

Scaling Up Multiple Blood-Based HIV Self-Tests in Uganda: Key Insights for Implementation

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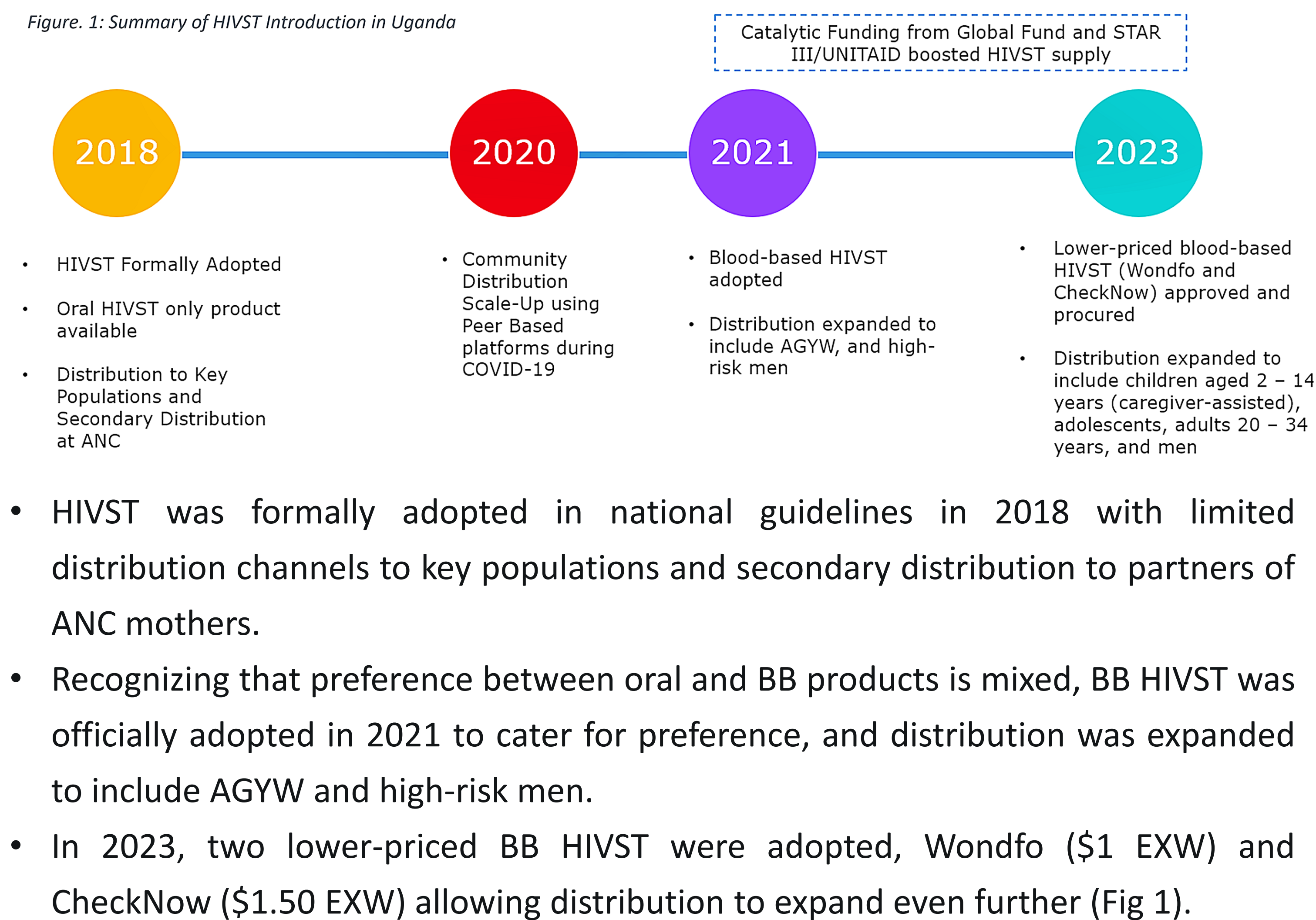
INTRODUCTION

