



Mapping of HIV self-testing and self-sampling across the COBATEST Network members

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Objectives and methods

Objective:

To assess acceptability and usability of self-testing kits among COBATEST network members to identify obstacles and opportunities.

Methods:

- Survey developed in the framework of the project Community Led and Based HIV Services - Key to Ending the HIV Epidemic in Europe and Central Asia "Zeroing In - Ending the HIV Epidemic"
- Online survey, distributed among COBATEST Network members from February to March 2023.
- Descriptive analysis

HIV self-testing and HIV self-sampling definitions

HIV Self-testing

- Self-testing refers to a process where a person takes their own specimen (blood or oral fluid) and performs an HIV test and interprets the result.

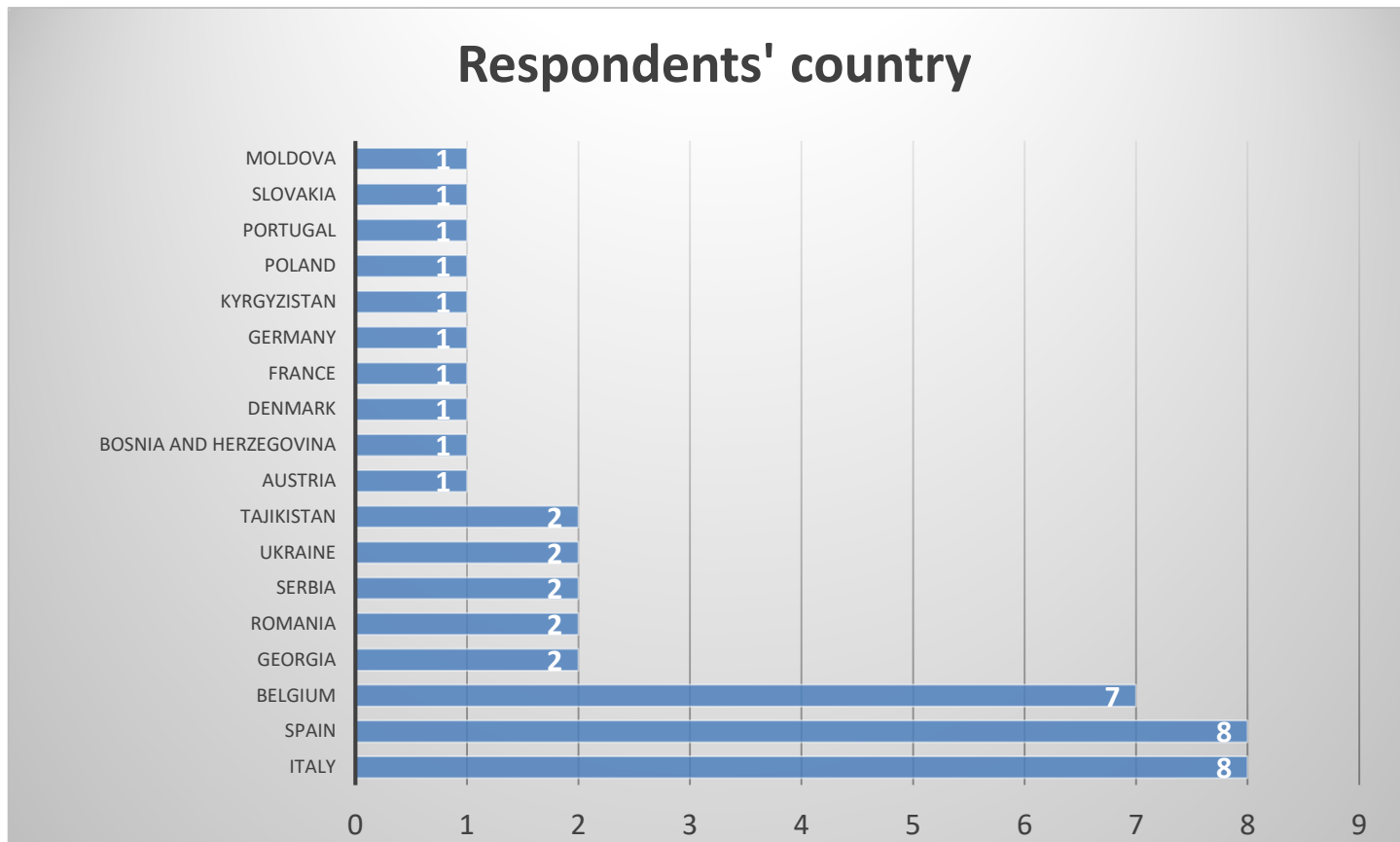
HIV self-sampling

- Self-sampling refers to a process of self-collection of specimen in a home environment by a person who wants to know their HIV status, after which he/she/they sends it in to a laboratory for analysis. The results are communicated to the owner of the specimen by phone, text or online few days later.

