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***Analysis of the Responses to the Consultation on a Proposal to Remove the Ban on the Sale of HIV Self-testing Kits***

***Directly to the Public in Northern Ireland***

**November 2015**

**Summary**

The consultation on the proposal to remove the ban on the sale of HIV self-testing kits to the public in Northern Ireland took place between 1 October 2014 and 31 December 2014.

It is important to note that the consultation was undertaken before an approved HIV self-testing kit became commercially available on the UK market.

The consultation questions were available to either complete on-line, by email or to download. A copy of the consultation is available at <http://www.dhsspsni.gov.uk/showconsultations?txtid=73719>.

There were 22 responses to the consultation: 16 were submitted on behalf of organisations and 6 were from individuals.

**Key Findings**

Respondents broadly welcomed the policy to remove the ban on the sale of HIV self-testing kits directly to the public, with 19 out of 22 respondents to the consultation clearly stating their support.

Those respondents in support of the policy acknowledged the barriers preventing people from taking a test in clinical settings, and expressed the views that removal of the ban would provide opportunities to give people greater choice of when and where to test; improve the uptake of testing; and ensure that reliable and safe testing kits are provided as an alternative to unregulated kits.

The consultation analysis revealed that although most respondents were supportive of the policy change, some had reservations. Comments for consideration include: the kits must be safe and approved (CE-marked); contain clear information on how to use the kits and what to do with a reactive result; and be monitored. Some respondents also raised a need to provide the public with wider information about the kits e.g. what a self-test is, the meaning of the window period, how to identify an approved kit; and signpost people to local services.

Some respondents had reservations about an individual’s interpretation of the test; and potential lack of understanding of the risk of a false negative result or a false positive (reactive) result and the need to confirm a reactive self-test result in a clinical setting. The vulnerability of test-users was highlighted by some respondents who expressed concerns about the absence of counselling/ support for individuals who obtain a reactive result from a self-test.

Another key concern was uncertainty around the care pathway and linkage into specialist services and support. It was noted that the potential failure of an individual to follow up the result with a treatment service may also result in the failure to alert sexual partners (contact tracing) to the need to get tested.

Some respondents were also concerned about an absence of health promotion/ prevention messages which help to influence an individual to change their sexual health practices and prevent risk-taking behaviour.

1. **Introduction**

The Department of Health, Social Services and Public Safety (‘the Department’) launched a public consultation on a proposal to remove the ban on the sale of HIV self-testing kits directly to the public in Northern Ireland by revoking the HIV Testing Kits and Services Regulations (Northern Ireland) 1992 (‘the Regulations’).

The consultation ran from 1 October 2014 to 31 December 2014. The consultation document was made available on the Department’s website along with the Regulations and a questionnaire inviting views on the proposed policy change, including any equality implications. The link to the consultation documentation was circulated to a number of stakeholders. Respondents could choose to respond on behalf of their organisation, or as an individual; and by using an on-line questionnaire, by email or by posting their responses to the Department.

1. **Who responded?**

In total, 22responses were received and categorised as follows:

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| **On behalf of Organisation/ Individual response** | **Respondent Type** | **Number** |
| Organisation response | Health and Social Care (HSC) sector | 5 |
| Organisation response | Voluntary and community sector | 5 |
| Organisation response | Professional Bodies | 3 |
| Organisation response | Unions | 2 |
| Organisation response | Councils | 1 |
| Individual | HSC Staff | 4 |
| Individual | Member of Public | 2 |

Those organisations that responded are listed at Appendix 1; however individual respondents have not been identified.

The Department has carefully considered the points raised and would like to thank all of the participants in the consultation process for their time and assistance.

1. **Analysis of Consultation Responses**

Of the 22 responses received, 20 were completed using the consultation questionnaire, although some of the respondents did not answer all of the 7 questions asked in the questionnaire.

The following paragraphs report the views expressed, in broad terms, of those who responded to the consultation. Where possible, the responses to each consultation question have been quantified.