- HIV self-testing (HIVST) is a critical enabler to expand HIV testing services (HTS).
- HIVST enhances accessibility, reduces stigma, and allows clients to test in private or more convenient settings.
- High cost of early HIVST commodities (\$2.00+ EXW) severely limited the ability of countries to fully leverage HIVST.
- One brand of oral HIVST kit accounts for 95%ⁱ of HIVST procurement to-date due to early market entry in 2017 and an access pricing agreement that made it the most affordable until 2021.
- Introduction of lower-priced blood-based (BB) HIVST kits (<\$1.50 EXW) creates opportunity to increase procurement within existing commodity budgets.
- Limited implementation experience with blood-based HIVST kits poses a challenge for scale-up of these types of lower-priced products.
- Uganda is one of the first LMICs to adopt BB HIVST and to procure and distribute multiple HIVST products.
- Implementation experience and lessons learned will be valuable for other countries to introduce and scale BB HIVST.

BACKGROUND

- The Ministry of Health in Uganda recognized early on the importance of HIVST as a complementary approach to traditional testing methods.
- Early implementation was supported by CHAI, significant PEPFAR procurements during COP 20/21, STAR Phase 3 funding from Unitaid as well as Global Fund/CIFF catalytic matching fund procurement during NFM3.
- In 2020, only 3% of all HIVST tests in Uganda were HIVST. By 2023, distribution increased over four-fold, representing 12% of all rapid HIV testsⁱⁱ.

Figure 1: Summary of HIVST Introduction in Uganda



IMPLEMENTATION OF MULTIPLE BLOOD-BASED HIVST KITS

Drivers to adoption of multiple BB HIVST products

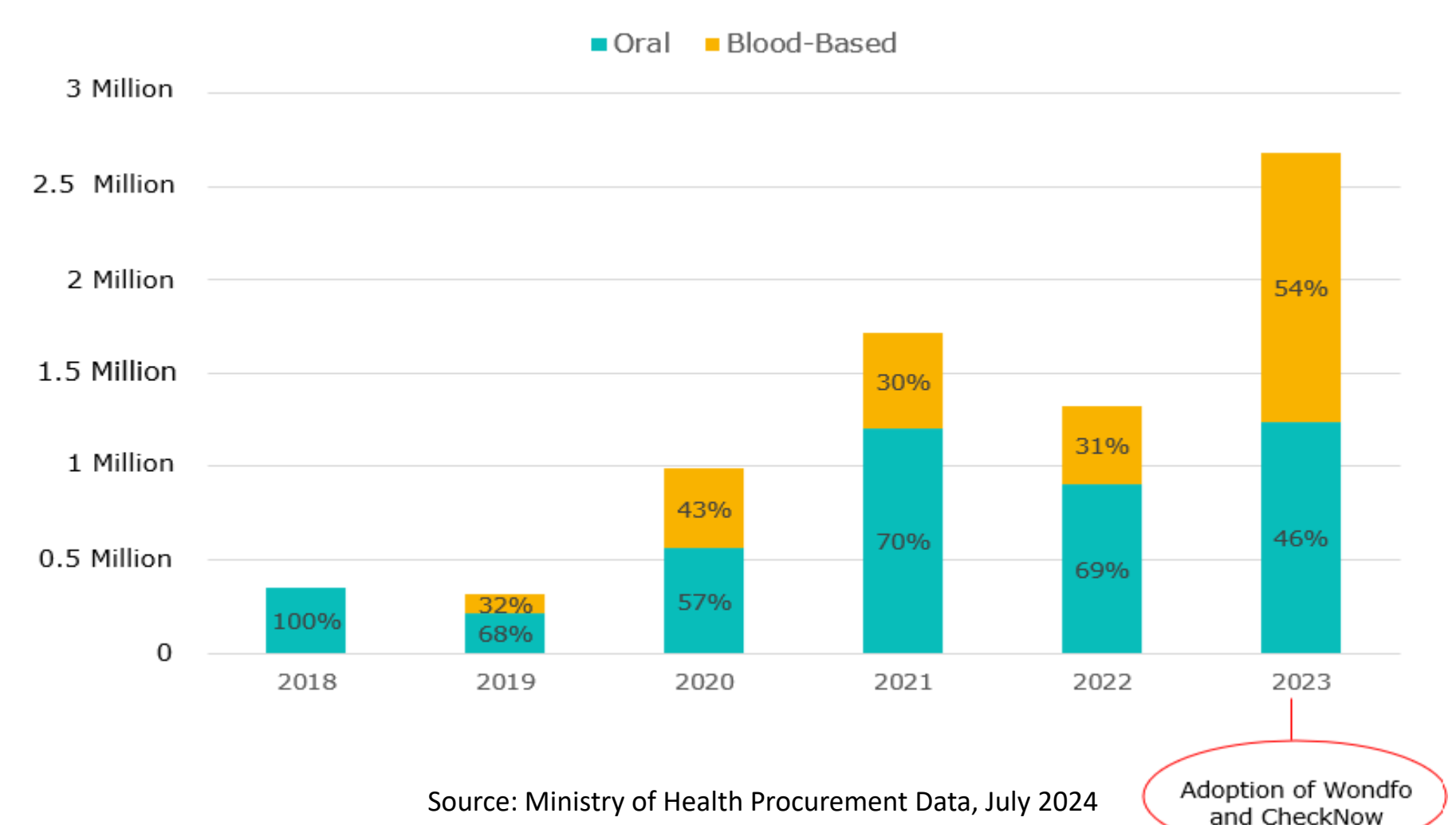
- Cater for different preferences:** Multiple studies show that preference between oral and BB HIVST is mixed.ⁱⁱⁱ It is therefore critical to a client centred approach to accommodate mixed preferences and offer both options at all distribution points.
- Market Security:** Diversifying suppliers reduces risk should there be production/supply chain issues