Participants description

- **Number of participants and countries**

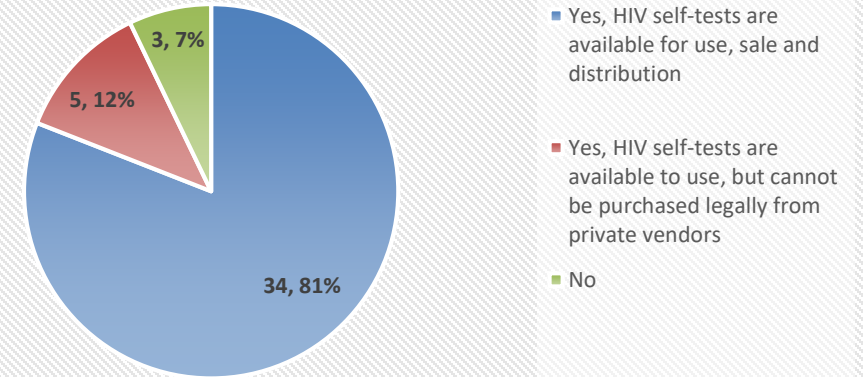
N=42



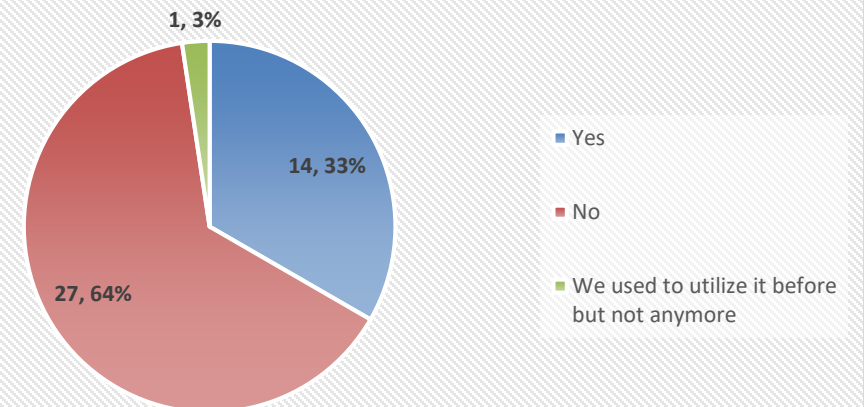
HIV Self-testing (HST)

- 100% of CBVCT have previously heard of HIV self-tests
- 3 CBVCT reported that HST are illegal in their countries:
 - Serbia
 - Bosnia and Herzegovina
- 5 CBVCT reported that HST is legal but cannot be purchased legally from private vendors:
 - Spain
 - Georgia
 - Kyrgyzstan
 - Tajikistan
- 14 CBVCT (33%) are providing HST, and 1 used to provide it but not anymore.

