

January - March 2022



Editorial

In April 2021 the National Family Planning Board officially launched the HIV self-test kit. Since then the organisation has publicised its availability in participating pharmacies island wide via radio, television and social media.

The spokespersons for the public promotion are:

- The Honourable Juliet Cuthbert Flynn, Minister of State in the Ministry of Health and Wellness.
- Dr. Alisha Robb-Allen Senior Medical Officer (Acting) & Director Treatment Care and Support, HIV/STI/TB Unit – Health Promotion & Protection

IN THIS ISSUE

Editorial |1

Final words on the Human Rights Campaign |2

HIV Self-Test: An interview with Chantol Folkes |2

How to use the HIV Self Test Kit |8

HIV Self-testing facts |9

Branch, Ministry of Health and Wellness; and

• Miss Andrea Campbell, Director Health Promotion and Prevention (HPP), NFPB.

In this edition of The Health Provider, additional details on the HIV Self-test kit will be unearthed in an interview with Miss Chantol Folkes, Youth Intervention Coordinator, HPP. She fields questions related to the product and its use.

For ease of reference we have included useful IEC material and the list of pharmacies islandwide that stock the test kits.

Technical Officer, Nicola Cousins has the last word with more insights on the Human Rights campaign closing out an interview we carried in the previous newsletter.

Enjoy reading this edition and don't forget to share the information.

FINAL WORDS ON THE HUMAN RIGHTS CAMPAIGN

Nicola: The campaign has been disseminated across seven products. So persons are more familiar with the radio and TV commercials. However, the materials transcend that, by far, the infographics and video graphics are where you will find the detailed information around several, if not all, of the human right. The infographics for instance, there are a set of six that talk about the Universal Declaration of Human Rights, the different rights that comprise our Charter of Fundamental Rights and Freedoms. But the limitation is that that was designed specifically for social media. The video graphics, they also give great detail around the Universal Declaration of Human Rights as well as our Charter of Fundamental rights and freedom. But they require you to watch them for between 14 seconds, and two to three minutes. We've since condensed them and chopped them up into smaller bite sizes, in recognition of limited attention, or short attention spans and so on, and competition for time.

Those materials are the detail around each of the rights in the form of the infographics and video graphics. The onus is on the person to go to our social media pages, to view the infographics and the video graphics, because we really wouldn't be able to place these in the more popular or more available mediums such as radio and TV. And then the drawback to it is that there is a limit to what you can place in a 30 second commercial. Very limited information could be packed into those 30 second commercials for radio and TV. We recognize this, which is why we have the campaign material spread across mediums or types of media. We have shared our Human Rights Campaign material with the partner agencies of the NFPB for them to upload to their websites, social media, and share.

THE HIV SELF-TEST: AN INTERVIEW WITH CHANTOL FOLKES



Dianne: My guest is Chantol Folkes. She is a member of the Health Promotion and Prevention (HPP) team, within the National Family Planning Board. We're going to be speaking with her about the HIV self-test kit, OraQuick. It has been added to the arsenal of what providers, like the pharmacists, can give to clients who might request a HIV test, or who might be afraid of going into their community clinic to request a HIV test, and would prefer to do it in the privacy of their home. Thank you for being here Chantol. What is your title at the National Family Planning Board?

Chantol: I am the Youth Intervention Coordinator, which means that I am responsible for overseeing, organizing, implementing, and in some sense executing interventions relating to adolescents and youth. But, you know, sometimes you're tasked with other duties. HIV self-testing is one of the other duties that falls under my portfolio.

Dianne: When was the HIV Self-Test introduced into your unit and it became your responsibility to oversee it?

Chantol: In 2021, early 2021, January, February thereabout.

Dianne: Take us back to that time. How did this unfold? Are the kits funded?

Chantol: It's funded by CDC under the President's Emergency Plan for AIDS Relief (PEPFAR) program. We realised that there is an increase in HIV cases from 2018 when we had about 1185 new cases, and a good percentage of that number was related to adolescents and youth. We also realised that there's a low uptake in HIV testing services across the island. And since HIV self-testing is an initiative that was already taking its place in other areas of the world, they had introduced it to us. We had seen where the results in other countries were good and so decided to do a pilot program.

