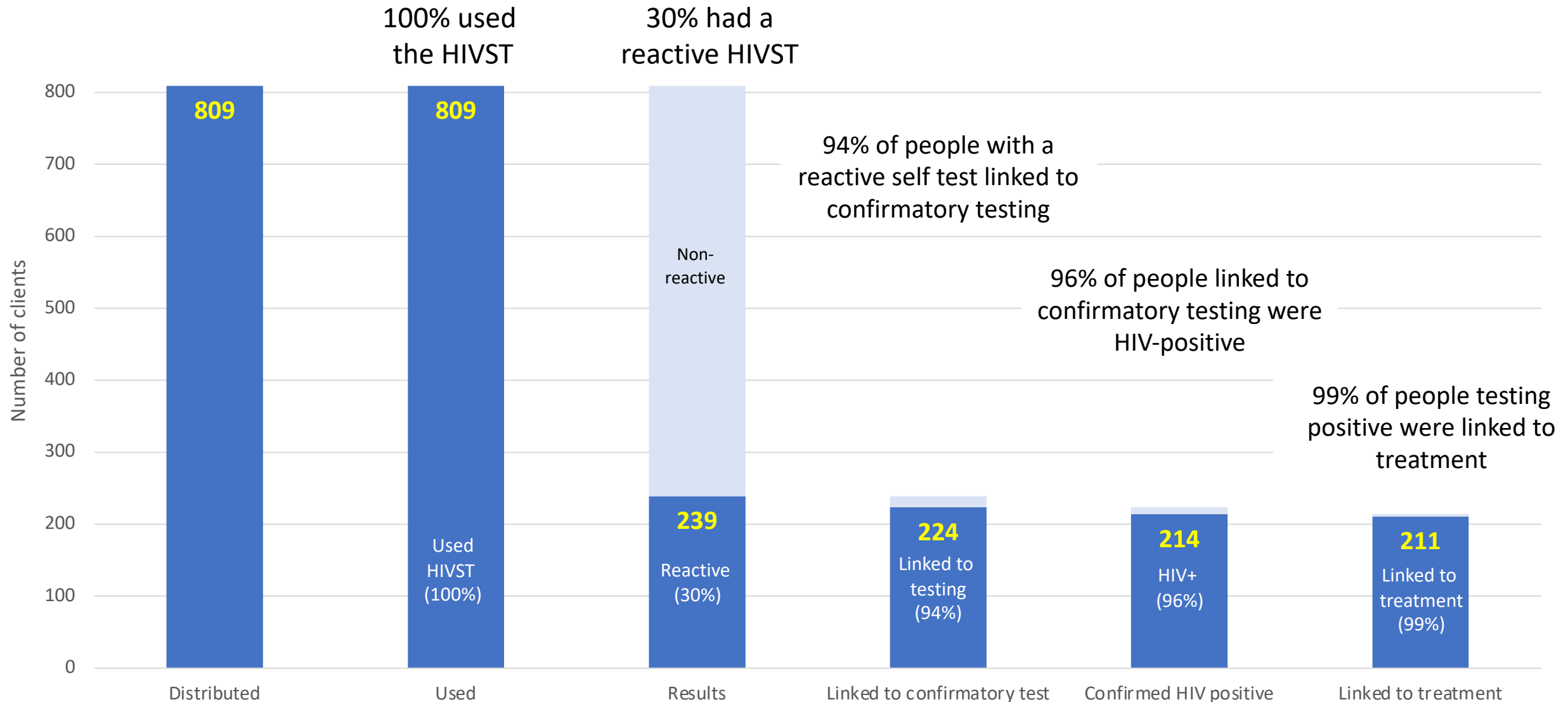
- Each HIVST kit has a Unique Identification Code (including PN/PE code for tracking)
- Use of self-testing service tool for all cases for documentation purposes;
- All data (collected by the tool) are recorded and managed in DHIS2 – PAMOJA/DRC; and
- Replenishment of kits made against returned/sealed/identified kits

Percentage of People using HIVST who are first-time testers (October 2020 – July 2021)