**Q1. Should the ban on the sale of HIV self-testing kits directly to the public in Northern Ireland be removed?**

The majority (86%) of respondents support the policy to remove the ban on the sale of HIV self-testing kits directly to the public in Northern Ireland:

* 19 respondents stated that they were in support of a change to remove the ban on self-testing;
* one organisation indicated that it was not wholly opposed to the removal of the ban; and
* two respondents (one organisation and one individual) did not support the proposal to remove the ban on the sale of HIV self-testing kits.

Respondents in support for the removal of the ban on self-testing put forward the following reasons:

* It has an important role in reaching people who are currently reluctant to test in clinical settings due to fear, stigma and lack of privacy.
* Barriers exist in preventing people from having a test, such as stigma, concern about confidentiality, and access to services.
* It will give people greater choice of when and where to test will contribute to reducing the high rates of people undiagnosed and diagnosed late. Increasing the options for people to test and get diagnosed will also have an impact both on onwards transmission and on the health of individuals who, once diagnosed, will be able to access treatment.
* People are currently buying unregulated and poor-quality self-testing kits online because they do not want to get tested in a healthcare setting. The legalisation of self–testing kits is an important opportunity to ensure reliable and safe kits are provided as an alternative to unregulated kits.
* As unregulated self-testing with poorer quality tests is already likely to be occurring, the population should have access to properly regulated self-testing technology.
* Welcome measures to increase testing and awareness of HIV infection. Knowledge of HIV status leads to behavioural change, partner notification and improved health outcomes.

**DHSSPS response**

The Department notes that the majority of respondents endorse the removal of the ban to allow the direct sale of HIV self-testing kits to the public and acknowledges the justification respondents have provided for this support. The objections to the proposal are also acknowledged and the concerns expressed by respondents are addressed in the responses to the other consultation questions.

**Q2. If yes, what are the issues that need to be taken into account in legalising self-testing for HIV?**

Respondents put forward a number of considerations to be taken into account should self-testing be legalised. Many of the comments received related to the self-testing kits including that the:

* kits should be accessible;
* tests must be safe, high quality, sensitive and specific;
* kits must carry a “CE” mark and be quality assured with appropriate monitoring by the MHRA (Medicines and Healthcare products Regulatory Agency ) and other regulatory bodies;
* legislation should advise that only kits that are CE approved for self-testing are available;
* kits provide information on how to interpret the results, including information on the ‘window period’ during which HIV cannot be detected (3 months) and that the tests are not 100% reliable;
* instructions for use need to be clear and in most European languages;
* kits provide clear advice on what to do if someone gets a reactive result, for example, advice around getting a follow up test with a health professional to confirm a reactive result, including information about where to get a test, such as the contact details for local sexual health services; and
* kits should signpost to local Health and Social Care services and local voluntary organisations.

It was suggested that DHSSPS, other public health bodies and voluntary organisations in Northern Ireland should ensure there is consistent public health messaging to supplement the information contained in the kits, to give support for people who get a reactive result or need general advice in using and interpreting test results. Many respondents suggest an awareness raising/ educational campaign that should:

* Inform potential users of any self-testing kits that the tests are designed as initial screening tests rather than a replacement for formal testing;
* include information about the availability of the test, how to use the test, what to do if the test is reactive, and advice that re-testing may need to be carried out if the test is taken too early;
* provide explanations of what a ‘positive’ or reactive result means, the window period and the risk of a false result;
* provide information on different types of tests, the accuracy of tests, and the pros and cons of using a home test or self-test versus attending sexual health services;
* encourage people who believe they may have HIV to seek professional medical advice as a matter of urgency;
* sign-post people to local services;
* advise what safe and reliable self-testing kits should look like so that people can safely buy kits online or in shops (some test kits have a CE mark for use in a clinic but this is different from the requirements needed for self-testing, therefore the self test product should be clear that it is a self testing kit and has the CE mark approved for use as a self-test) - this will also help raise awareness about the illegal and poor quality self-testing kits currently being sold;
* raise public awareness of HIV, to challenge the stigma attached to HIV in society, address the lack of understanding around HIV and better inform those choosing to self-test;
* provide information on the benefits of getting diagnosed and starting treatment on time; and
* provide advice on the risk of other sexually transmitted infections.