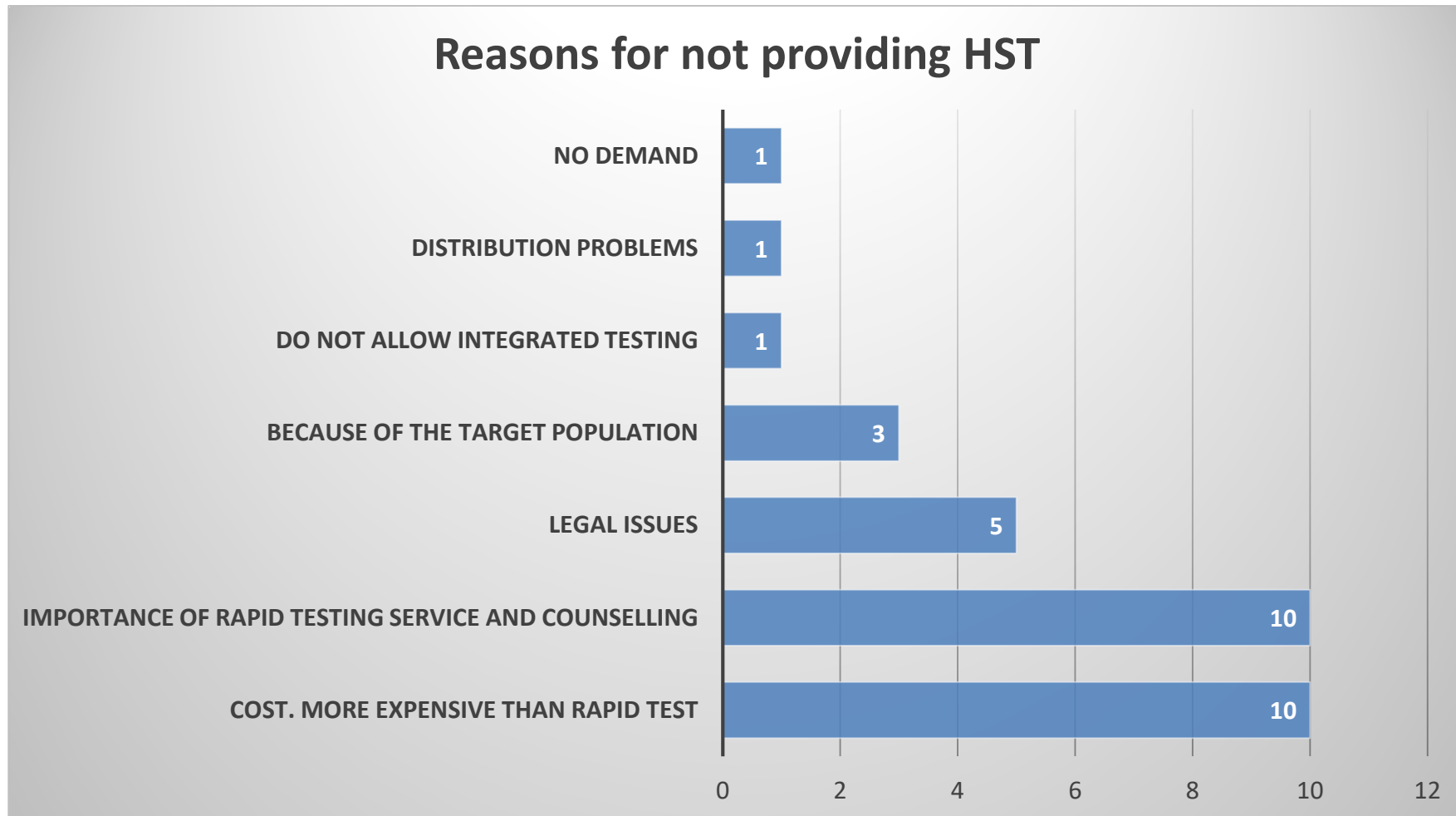
Are HST kits legal in your country?



Are you providing HST kits in your CBVCT service?



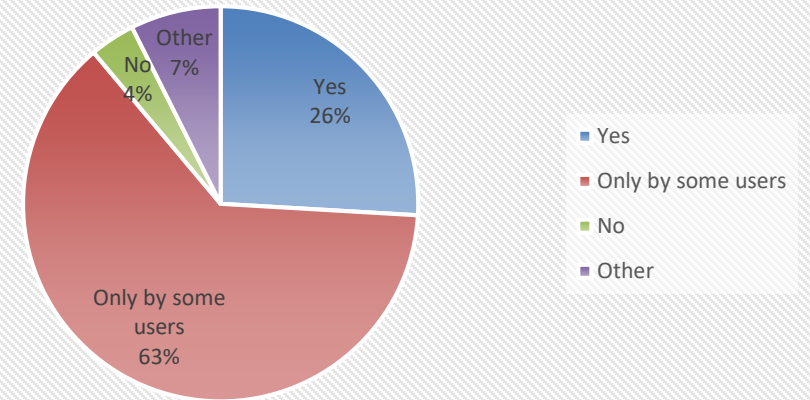
Reasons for not providing HST (N=27)



