DEPARTMENT OF MINERAL RESOURCES

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MINE HEALTH AND SAFETY ACT, 1996 (ACT NO 29 OF 1996)

GUIDANCE NOTE FOR THE IMPLEMENTATION OF HIV SELF-TESTING IN THE SOUTH AFRICAN MINING INDUSTRY

I, **DAVID MSIZA,** Chief Inspector of Mines, under section 49(6) of the Mine Health and Safety Act, 1996 (Act No. 29 of 1996) and after consultation with the Council, hereby issues the guidance note for the implementation of HIV self-testing in the South African mining industry in terms of the Mine Health and Safety Act, as set out in the Schedule.

D MSIZA
CHIEF INSPECTOR OF MINES

SCHEDULE

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DEPARTMENT OF MINERAL RESOURCES

MINE HEALTH AND SAFETY INSPECTORATE

GUIDANCE NOTE FOR

THE IMPLEMENTATION OF HIV SELF-TESTING IN THE SOUTH AFRICAN MINING INDUSTRY

CHIEF INSPECTOR OF MINES

mineral resources
Department:
Mineral Resources
REPUBLIC OF SOUTH AFRICA

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PART A: THE GUIDANCE NOTE

1. FOREWORD

1.1. The guidance note on the implementation of **HIV** self-testing in the South African mining industry has been developed to provide a framework in implementing the self-testing approach in line with the **WHO** guidelines.

1.2. The **MITHAC** established a task team to facilitate the development of the guidance note on the implementation of **HIV** self-testing in the South African mining industry.

1.3. This guidance note on the implementation of **HIV** self-testing in the South African mining industry has been developed based on the standards and procedures as stated in the "**WHO** supplement guidelines on **HIV** self-testing and partner notification supplement to consolidated guidelines on **HIV** testing services".

1.4. The guidance note will be reviewed based on regulated time frames or emerging developments pertaining to **HIV** self-testing services.

2. STATUS OF THE GUIDANCE NOTE

2.1. The guidance note has been compiled with the primary objective of promoting self-testing in the mining industry with the aim of closing the **HIV testing gap** and achieving the **UNAIDS** 90-90-90 strategy goals.

2.2. The guidance note sets out good practice and must be read and interpreted within the existing **WHO** Guidelines on **HIV** self-testing.

2.3. The **HIV** self-testing guidance note presents an opportunity for South African mining industry to reach those employees who are usually not reached through conventional facility-or community-based **HIV** testing.

3. THE OBJECTIVES OF THE GUIDANCE NOTE

3.1. To assist South African mining industry in achieving the first 90% of the **UNAIDS** 90/90/90 strategy which relates to diagnosing all people with **HIV** by 2020 and to achieve the 2014 Occupational Health and Safety Summit Milestones, that aims to reduce and prevent **TB**, **HIV** and AIDS infections.

3.2. To assist the South African mining industry in offering additional approaches to conventional **HIV** testing services.

4. DEFINITIONS AND ACRONYMS

4.1. **"ART"** means antiretroviral therapy.

4.2. **"Conventional facility-based HIV testing"** means a process where a patient in a clinic, or any facility offering health services, is offered **HIV counselling** and testing services by a clinician or a trained health care practitioner.

4.3. **"Counselling"** means **counselling** for **HIV** testing and is the process by which sufficient information about **HIV** is provided to the patients so they can give their

explicit and voluntary **informed consent** to receive services. It must be confidential. Information provided during **counselling** can be to create awareness or detailed information about **HIV**.

4.4. **"Directly assisted self-testing"** means when individuals who are self-testing for **HIV** receive an in-person demonstration from a trained provider or peer before or during **HIVST**.

4.5. **"Empowered person"** means a person who has been counselled and believed to have understood the content of **counselling** and ready to make a decision whether to decline or accept the offer for testing.

4.6. **"HIV"** means Human Immunodeficiency Virus.

4.7. **"HIVST"** means **HIV** self-testing and is a process in which a person collects their own specimen and then performs a test and interprets the result.

4.8. **"HIV workplace programmes"** means programmes which are specifically designed to mitigate the impact of **HIV** in the workplace. The programs are designed to create awareness towards making conscious choices through **counselling** and testing for **HIV**, linking individuals to treatment, monitoring of the disease and adherence **counselling**.

4.9. "**HTS"** means all forms of **HIV** testing services.

4.10. **"MITHAC"** means the mining industry **TB** and **HIV** advisory committee.

4.11. **"Informed consent"** means a process of obtaining consent from a person to ensure that the person fully understands the nature, implications and future consequences of the **HIV** test before such person consents to take the test.

4.12. **"NDOH"** means the South African National Department of Health.

4.13. **"NDOH prequalified product"** means a quality assured product that have been approved for use in South Africa by the **NDOH**.