Some respondents suggested clear signposting to local organisations (services and voluntary organisations) to help ensure people are using the kits correctly and that they are effectively linked into HIV support and care.

Other suggestions included:

* signposting to GUM/ 24 h advice/ counselling line if result is positive;
* the kits should be piloted in GUM, GP clinics, Family Planning clinics and other primary care services prior to selling direct to the public; and
* training for pharmacists who are selling the tests - assuming the tests will only be available from community pharmacies.

**DHSSPS response**

The Department welcomes the views from respondents highlighting the issues to be taken into account should the kits be legalised. The removal of the ban on self-testing would enable regulation of HIV self-testing kits which would deal with many of the points made by respondents in relation to the kit safety, quality, and accuracy; instructions for use; and follow-up should a reactive result be obtained by the user. Any kits licensed for sale would be required (by the *In Vitro* Diagnostic Medical Devices Directive 98/79/EC and the Medical Devices Regulations 2002) to carry the CE mark indicating that they conform to minimum European standards regarding test performance, labelling and instructions for use. MHRA (Medicines and Healthcare products Regulatory Agency) as the regulatory authority for devices in the UK has a post market surveillance and enforcement role and powers under the Consumer Protection Act to ensure that all devices being placed on the market are safe and fit for purpose.

The Department is mindful of the comments received calling for public health messages about HIV, options for testing, and signposting to services (whether self-testing is legalised or not) and will further explore this issue with the Public Health Agency (PHA) and regional Sexual Health Improvement Network.

**Q3. If no, please let us know your reasons and how they might be addressed?**

Some respondents at the same time as supporting the introduction of self-testing had reservations, and expressed concerns in common with a number of issues raised by those who opposed the policy change. These issues, and any suggestions put forward by respondents as to how they might be addressed, are summarised below.

The responses to the consultation highlighted issues around the testing kits (safety, quality and instructions for use) but in addition, some respondents raised concerns about the incorrect use of the kit, interpretation of the results, and users not being aware of the window period of the test and the risk of false positive and false negative results:

* The results should be regarded as reactive or negative and the user should be aware that a reactive result must be confirmed with a test taken by a health professional in a clinical setting (4th generation antibody/antigen blood test).
* Concern that self-testing will require consumers to read their test and accurately self-diagnose, there will occasionally be inconclusive or invalid test results and consumers could read these as false positives or false negatives.
* The delay between acquiring the infection and the infection being detectable by testing (the window period differs depending on the test being used). If a person self-tests during this time, the person may be falsely reassured that they don't have HIV by a negative result when in actual fact they are highly infectious.
* The potential for the test to give a false-positive result, meaning that a home test positive result must always be confirmed by a laboratory test.
* It is very concerning that qualified nursing and medical staff are under strict governance when in the near future members of the general public may be able to buy these tests online or over the counter in their local chemist.
* We are concerned about any testing system wherby a client could receive a reactive result on their own, without support and be required to self-diagnose and self-refer for further services.
* As the self test places sole responsibility on the individual with a reactive result to seek a confirmatory HIV test, it is essential that testing kits provide accurate information and signposting, and for support services to be in place for those who test positive.

Some respondents expressed their views that the kits must be CE approved for self-testing, with clear instructions for use and information regarding what a reactive test might/ might not mean; that measures should be in place to ensure that the person taking the test is aware of the issues; and it was recommended that the kits provide information on how to interpret the results, including information on the ‘window period’ during which HIV cannot be detected (can vary from 1 month - 3 months, depending on the test) and this should be supplemented by wider general information about how to use self-testing kits.