KEY RECOMMENDATIONS

- MOH should own the introduction of new products but work closely with Implementing Partners through a task force or steering committee.
- Clear planning with all key stakeholders on demand generation and supply chain management of multiple products is critical to inform scale up.
- Ensure M&E tools are adapted to monitor both oral and blood-based HIVST uptake so that supply can be adjusted accordingly.
- Consider access to negotiated pricing for the private sector where possible to ensure that private market is not flooded with non-WHO PQ products.

- Cost-effectiveness:** Lower-priced blood-based HIVST allowed significantly increased procurement within the same funding envelope. This has led to a near 50/50 split in procurement allocation between blood-based and oral HIVST.

Figure 2: Procurement Trends of Oral and Blood-Based HIVST in Uganda

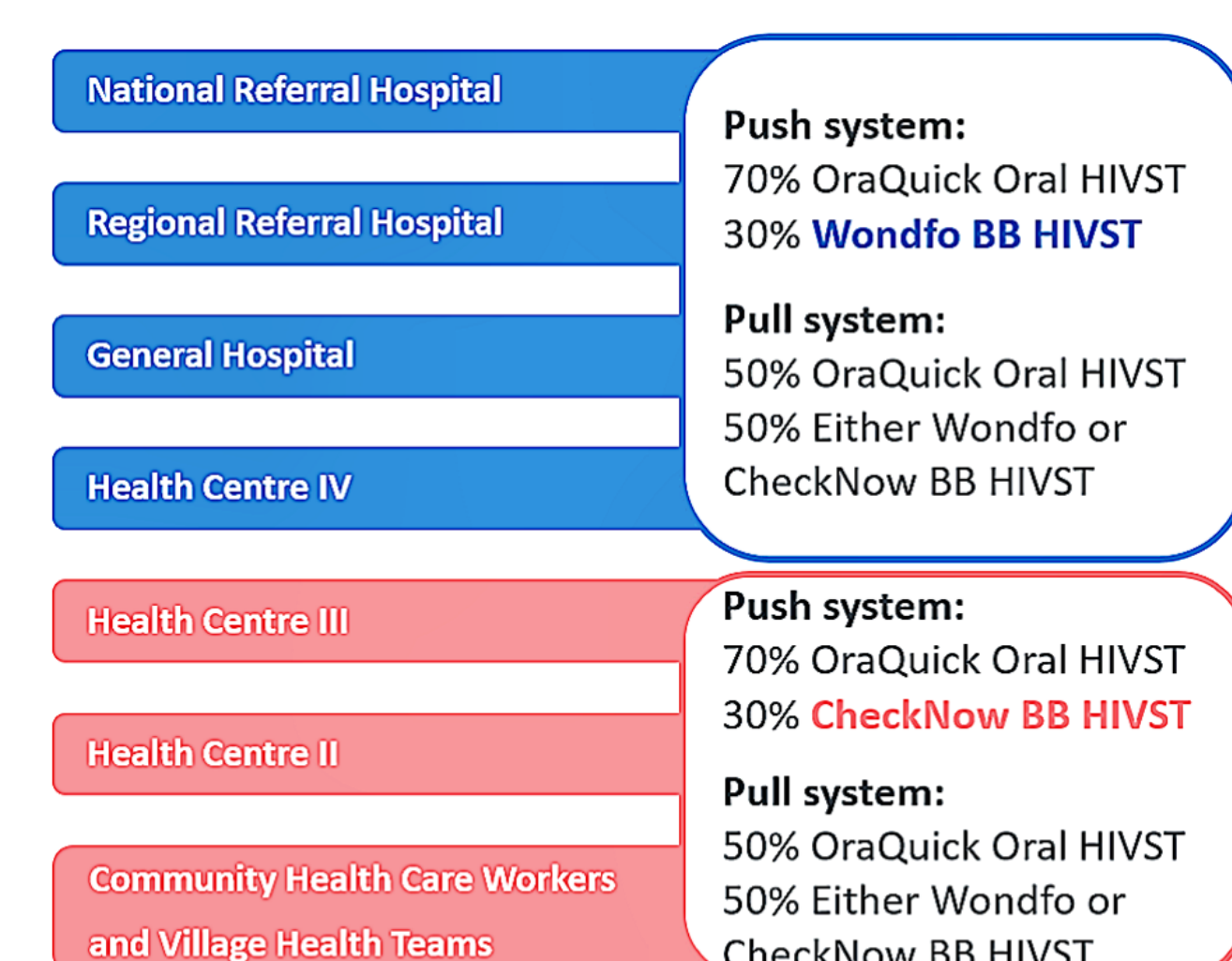


- Quality Assurance:** Availability of lower-priced WHO-PQ'd products reduced the number of non-PQ tests that have infiltrated the private market.

Key considerations for implementation of multiple BB HIVST products

- MOH coordination with key stakeholders:** National task force was established early on - bringing together key stakeholders, including development and implementation partners, CBOs, regulatory authorities, and allied health professionals, to develop and support the implementation of a national HIVST scale-up plan.
- Distribution channels & supply chain**
 - Sites at facility and community level were capacitated to offer both oral and BB HIVST to cater for client preference.