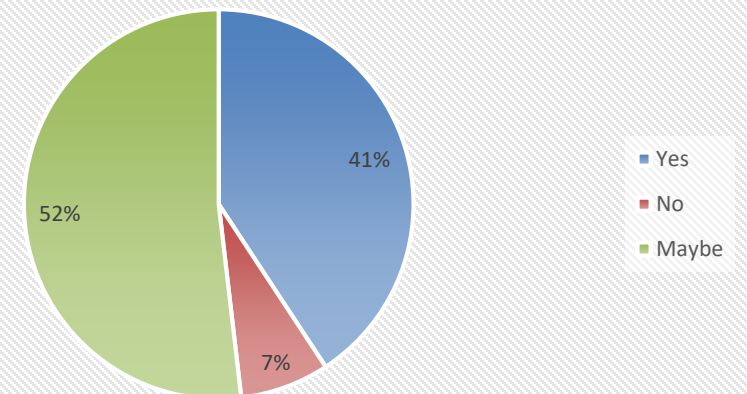
CBVCT not providing HST (N=27)

- Services not providing HTS have some reluctance about HTS possible demand and acceptance among their users.
- Most of the respondents (63%) think that only some users of their services would accept well HTS.
- 52% of the respondents are unclear whether providing HTS can increase HIV testing numbers in their services
- Few centres (30%) receive calls of clients asking information about HIV self-tests.

If HST was provided will be well accepted by users?



Providing self-tests kits would increase HIV testing numbers?



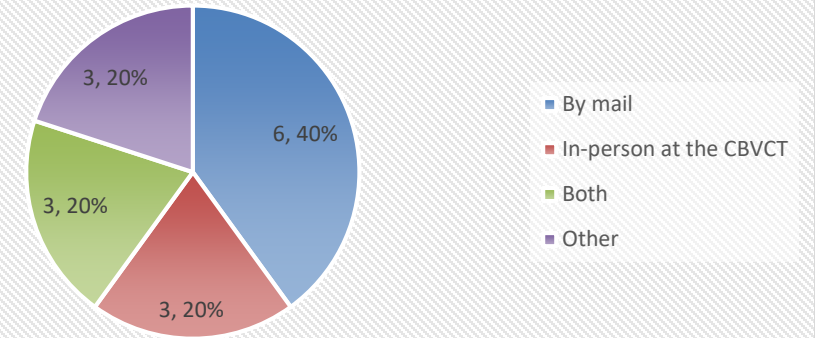
CBVCT providing HST (N=15)

	Country	Organization
2	Belgium	PLATEFORME PREVENTION SIDA asbl exaequo
1	France	AIDES
2	Georgia	Tanadgoma Georgian Harm Reduction Network
1	Germany	Deutsche Aidshilfe e.V. in togetherness with Checkpoints in Germany
2	Italy	Antinoo Arcigay Napoli Fondazione LILA Milano
1	Moldova	GENDERDOC-M
1	Poland	Foundation for Social Education
1	Romania	ARAS - Romania Association Again-AIDS
1	Tajikistan	Equal Opportunities
2	Ukraine	NGO Fulcrum UA ALLIANCE.GLOBAL, Public Organization

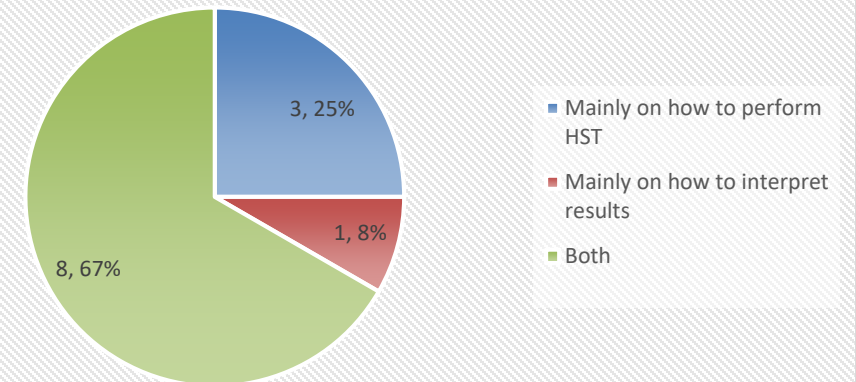
CBVCT providing HST (N=15)

- 60% of the centers (9) providing HTS are providing it as an established service and 40% (6) as a pilot program.
- 40% (6) provide the HTS kit by mail; in 3 (20%) the clients have to pick them up in-person. In the rest (40%), there were the 2 options, or HTS kits are provided during outreach activities.
- In most of CBVCT (13; 87%) HST kits are free of charge for clients.
- In all CBVCT providing HTS clients can call in to ask for help on how to perform the test or interpret it, although most of them receive few calls.
- The calls received are mainly on both how to perform HST and on how to interpret the results

HTS provided by mail or clients have to pick them up in-person at the CBVCT?