Some respondents raised the potential absence of psychological support when the test is read at home and possible risk to life:

* Concern about a testing service whereby a client could receive a reactive result on their own. Without an adequately trained professional to explain to the client what a reactive result means and what the realities of living with HIV are, there are risks placed on vulnerable clients whose understanding of HIV may be clouded by fear and stigma.
* Concern that vulnerable individuals who may use these tests and receive a positive result may be unable to cope with this and take drastic actions.
* One organisation highlighted the particular mental health needs of MSM and their disproportionate experiences of depression, isolation, self-harming behaviours and suicidal ideation, and expressed concern that moving HIV testing from a supportive and holistic environment to a private self-test will leave this particular group with a lack of appropriate support mechanisms.
* There is a vast array of differing reasons and motivations behind why someone may decide to have an HIV test and it should not be assumed that all individuals will approach self-testing from the same position. Given the myths, stereotypes and stigma around HIV, it should be assumed that many people will approach testing from a very frightened and vulnerable position. There is a strong possibility that tests are most likely to be undertaken when the person is alone and / or possibly under the influence of alcohol or drugs, and at a time when support is not available.
* Receiving an HIV diagnosis can be a traumatic experience for many and can lead to particular personal crises for individuals receiving this news. Currently most diagnoses are delivered/confirmed by GUM physicians and individuals receiving same, do so within the protective framework and scaffolding of medical and psycho-social support offered within specialist services.
* It is also important to recognize that receiving a positive HIV result is potentially distressing experience, especially for those who have an underlying history of emotional distress or disturbance. Those who currently provide testing for HIV in Northern Ireland have support in place to reflect this.
* Concern about no access to counselling if a positive diagnosis received - need to develop pathway for information and advice.

Several respondents raised linkage to specialist and support services as a concern:

* Services available from the point of diagnosis are of vital importance, we have concerns about the absence of such immediate support should an individual decide to self-test.
* An organisation representative of those living with HIV had been advised by its service users that had they undertaken a self-test, they wouldn’t have felt able to access the appropriate services straight away, so would like to be reassured that with the lifting of the ban, work will be undertaken to ensure appropriate measures are in place to address the practical, psychological, social and medical issues that they contend will arise with a reactive test.
* For the person who receives a positive result, this may be discovered while they are alone, or after having consumed alcohol or drugs. The absence of good psychological support is a real concern when home testing is utilised. Also the transfer into high quality specialist care after a positive result is critically important for assessment of immune system and full assessment and explanation of the infection.
* Uncertainty over how individuals using self-tests will be linked to sources of local information, support, treatment and care should a self-test be reactive.
* The providers of kits should signpost users to local organisations (such as Positive Life, The Rainbow Project) as well as providing support services/ help lines which can give support for people who get a reactive result or need general advice in using and interpreting test results.

Some respondents expressed the views that clearly identified pathways are necessary to ensure that a person can be seen as soon as possible; and there is a need for clear signposting to this support and care. It was proposed that pathways to a range of services should be established and properly funded before the kits are made available.

Other issues in relation to care pathways include:

* No trace of the diagnosis in medical records and this information may be crucial for medical consultations with GP/other medical professions.
* Lost opportunity for partner notification and contact tracing for diagnosis of others/ failure to alert sexual partners to the need to get tested also.
* Pre-test counselling/ absence of a pre-test conversation with trained professionals which is ultimately aimed at helping individuals examine their own sexual decision making and may serve a risk reducing purpose.

One respondent commented that if waiting times for results are a factor in some people not testing, then there are supervised rapid point of care tests for HIV services offered by two local voluntary organisations, and outreach testing in some gay venues available also.

Some respondents noted that GUM services are already stretched and expressed concerns around available investment and emphasized the need for ongoing investment to reflect any increase in demand specialist HIV services.