 - The Introduction of BB HIVST in 2021, procurement was allocated in a 70% oral/30% split (Fig. 2 & 3), informed by a USAID market report on preference. This shifted to a 50%/50% split with the adoption of lower-priced BB HIVST, Wondfo and CheckNow (Fig. 2).
 - Leveraging the similarities between the Wondfo and CheckNow BB HIVST kits, sites were capacitated to distribute both.

Figure 3: Push/Pull Supply Chain System for Multiple Blood-Based HIVSTs



- To ensure all sites receive the new commodities to cement early adoption and familiarity of the new products, supply chain relies on a "push system" where kits are sent to facilities based on pre-determined allocations.
- To simplify the process for central warehouse, sites were allocated either Wondfo or CheckNow in the push system phase.
- This was later transitioned to the regular "pull system", where sites place orders and will receive either product dependent on availability.
- Demand Generation**
 - Sensitization of HCW and clients to availability of newly introduced products, such as blood-based HIVST is crucial to uptake.
 - MOH partnered with local distributors and suppliers to accelerate awareness through trainings and campaigns.

i: CHAI Intelligence
 ii: PEPFAR. Spotlight on PEPFAR Panorama. Accessed September 2024. <https://spotlight.pepfar-panorama.org/MicroStrategyLibrary/app/20F2A7EC4211131FF05EE7886B0CB640/550D76B84B1A586A26244FA853BB609E/WB13458725E77402A8192F81705ED832C-K46>
 iii: Adepoju VA, Imoyera W, Onoja AJ. Preferences for oral- vs blood-based human immunodeficiency virus self-testing: A scoping review of the literature. World J Methodol. 2023 Jun 20;13(3):142-152. doi: 10.5662/wjm.v13.i3.142. PMID: 37456972; PMCID: PMC10348079.