Dianne: Tell us about the pilot programme, how many clinics and pharmacies were included in it?

Chantol: No clinics of pharmacies were involved in the pilot, only the Regional Health Authority and a civil society organisation.

Dianne: How are you introducing the HIV self-test kit to the general public? What is the marketing plan?

Chantol: What we had done was to introduce the concept to 21 pharmacies that are already a part of the response. These pharmacies are already providing HIV testing services, counselling, or HIV medication. Introducing it to them would have been easier, because they would have already understood the process.

Dianne: At the time were there only 21, or you took a sample of a larger number?

Chantol: Twenty-two (22) pharmacies across the island that offers this service as in that they're a part of the response, but only 21 pharmacies agreed that they would participate in the HIV self-testing initiative. We weren't forcing pharmacies to be a part of it. What we had done, we provided them with a starter package of five to 10 kits, depending on what their market is like. And we gave them this kit in addition to IEC materials, which included a 'Sold Here' sign, posters, flyers with treatment site information, and also gave them some resources in case individuals needed further resources.

Dianne: How did you go about training the pharmacists to demonstrate how it is to be used? Do the shoppers get it- over-thecounter or do they go through the pharmacist?

Chantol: Depending on how the pharmacies have their different rules and regulations, they decide. Because of the conversation that we're expecting them to have with the clients, then you will find that most pharmacies would have it over the dispensary. So of course, we'd have introduced to them how the kit is used. And for some of the pharmacies, they would have already known how the kit is used, because the OraQuick is not new on our market, and a lot of these persons are already trained professionals. And that's why starting with them, also, was an awesome idea because you wouldn't have to train and retrain, for them to get the process up and running.

Dianne: Of the 21 who came on board have any fallen by the wayside since the initiative of last year or even better, have any more been added?

Chantol: Yeah. We have up to 30 locations now offering the service inclusive of two private doctors. But we have had one pharmacy that is, on and off in terms of the stock level. And one falling out of the initiative, because it's competing with HIV testing services that they offer on the compound. That was their explanation. But otherwise, we've seen where there is constant re-stocking of the items within the other pharmacies.

Dianne: At what rate, do the kits have to be restocked?

Chantol: We try to contact them at least once per month. When we call about stock, some persons will be out and then they say, "Okay, we've ordered already so by the time you call back next week, or whatever time frame we'll have in stock." So I think they move at a pretty good speed but I don't want to say fast.

Dianne: The Health Provider newsletter caters to the clinicians in the public sector clinics. If they wanted to get the HIV selftest kit in the clinic setting, what in your estimation, would be the response out of the National Family Planning Board?

Chantol: That question ties back into one of the questions that you had asked before, which I didn't get to answer. When you asked about how it will be introduced to the public. What's our roll-out plan? We are in the process of finalizing our HIV self-testing protocols and procedures and a part of that is we have different distribution models, and modes. There are community-based, facility-based, and pharmacy-based, and for the community based, we're looking to implement it or execute it through the outreach officers and other NGOs and CSOs that are a part of the response. Training will be coming up for those activities, so that they can effectively promote and carry out the necessary services relating to HIV selftesting.

Then we have the facility-base, which is in relation to the question that you're asking about the public. We are going to be training community health aides, (CHAs) so that they can also offer the services of HIV self-testing. We are going to be selecting right across the island, then doing our training, and issuing of the kits because this is a funded activity. Of course, the kits will not be given away arbitrarily, as a risk assessment must be conducted. Based on the level of risk then that is how the kits will be issued.

Dianne: Is the 2022/2023 financial year your targeted timeline to have these training sessions?

Chantol: Yes, as soon as possible.

Dianne: How can a NGO that wishes to be a part of this initiative reach out? The NGO may be an outlier, in that it's not everyday that we're doing business or partnering with them but they are in health.