Some respondents expressed concern that those self-testing would miss out on important public health messages and preventative measures:

* Any person at risk of HIV may also be a risk of other STIs and testing for these should also be considered. If the risk was less than 72hrs/3days ago, an assessment for HIV prevention medication, post exposure prophylaxis (PEP), should be made and this preventative treatment offered. Having an STI can both facilitate spread and acquisition of HIV and therefore treating STIs should be regarded as a HIV prevention measure.
* Having a HIV test in existing services/ settings involves much more than the HIV test – staff are able to access accurate information about a person’s risk of other STIs, consider other issues that are negatively impacting on their sexual health, and have the opportunity to discuss strategies for managing future risk.
* The actual testing itself is only one aspect of testing. More important is the time spent with the client, discussing their sexual history, giving them the opportunity to ask questions and to critically evaluate their own risk of exposure, all of which can change future behaviour and reduce risk-taking behaviour. With self-testing, consumers could simply conduct the test without critically analyzing their sexual history and without the opportunity to ask questions about their own sexual health practices. While consumers may also be provided with sexual health information with their test, this places an unrealistic expectation that all consumers will read this information. Regardless of the result of the test, consumers cannot identify high-risk behaviour or understand if there are changes to their sexual health practices that they should consider.
* Self-testing may disincentivise high-risk clients from accessing holistic sexual health services where they would have access to education around their sexual practices and exposure to risk.
* A single HIV test will provide no information to the consumer of any risks of exposure to other STIs. Some people may forego a full screen and only access a HIV test, therefore putting themselves at risk of other infections such as gonorrhoea, syphilis and Hepatitis A&B – all of which facilitate the HIV virus should it enter the system.

Some respondents proposed a public awareness campaign, commenting:

* Young people are unaware of the transmission of HIV and STIs.
* Public awareness of HIV is poor and misinformation, myths and stereotypes abound regarding what the condition is and who is vulnerable to contracting it.

Awareness raising and educational campaigns are likely to both challenge the stigma attached to HIV in society and also provide the much needed groundwork required prior to decriminalising the sale of self-testing kits so that anyone choosing to self-test may be better informed and have a more realistic understanding of the condition.

A couple of organisations suggested that in order to decrease the rate of HIV infection here, there is a need to target resources at education, challenging stigma and understanding of HIV for those most at risk of exposure. It was also suggested that reducing HIV prevalence in Northern Ireland would be better served by a renewed focus on HIV reduction in a new Sexual Health strategy.

One respondent queried the view that home testing is more private than other forms of testing, as preliminarily reactive results will still need to be confirmed through GUM services and there is no evidence that home testing will increase privacy (or alleviate pressures on GUM services).

Two respondents were concerned about the risk of coercion:

* People could be coerced into taking a test to which they have not consented by a partner or family member when they are at home.
* Individuals may find themselves being forced to test in intimate situations without being fully aware both what they are consenting to and also implications of an outcome.

One organisation responded that, were the Assembly to legalise home testing, there would be no (CE or Kite Marked registered) test a consumer could purchase legally at this time.

**DHSSPS Response**

The Department notes that not all respondents support the proposed policy change, and that some of the respondents in support of the policy change, expressed reservations. The Department recognises that the issues raised are of major concern to respondents and a balance will have to be struck between creating an opportunity for HIV testing for those who are not presenting for existing HIV testing services and the potential adverse implications of an individual undertaking a self-test.

Since the consultation, CE-approved HIV self-testing kits have come onto the market. The Department is assured that regulation of self-testing kits by the MHRA (UK regulation authority) will ensure conformity to European standards taking into account test performance, labelling and instructions for use, and that the tests will be subject to post market monitoring.

The Department recognises the views of respondents emphasising the importance of public information and signposting to services, and will further explore this issue with the PHA and Sexual Hhealth Improvement Network. Local information on GUM clinics, voluntary organisation’s services and helplines could, for example, be publicised on websites (of the kit manufacturers, as well as on those of statutory and voluntary organisations) and social media. Information, advice and signposting to services should help direct and link an individual into services and support.

The Department believes that these measures will help address most of the concerns expressed by respondents.

**Equality Implications**

Section 75 of the Northern Ireland Act 1998 (the Act) requires public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to:  
  
(i) the need to promote **equality of opportunity**:

* between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
* between men and women generally;
* between persons with a disability and persons without; and
* between persons with dependants and persons without

and

(ii) the desirability of **promoting good relations** between persons of different religious belief, political opinion or racial group.