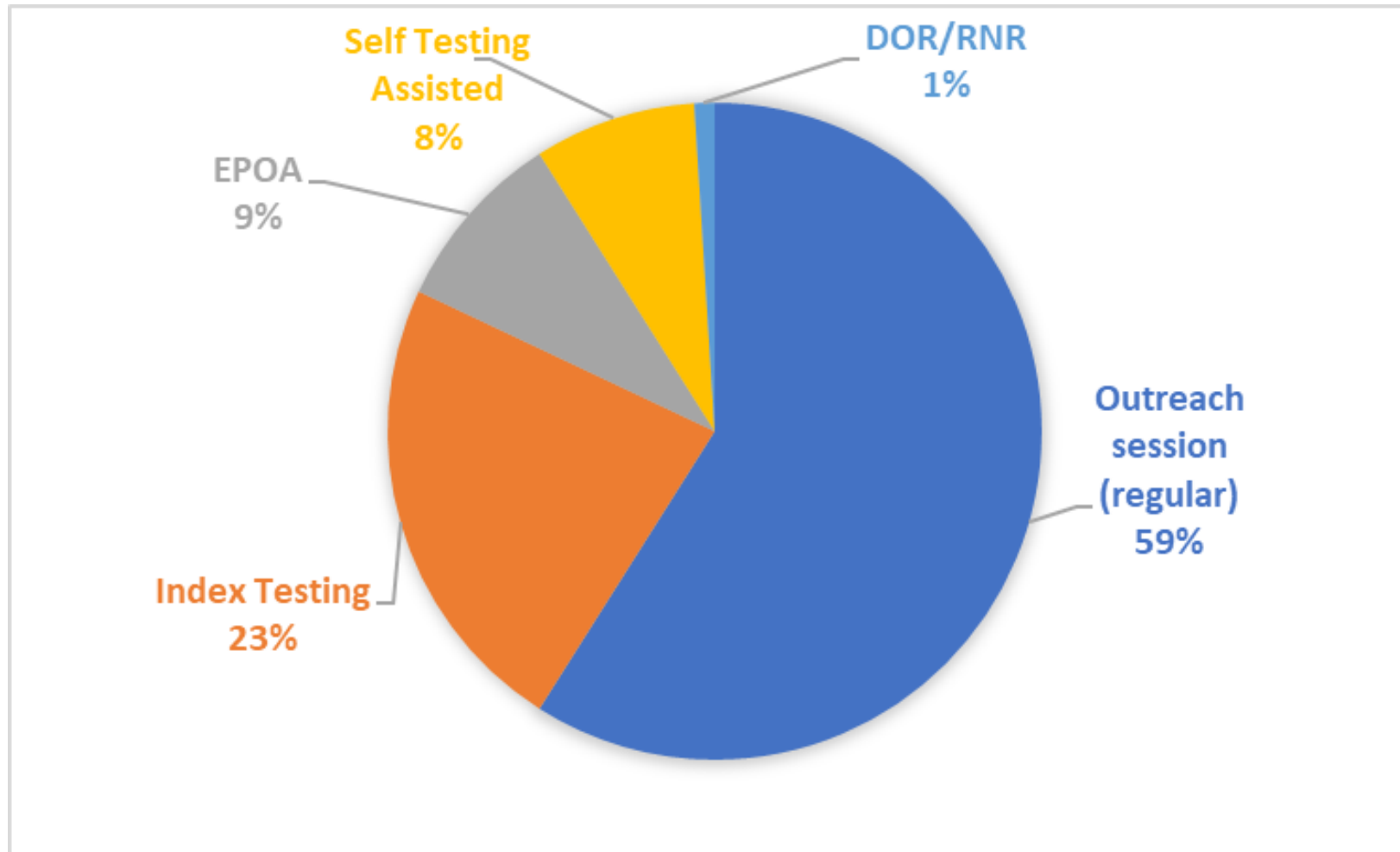


Assisted HIVST Cascade

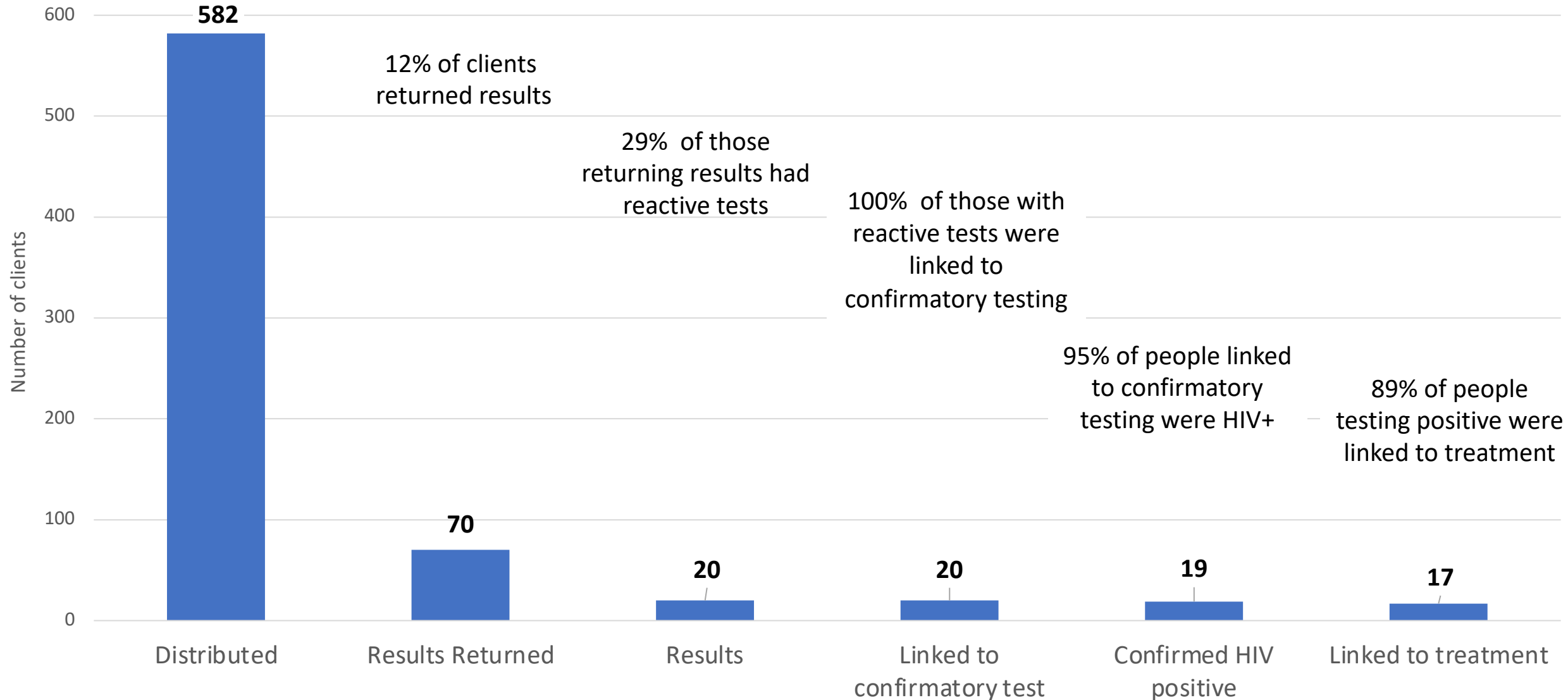
(October 2020 – June 2021)



Contribution of assisted self-testing to the HIV positive volume, DRC (October 20 to June 21)



Unassisted HIVST Cascade (October 2019 – September 2020)



Challenges

- Some PE don't provide complete information (need of appropriate training, update and supervision)
- Rumors about HIVST (need for improved community sensitization)
- Linkage to Health Facilities for confirmation and care
- Limited number of HIVST kits

Lessons Learned

- HIVST is acceptable and feasible, with high uptake amongst KP
 - 72% of self testers were first time HIV testers
- Targeting and risk screening led to very high yields
 - 29-30% positivity rates
- Almost everyone testing HIV positive was linked to treatment
- There were no adverse events or outcomes
- Results return was much higher for assisted vs. unassisted HIVST (100% vs. 12%) indicating the need for more intensive follow up
- Need to scale up both assisted and unassisted HIVST to reach diverse populations



EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobe Group.