4.14. **"Non-reactive self-screening results"** means a test result that does not show a reaction indicating the presence of analyte, which in the context of **HIV** refers to **HIV**-1 P24 antigen or **HIV**-1/2 antibodies.

4.15. **"PrEP"** means pre-exposure prophylaxis.

4.16. **"Primary distribution method"** means when a self-screening kit is delivered directly to the end-user.

4.17. **"Reactive self-screening results"** means a test result that shows a reaction indicating the presence of analyte, which in the context of **HIV** includes **HIV**-1 P24 antigen or **HIV**-1/2 antibodies.

4.18. **"Secondary distribution method"** means when one or more self-screening kits are given to an individual, not for their own use, but to distribute to their sexual partner, family member or anyone in their network.

4.19. **"Testing gap"** means a situation whereby individual(s) did not undergo **HTS**.

4.20. **"Trained tester"** means to a health care professional/lay counsellor who has been trained to do the **HIV** testing in accordance with the **WHO** Guidelines on **HIV** self-testing and partner notification supplement to consolidated **HIV** test services.

4.21. **"UNAIDS"** means the Joint United Nations Programme on **HIV**/AIDS.

4.22. **"TB"** means tuberculosis

4.23. **"Unassisted self-testing"** means when individuals self-test for **HIV** using only a self-test kit that includes manufacturer-provided instructions for use. As with all self-testing, users may be provided with links or contact details to access additional support, such as telephone hotlines or instructional videos.

4.24. **"WHO"** means the World Health Organisation.

5. MEMBERS OF THE TASK TEAM

This guidance note was prepared by members of the task team, which comprised of:

State

Mr Modikwe Sekoele
Ms Matanki Hlapane
Dr Lindiwe Ndelu

Organised Labour

Mr Nikki Prinsloo
Mr Johan Kok
Mr Charles Mkhumane

Employers

Dr Khanyile Baloyi
Dr Bosele Ramantsi
Ms Stella Ntimbane
Dr Irene Mampa

6. SCOPE

This guidance note applies to all mines in South African mining industry to implement **HIV** self-testing services as part of their **HIV** programme with the benefit of enabling reaching previously untested and test averse populations.

7. ASPECTS TO BE ADDRESSED IN THE HIVST PROGRAMME

Employers should take cognisance of the following aspects when implementing **HIV** self-testing programmes:

7.1. HIV self-testing

A process in which a person collects their own specimen and then performs a test and interprets the result.

7.2. **Guiding principles**

HTS, including **HIVST** should adhere to the **WHO** 5Cs: consent, confidentiality, **counselling**, correct test results and connection. These guiding principles are found in the National **HIV** Testing Services Policy 2016[6].

7.3. **Benefits of HIV self-testing**

i. It is done in a private setting;
ii. It provides an ability to reach those who are not able to go to health care facilities
iii. First time testers, with possibly undiagnosed **HIV** can be reached
iv. Employees can have an option to test; and
v. Employers can ensure employees have ongoing access to the **HIV** self-testing services.
vi. Employees are empowered to manage their health.
vii. **HIV** self-testing reduces the number of times testers have to visit clinics and eliminates the need for individuals to travel distances or wait in long lines to access **HIV** testing.
viii. There is an additional benefit by reducing the impact on limited government resources which can now be redirected to servicing those individuals with a reactive (positive) self-test result and who are in need of further testing, support and referral.
ix. **HIV** self-testing is beneficial to people who are at ongoing high-risk exposure to **HIV** infection and for those who require regular retesting.
x. **HIV** testing breaks down some of the traditional barriers that prevent individuals from going for an **HIV** Test. The self-test can be done in complete privacy, so there is absolutely no risk of being stigmatized.
xi. **HIV** self-testing increases the opportunity for employers to reach those who usually do not go for an **HIV** Test to know their status.

7.4. **Implementation methods/options of the HIV self-testing**

In undertaking **HIV** self-testing processes, two options are available:

7.4.1. Directly assisted, whereby a trained provider or peer before or during **HIVST** will provide help in-person, by demonstrating on how to use the kit and how to interpret results. As part of this, directly assisted persons can access support via a telephone hotline, video, brochures, and referrals (if indicated).

7.4.2. Unassisted, whereby the individual performs an **HIVST** using the information package in the kit itself without any assistance from anyone.

7.5. **Process to be followed in implementing HIV self-testing**

The recommended process to be followed in the implementation of the **HIVST** programme should be distribution and provision of information, including education and communication; **counselling**; distribution of the **HIV** self-testing kits; testing; interpretation of the results; following-up and responding to results.

7.5.1. Information, education and communication.

Information on self-testing should be made available in different forms and should cover the following but not limited to:

a) Induction (training should include information of self-testing).

b) Primary health consultations (every consultation with health professional).

c) Occupational health consultations (medical surveillance examinations).

d) Health and Safety campaigns (wellness days, **TB** days, Cancer days, etc).

e) Meetings (health and safety committee meetings, management meetings, organised labour meetings, toolbox meetings, etc).

f) Employees to encourage their partners and acquaintances to know their status.

g) Media.

h) Information leaflets.