As part of the consultation, respondents were asked what effect the proposed policy to remove the ban on the sale of HIV self-testing kits directly to the public in Northern Ireland would have on the nine groups contained within Section 75 of the Northern Ireland Act, and on promoting good relations between persons of different religious belief, political opinion or racial group.

**Q4. Is the proposal to remove the ban on the sale of HIV self-testing kits to the public in Northern Ireland likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?**

16 respondents answered No; and four respondents did not answer the question/had no comment or views on the matter.

The two respondents, who did not support the removal of the ban on the sale of HIV self-testing kits, responded ‘Yes’ to this question expressing concerns that the proposal would likely have an adverse impact on the basis of gender and sexual orientation.

* One of these respondents (an individual) expressed the concern that undisclosed positive HIV is a public health issue, particularly among the MSM group, a group disproportionately affected with HIV.
* The other respondent (an organisation) expressed the concern that the proposed policy could disadvantage men with minority sexual orientations who are at a higher risk of contracting numerous sexually transmitted infections (STIs) than their heterosexual counterparts, and that by focusing solely on HIV, these men will be less likely to screen for other STIs.

**DHSSPS Response**

The Department has re-examined its Preliminary Equality Screening of the policy. The first concern appears to suggest that the availability of HIV self-testing will result in an increased risk of non-disclosure which could increase the risk of HIV being passed on within the MSM group. However, it is generally recognised that HIV status disclosure is a complex process and influenced by many factors including emotional, social and environmental circumstances, relationship status; and the process of HIV disclosure can vary across time. There is evidence on HIV self-testing which indicates that self-reported results disclosure and/ or confirmatory testing appeared high overall. Furthermore, any risk of increased undisclosed positive HIV might be mitigated by the provision of instructions to the kit user (a regulatory requirement for self-testing kits) on what action to take following a positive result i.e. obtain a confirmatory clinical HIV test with a health professional; and by providing public information, including information about the kit and local HSC services.

The Department notes the concerns expressed in relation to MSM who may be less likely to screen for other STIs, although this potential risk might be mitigated by the availability of free and targeted STI screening services provided by the HSC and voluntary organisations; and by providing public information that the purpose of the kit is to test only for HIV and emphasise the importance of testing for other STIs.

The equality screening of the policy has been updated following the analysis of the responses to the consultation. The potential positive aspects of the policy may well outweigh any possible adverse impacts and the Department concludes that a full EQIA is not required at this stage.

**Q5. Are you aware of any indication or evidence – qualitative or quantitative – that the proposal to remove the ban on the sale of HIV self-testing kits to the public in Northern Ireland may have an adverse impact on equality of opportunity or on good relations?**

18 respondents answered ‘No’; and three respondents did not answer this question.

One respondent answered ‘Yes’, reasoning that the tests will be only available to those who can afford to buy them.

**DHSSPS Response**

*S*ocio-economic disadvantage is outside the scope of screening with regard to Section 75 of the Northern Ireland Act 1998. The consultation responses did not provide evidence to suggest that the policy may deny any equality of opportunity in relation to the S75 groups and the Department concludes that a full EQIA is not required at this stage.

**Q6. Is there an opportunity to better promote equality of opportunity or good relations?**

13 respondents said ‘No’ and three respondents provided no response or not applicable to this question.

Six respondents answered ‘Yes’ to this question. One respondent (Organisation) suggested that that the policy would help to improve diagnosis rates which would impact on the health outcomes and equality of opportunity for Black African men and women and gay and bisexual men.

Other comments provided included that:

* increased access would promote equality of opportunity for people who are not near testing centres or who for various reasons will not want to attend Sexual Health Services or GP for testing;
* the removal of the ban could present an opportunity to provide sexual health promotion messages, without demonizing any group thereby contributing to better informed choices and better medical and social outcomes;

Two respondents suggested the introduction of pilot schemes in settings run by trained health staff to monitor testing for higher risk groups i.e. MSM, foreign individuals, sex workers, drug users.