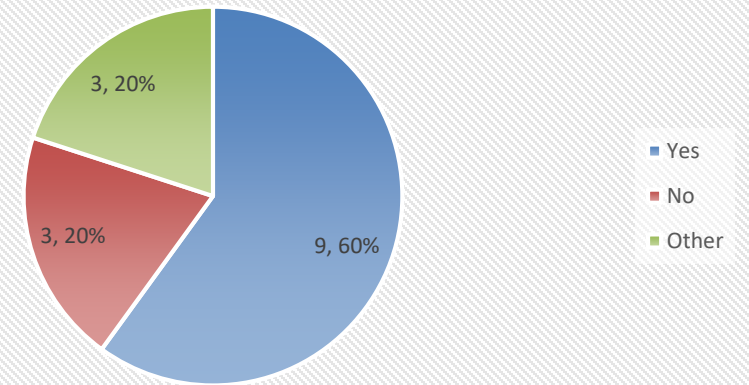
If yes, what the calls are about?



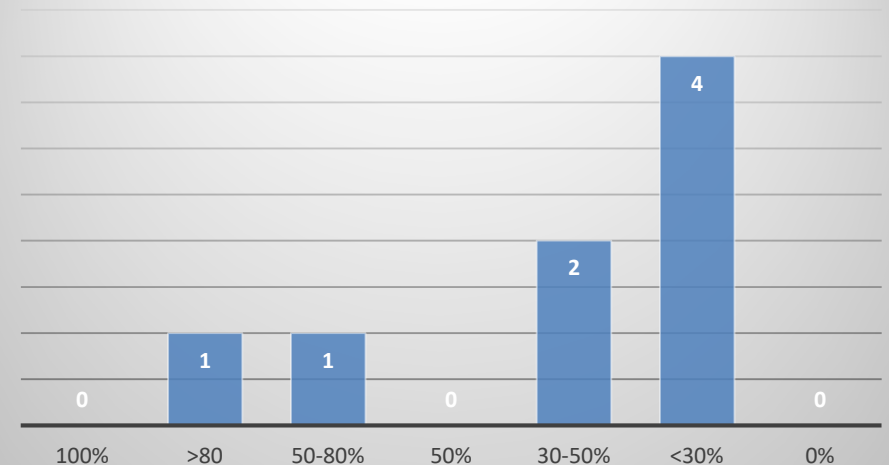
Follow-up (N=15)

- Most of CBVCT follow-up on the results (60%; 9) and 3 don't. Regarding the other 3:
 - offers the option to the clients but it's difficult to get the feedback
 - only offer it if there is a need for a counselling
 - Only offer it if they schedule an appointment.
- Different ways to get results:
 - The client call/email us
 - We call/email the client
 - Link for reporting anonymously the result (online system)
 - E-mail to clients asking to answer a questionnaire, including test result
- The percentage of feedback from the clients with the self-test result is low in most of CBVCT.
- All CBVCT that report doing follow-up provide counselling to clients after a positive result.
- Most of CBVCT (60%; 9) follow-up with the clients to get feedback on the user friendliness of HIV self-test kits

Follow-up on the results



Feedback from clients with HTS result



Advantages HST

✓ It was a way to provide testing during lockdown

✓ Complementary tool / good alternative

- For people who have not access or who don't want a contact with a professional to perform an HIV test
- Very good alternative to going to healthcare facilities or coming to CBVCT services, especially when they live and work far from such centers

✓ Great opportunity for reaching hidden populations

✓ People was very interested

- the pilot action received a lot of interest
- we now do more self tests than tests in our venues
- It makes our organisation very visible, we recruit many volunteers that way
- High interest in self-tests if promotion is done well (if people get the information)

✓ We can reach more remote areas

- Possibility to provide testing for people all over the country not only in the cities where we have CBVCTs