Chantol: They can reach out to us at the National Family Planning Board. Send an email to me, cfolkes@jnfpb.org, or contact me via phone, call (876) 537 2935, or the NFPB at (876) 968 1632 to 33. And they can inform us of what they do, and that they would like to partner with us to provide HIV self-testing to the clients that they serve.

Dianne: In terms of the island wide cost for this kit, I would think that it varies. What is the range that you see for the cost of this product?

Chantol: So far, we've seen the cost ranging from \$1,200 to \$2,000 max. I have not seen it go over that.

Dianne: \$2,000! Where is it being sold for \$2,000?

Chantol: And that's the thing you would probably think that the western side of the island or the tourist area would sell for a higher costs. That's not necessarily the trend. Really, it varies right across the island. In Kingston, you'll have three different pharmacies selling it at three different prices. Three different, far apart, prices. So you might see one down here for \$1200, then you see the next one for \$1,500 and you see the other for \$2,000.

Dianne: Explain how simple, or how difficult, it is to use this HIV self-test kit.

Chantol: So far, we have not seen or received any reports of it being too challenging to use. Even based on a pilot, as I can recall the majority of the participants indicated that it was actually easy to use.

Dianne: How quickly can the HIV self-test be done?

Chantol: Results are provided within 20 to 40 minutes. So it's within the same timeframe as your rapid test where you'd go into your health center to do the screening, it's just that it actually saves you the time of sitting and waiting.

This test allows for convenience as you can do it at your own time.

Dianne: If individuals are doing the HIV selftest in the confines of their own homes, how is the NFPB getting the data related to those individuals?

Chantol: When it comes to collecting data that's a major challenge. The whole aim of introducing HIV self-testing though was really to give persons an option for knowing their status, and also to look at the uptake of the test kits and not necessarily an individual's status. So in relation to knowing what the demographic is, for the persons who purchase, we started out doing that by having the pharmacists complete forms, but that had proven to be a challenge. You understand, they could probably get just the basic information, like sex and age, and it was just an age range. We decided that we weren't going to pursue it. We've just moved on to looking at the uptake of the kits.

Dianne: Having done the HIV self-test, when an individual gets a positive result there is no guarantee that they're going to come forward for counselling, or further treatment.

Chantol: True.

Dianne: How do we plan on capturing and getting to those individuals?

Chantol: What we will have to do is continuous media campaigns to let persons know the importance of doing treatment, because even within our outreach setting, even though we test individuals, there is still no guarantee to say that the linkage in treatment and care and support is a must. Why? Persons aren't always ready when they hear their results. Even though we try to promote the Test and Start, mentally persons aren't there, there's always a disconnect. We are hoping that persons will take the initiative to go to the treatment sites and that's why we also provide them with the information for different treatment sites in addition to ours, so that if they need somebody to talk to, who can walk them through the process, then we are here. But for now, I see where we will have to do continuous education so persons understand the importance of treatment.

Dianne: For the individual who is accepting of the fact that they got a positive result from their HIV self-test, explain what comes next for them?

Chantol: If they get a positive result, the next step is they

- refer to the treatment site flyer (one is issued with every kit),
- elect which site they would like to go to, they
- visit the site to speak with a contact investigator, a nurse or a doctor who will guide them as to the way forward.

So you're going to let them know that you've done a self-test and saw the two lines or whichever way they want to explain it. The medical personnel will guide them accordingly saying a confirmatory test needs to be done next and that they will link the individual to this person.

If they call the National Family Planning Board after receiving the reactive result, then we can link them to a Peer Navigator that is, somebody who basically walks them through the system. So instead of having them walk on their own, we take them to the contact investigator when they are available. We set up the appointment, accompany them, then the contract investigator takes it from there. And if the person isn't ready for you to leave them on their own, then the Peer Navigator is the person that walks them through the process, follows them to appointments and seeks additional resources if necessary, as they might need referral.

Dianne: What has been the reaction or perspective of the pharmacy's managers/pharmacists and individuals on what it means to have the product stocked in their facility?