**DHSSPS Response**

The comments received about proximity to sexual health services, raising public awareness of sexual health issues, and pilot HIV testing schemes, are outside the scope of equality screening in relation to Section 75 of the Northern Ireland Act 1998. The policy may have the potential to improve HIV testing rates and therefore health outcomes for black African men and women and MSM (i.e. those Groups disproportionately affected by HIV). The consultation responses did not identify opportunities to better promote good relations between persons of different religious belief, political opinion or racial group.

**Q7. Are there any aspects of the proposal to remove the ban on the sale of HIV self-testing kits to the public in Northern Ireland where potential human rights violations may occur?**

17 respondents answered ‘No’ to this question; and four did not answer the question. One organisation did not answer the question but in their response expressed concern about an increased potential risk for coercive testing, inter-partner violence, and psycho-social distress.

**DHSSPS Response**

The Department has re-examined its preliminary Human Rights Assessment. Self-test kits are intended for personal use. It is illegal to perform a test on another person without their consent, and a person should not be forced or pressurised to test.

Current evidence on self testing does not indicate social harm. There have been no human rights violations reported from the misuse of HIV self-testing, nor have there been accounts of violence or self-harm (WHO UNAIDS 2014). Concerns such as the potentially increased risk for vulnerable populations through domestic violence or coercive testing apply to all forms of HIV testing, and are not unique to self-testing. The issue is part of the wider matter of violence, and is best addressed by education and criminal justice. The Department has concluded that there is no evidence to suggest that the policy may breach human rights.

**Further Comments**

Where relevant, further comments submitted by respondents were considered as part of the analysis of the responses to the consultation questions above.

Additional comments received include:

* The cost of testing could be a significant barrier for those on low incomes.
* Young people, in particular, may be unable to pay for a kit.
* Men who have sex with men (MSM) are recommended to have a HIV test and STI screen at least annually or every 3months if partner change. Home testing hasn’t been shown to help establish this pattern and the tester is losing out on important public health messages. Regular repeat testing is important.
* Concerned that this policy is not part of a wider policy to improve sexual health holistically.
* Provide information to address concerns about the potential impact of disclosure, for example on insurance applications, irrespective of the result.

A few respondents commented that introduction of self-testing for HIV should not be considered in isolation, and should be considered as part of a comprehensive approach to HIV and public health (for example, public awareness, service provision, training and national HIV surveillance). Some respondents called for further investment in GUM services, and education on sexual health matters.

* More resources are required at GUM clinics especially around increased number of available appointments/ release extra spending in this area.
* Invest in GUM services to cope with potential increase in service demand.
* Dedicate resources to ensuring better access to GUM facilities and educating LGB&T communities about managing their sexual health.

One respondent commented that patients in rural areas have difficulty accessing HIV testing in GUM clinics.

**DHSSPS Response**

Free HIV testing services are available from GP or GUM/ sexual health services. The voluntary organisations, Positive Life and the Rainbow Project also provide free community-based rapid HIV testing services.

Financial pressures and the commissioning of services are outside of the immediate scope of this consultation.

The Department notes that the consultation responses did not provide evidence contrary to the preliminary findings of the rural impact screening of the proposed policy.

**Appendix 1**

**List of Respondents**

**Organisations:**

Ards Borough Council

**British Association of Sexual Health and HIV (BASHH)**

Brook NI

Faith and Pride

Genitourinary and HIV Medicine, Belfast HSC Trust (Consultants and Health Advisors)

Genitourinary Medicine and HIV Medicine, South Eastern HSC Trust

National AIDS Trust (NAT)

National Union of Students-Union of Students in Ireland (NUS-USI)

NIPSA

Positive Life

Public Health Agency

Royal College of General Practitioners

Royal College of Nursing

Sexual Health, Western Health & Social Care Trust

The Rainbow Project

**Individuals:**

6 individuals submitted a response to the consultation.