✓ We can send other harm reduction material with self tests

✓ Privacy / It's much more discrete for our clients

✓ Testing in a safe and comfortable place at a convenient time for the client

✓ Clients can also take test for their partner, friends / Ability to test hidden and closeted partners without witnesses

✓ Ease of use / Availability, flexibility

✓ Autonomous but not alone

- positive feedback from the clients, due to the possibility to test in remote but also have a counselling if needed
- they are glad they can take advance of remote counselling services, if they feel they need support

Disadvantages HST

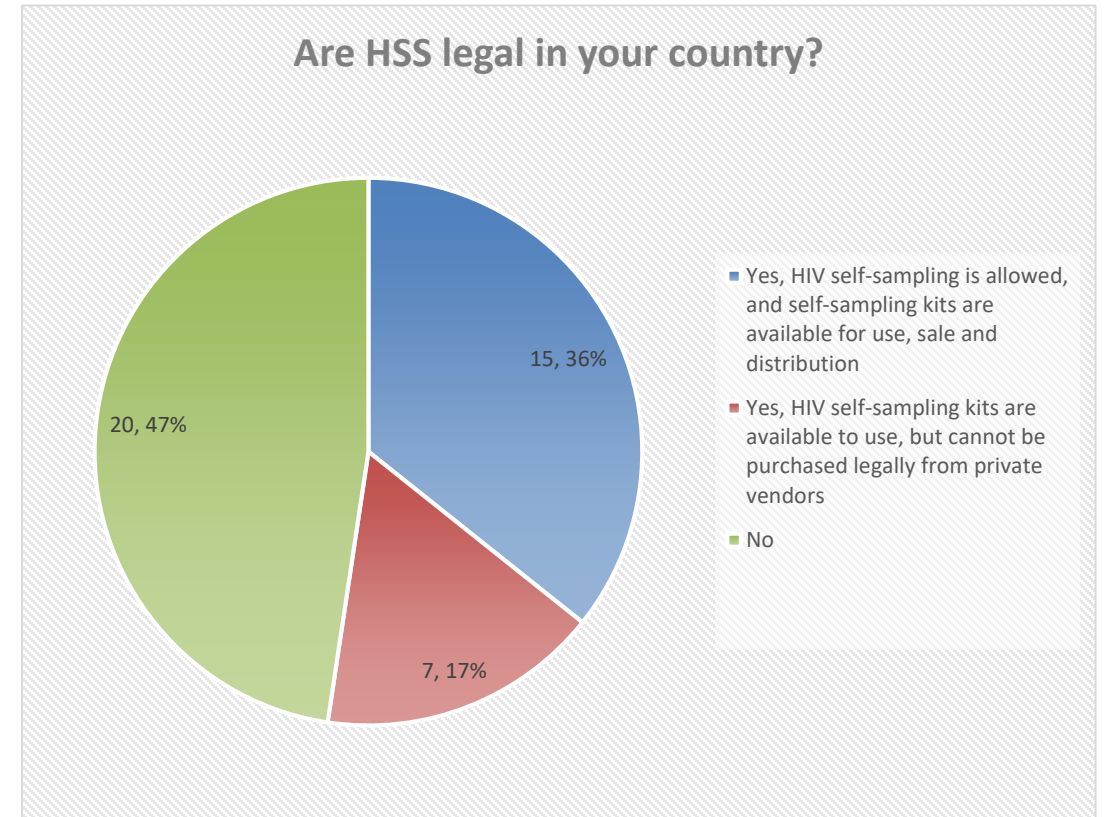
- ✓ Price / funding
- ✓ Hard to follow-up /to get feedback from the client is one of the main challenges
- ✓ Worries about positives linking to care
- ✓ requires a lot of time for preparation, follow up, etc. (partially done by volunteers) /problems with the mailing
- ✓ Fear of self-administration
- ✓ Loss of customers, customer stress. The use of such kits by the police. Status Disclosure