Chantol: Alright, so I have had the opportunity to hear from a few. Persons have not expressed any challenge so far with the kits, but some individuals said that the uptake was slow. That I believe was attributed to the stigma that's still associated with HIV. So persons aren't so open to come in and purchase the kits are even to ask about it but they will read the posters and so on.

Dianne: Do we have sufficient stocks of the OraQuick at the NFPB? Can anyone walk into the NFPB and access the commodity?

Chantol: Not at this time, because what we have in stock would be for the rollout of the different models – that is, community-based, facility-based, the pharmacy-based. If individuals want a HIV self-test, they would have to access it from one of the 30 pharmacies or locations islandwide.

Dianne: Are you looking to ramp that number up a bit more in the next year?

Chantol: Definitely.

Dianne: Is there any parish that has very few outlets?

Chantol: Yes, St. Thomas

Dianne: St. Thomas?

Chantol: There's only one (1) outlet in St. Thomas.

Dianne: And for the health care provider who would like to have additional details related to the HIV self-test they can email you. Do you mind repeating your email address?

Chantol: Sure, cfolkes@jnfpb.org

Dianne: Can the adolescent access the HIV Self-Test kit on their own?

Chantol: Adolescents can access the kits so long as they fall within the 16 and over age group. In the event that there's somebody under the age of 16, they just need parental consent.

Dianne: Okay. Is there a form that the pharmacist, the attending physician would have for them?

Chantol: They would more than likely have a consent form. But that's only in the event that the individual shares that it is for somebody under the age of consent. Because if they don't say, we can't know.

Dianne: What's the shelf life?

Chantol: Five years.

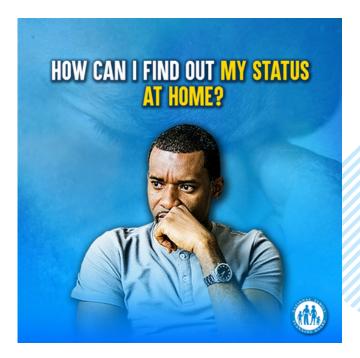
Dianne: And our supplies come from which countries?

Chantol: Well, we get them through Recharge Distribution Limited (RDL) they are the ones who are responsible for importing them.

Dianne: That's a locally based company?

Chantol: RDL, a lot of pharmaceuticals product come through them. And so when we had introduced the concept to a lot of persons, when they heard where they can access the kit they were like, oh, so we can continue the process then, because they're already in contact with RDL for pharmaceuticals. In relation to the country, I'm not quite sure. But I know that RDL is the one that is responsible for carrying them so far, and the only company with the authority to do so.

Dianne: Chantol, thank you for being my guest inside of The Health Provider.



OBJECTIVES OF THE HIV SELF-TEST KITS

The objectives of the introduction of the HIV Self-Test kits are:

- \cdot To increase access to HIV testing.
- \cdot To increase number of persons who are aware of their HIV status.
- To increase SRH knowledge in regards to HIV Self-testing.
- \cdot To increase partner testing.
- To increase early diagnosis for HIV resulting in timely linkage to care and treatment.



FAST FACTS ABOUT HIV SELF – TESTING

WHAT IS SELF-TESTING FOR HIV?

This allows persons to take their own HIV test at home or at a preferred location.

HOW DOES SELF-TESTING WORK?

- A test kit called OraQuick® is used.
- The test is done by doing a swab of the
 - gum-line (in the mouth)
- It is quick and painless

WHO CAN DO SELF-TESTING?

EVERYONE! Self-testing is simple and can be used by anyone. Do a self-test, if you:



are at risk for HIV but don't want to go to a centre to get tested.

want to test yourself and your partner in a private setting.

HOW ACCURATE ARE THE RESULTS?

Once the tests are stored correctly, and the instructions for taking the test are followed, the results are usually accurate.

WHAT DO I DO IF I HAVE A POSITIVE RESULT USING SELF-TESTING?

ALWAYS get another test from a trained tester. If you test positive:

• Please visit the nearest treatment site. (See the back of this card for a location near you)

Call or Whatsapp the Marge Roper
Counselling service at: 876-536-9154

(Mondays - Fridays 8:30am - 5:00pm)

WHAT DO I DO IF I HAVE A NEGATIVE RESULT USING SELF-TESTING?