7.5.2. Counselling

7.5.2.1. Pre-test information and/or **counselling** can be provided in a group setting. However, post-test **counselling** must be done on an individual basis. All persons should have the opportunity to ask questions privately.

7.5.2.2. In the context of **HIVST**, it is important to note that pre-test information and post-test **counselling** can be provided using a directly assisted approach (for example, in-person demonstration and explanation by a trained provider or peer) or using an unassisted approach (for example, use of manufacturer provided instructions), as well as a number of other support tools. The instructions on how to perform a self-test and how to interpret the self-test result, is provided in addition to the manufacturer-supplied instructions for use and other materials found inside **HIVST** kits. (End 27 Sept 2018).

7.5.3. Distribution of the HIV self-testing kits

In distributing **HIV** self-testing kits, **NDOH** quality assured products that have been approved for use in South Africa, must be distributed using different distribution options.

7.5.3.1. Distribution options

a) Primary distribution

This occurs when a self-screening kit is delivered directly to the end-user.

b) Secondary distribution

This occurs when one or more self-screening kits are given to an individual, not for their own use, but to distribute to their sexual partner, family member or anyone in their network.

7.5.3.2. Methods for distribution

The **HIV** self-testing kits can be distributed in the following manner:

a) Community-based platforms which entails door-to-door delivery;

b) Clinic-based channel which aims to promote couple/partner testing;

c) Workplace programmes which can be used to reach those at high risk such as miners, truck drivers and their partners; and

d) Can be given directly to the end-user or partner delivery to sexual partner.

7.5.4. Testing

When conducting **HIV** self-testing it is important to highlight that:

a) Those on ARVs (**HIV** treatment and **PrEP**) should not do an **HIV** self-testing as they may get false non-reactive/negative results.

b) If a person is uncertain about how to correctly perform the self- test, or interpret the self-testing result, he or she should be encouraged to access the conventional facility or community-based **HIV** testing.

7.5.5. Interpretation of the results

7.5.5.1. It is important to note that **HIVST** does not provide a definitive **HIV**-diagnosis positive because as with all **HIV** testing a single rapid diagnostic test (RDT) is not sufficient to make an **HIV** positive diagnosis therefore **HIVST** is considered to be a screening test.

7.5.5.2. Interpretation of the results will be as per the manufacturer's guide. If a person is uncertain about how to correctly interpret the self- test results, he or she should be encouraged to access the conventional facility or community-based **HIV** testing.

7.5.6. Follow-up

a) A reactive (positive) self-test result requires further confirmatory testing from a **trained tester** using a validated national **HIV** testing algorithm.

b) Those with a non-reactive (negative) self-screening result should retest if - exposed to **HIV** in the preceding six weeks, or high ongoing **HIV** risk.

7.5.7. Response to results

In responding to the results gathered, **counselling** should have covered the following:

a) A clear direction and action on how to respond to the testing results i.e. meaning and implications of a test result and contact numbers of the professional to assist with results interpretation and action thereafter.

b) A clinic address or a facility address to visit/contact to discuss and act on the results.

c) Confirmatory laboratory tests should be made available and re-enforcement of post-test **counselling** should be mandatory.

7.6. **Monitoring, evaluation and reporting**

7.6.1. The following have been proposed as minimum monitoring and evaluation during the initial roll-out of **HIVST**:

a) Periodical assessment of the hotline for **HIVST** related calls requesting information, assistance, **counselling** and support.

b) Reporting of adverse events to the national hotline, on dedicated web and social media platforms.

c) Post-marketing surveillance data of companies.

d) Linkage to care through e-health platforms.

7.6.2. The data needs to be collected and collated in a manner that will inform the data that goes into the DMR 164 Reporting Form.

7.6.3. Companies are encouraged to keep data at mine level to demonstrate the impact of **HIV** self-testing in relation to closing the **testing gap**.

7.7. **Role players**

The roles players who are required in implementing the requirements of **HIV** self-testing include:

i. Health care professionals.

ii. Lay counsellors.

iii. Mine workers.

iv. Mine owners.

8. **REFERENCES**

a) Department of Mineral Resources (DMR) 164 reporting on **HIV** and **TB**.

b) **HIV** Selfie Proposal by Re-Action Consulting.

c) Southern African **HIV** Clinicians Society: Guideline South African **HIV** Self-Testing Policy and Guidance Considerations.

d) South Africa's National Strategic Plan for **HIV**, **TB** and STIs 2017-2022.

e) **WHO** Guidelines on **HIV** self-testing and partner notification supplement to consolidated **HIV** test services, December 2016.