General comments on HST

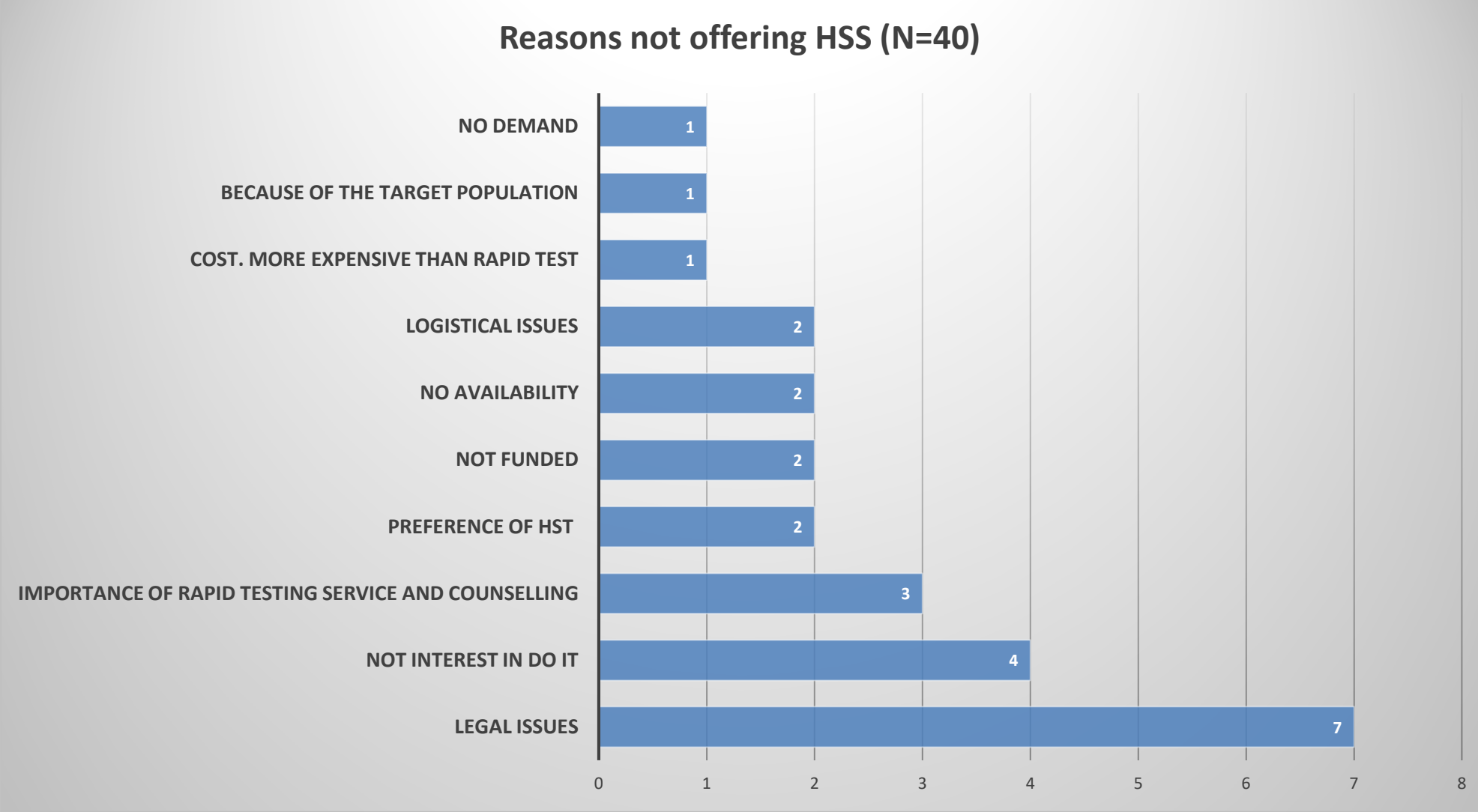
- Very good tool for easy access to tests.
- To provide them free of charge for vulnerable persons
- Negligible impact on the sale of self-diagnosis kits in pharmacies
- Informing target group and making the test accessible are very important steps, as many did not know about them
- We unlikely would adopt self-test or self-sampling because we think that counselling (both pre- and post-test) by peers CHW is a cornerstone of the service we offer.
- We started just before Covid, it became very popular then and hasn't stopped since.
- Maybe a small contribution from clients (like to cover the transport) will make them more responsible in getting the tests. Making them available all the time will decrease the number of people that request the test and save them for a later time.
- SWs who want to undergo self-testing, but only if they still receive condoms, and consultation with an outreach worker.