-Practice safe sex. -Always use a condom and lube. -Take another test if you have had:



Sex with a HIV-positive person

More than one sex partner

A STI

A HIV test within six weeks

WHERE CAN I GET MORE INFORMATION ABOUT SELF-TESTING FOR HIV?

Ministry of Health & Wellness

Address:10-16 Grenada Way, Kingston 5 Telephone: 876-633-8172 Website: https://www.moh.gov.jm/national-hiv-sti-tbprogramme/

Marge Roper Counselling Service

National Family Planning Board Address: 5 Sylvan Avenue, Kingston 5 Telephone: (876) 968-1619, (876) 968-1627, 968-1634-35. Operating Hours: Mondays to Fridays, 8:30 a.m to 5:00 p.m. Website: www.jnfpb.org

Important Note: A negative test for HIV does not prevent you from getting HIV in the future.

Use a condom everytime to prevent HIV, STIs and pregnancy.



FAST FACTS ABOUT HIV SELF - TESTING

TREATMENT SITES ACROSS JAMAICA Parish Treatment Site Address Morant Bay Health Centre 54 Lyssons Road, Morant Bay St. Thomas **Princess Margaret Hospital** 54 Lyssons Road, Morant Bay Burke Road, Spanish Town 5 West Greater Portmore St. Jago Park Health Centre Greater Portmore Health Centre Burke Road, Spanish Town St. Catherine Spanish Town Hospital Rodney Hall Road, Linstead Lot 5 Marlie Avenue Linstead Health Centre Old Harbour Health Centre North St, Kingston CSO 87 Maxfield Ave Kingston 10 Kingston Public Hospital (KPH) Maxfield Park Health Centre **Duhaney Park Health Centre** 122a Baldwin Cres Kingston 20 Windward Road Health Centre 18 Paradise St Kingston 16 National Chest Hospital (NCH) 36 1/2 Barbican Road, Kingston 6 Kingston & St. Andrew 55 Slipe Pen Rd Kingston 5 **Bustamante Hospital for Children** Arthur Wint Drive, Kingston 5 Victoria Jubilee Hospital (VJH) 2 North Street, Kingston CSO CHARES' University Hospital of the West Indies AIDS Health Foundation (AHF)* 183 Hagley Park Rd, Kingston St. Ann's Bay Hospital Seville Road, St. Ann's Bay St Ann's Bay, St. Ann St. Ann's Bay Health Centre Alexandria, St. Ann Alexandria Community Hospital St. Ann Claremont, St. Ann Claremont Centre of Excellence Jamaica AIDS Support for Life (JASL)* St. Ann's Bay Main St, Port Maria Highgate Health Centre Annotto Bay Hospital Main Street, Port Maria Annotto Bay (Rural), St. Mary St. Mary Port Antonio Health Centre Smatt Road, Port Antonio Portland Buff Bay Health Centre May Pen Health Centre May Pen Hospital Buff Bay Main Street, May Pen Manchester Ave, May Pen, Clarendor Clarendon 1 Benton Avenue, Clarendon Mandeville Regional Hospital 32 Hargreaves Ave, Mandeville Manchester South Race Course Road, Mandeville Mandeville Comprehensive Clinic **Black River Health Centre** High Street, Black River St. Elizabeth Black River Hospital West Jamaica Conference Location 45 High Street, Black River Seville Road, St. Ann's Bay **Barnett Clinic Location** Barnett Street Montego Bay St. James Payne Street, Montego Bay Montego Bay Type V H/C Van Haze Building, 16 East Street, Montego Bay Jamaica AIDS Support for Life (JASL)* Duncans, Trelawny Rodney Street, Falmouth, Trelawny Trewlany Falmouth Public General Hospital Lucea Reproductive Health Clinic Hanover Fort Charlotte Drive, Lucea Westmoreland Savanna La Mar Public General Hospital



*non - MOHW facilities