HIV Self-sampling (HSS)

- 62% (26) of CBVCT have not previously heard of HIV self-sampling
- 20 CBVCT (47%) reported that HSS is illegal in their countries:
 - Belgium
 - Spain
 - Portugal
 - Ukraine
 - Kyrgyzstan
 - Tajikistan
- Only 2 CBVCT (4,8%) are providing HSS:
 - Deutsche Aidshilfe e.V. in togetherness with Checkpoints in Germany
 - GENDERDOC-M (Moldova)



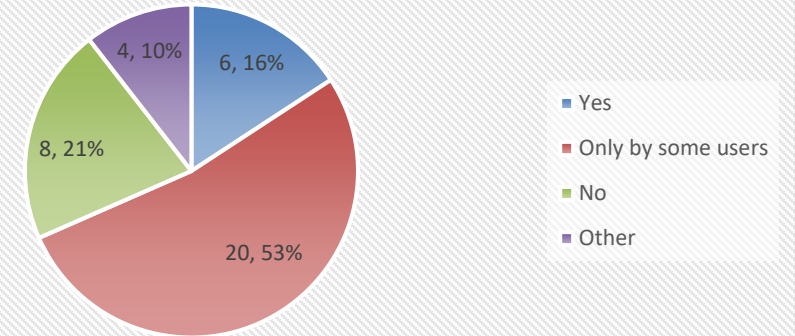
Reasons not providing HSS (N=27)



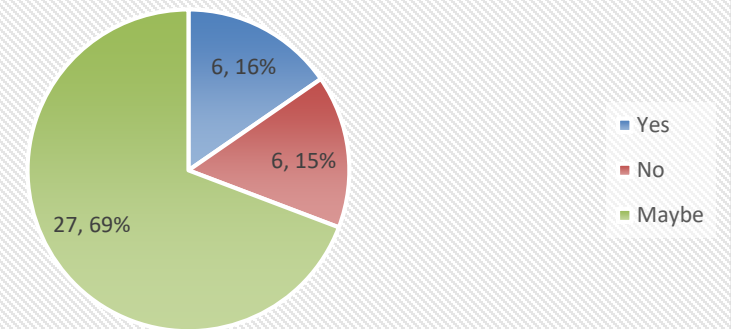
CBVCT not providing HSS (N=40)

- Services not providing HSS have some reluctance about HTS possible demand and acceptance among their users.
- Most of the respondents (53%) think that only some users would accept well HSS.
- 69% of the respondents are unclear whether providing HSS can increase HIV testing numbers in their services.
- Only 2 centers receive calls of clients asking for help with sample collection.

If HSS was provided will be well accepted by users?



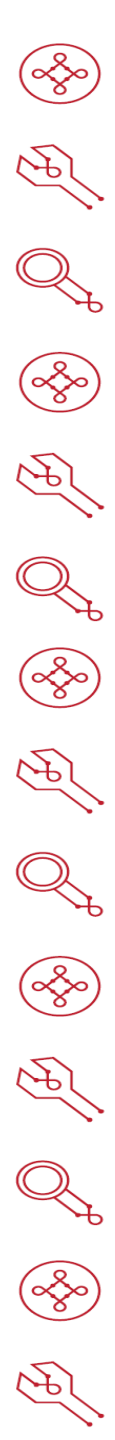
Providing HSS kits would increase HIV testing numbers?



CBVCT providing HSS (N=2)

- Deutsche Aidshilfe e.V. in togetherness with Checkpoints in Germany
 - Home-sampling project
 - Kits provided by mail
 - Not free of charge, but small price if there are some preconditions fulfilled
 - Clients can call asking for help.
 - >80% of return of HSS kits.
- GENDERDOC-M (Moldova)
 - Kits provided in-person at the CBVCT premises
 - Offered only in presence of CBVCT worker
 - Free of charge

Advantages HSS



✓ Lot of positive feedback from the clients, due to the possibility to test in remote but also have a counselling that is mandatory at the start and later on possible if needed. Motto: autonomous but not alone.

Disadvantages HSS

✓ Especially the prices for the kits but also project costs concerning the digital aspects of these projects are big challenges.



General comments on HSS

- Self-sampling is also a very important part of testing services:
 - People in rural areas could have easier access to tests.
 - People that for reasons do not go to their medical doctors for HIV or STI tests could have access to tests.
 - Also it is a modern way of using medical services in terms of digitalization and remote access to medical services.
 - As CBVCTs it is also important to be visible in that field, due to private providers, often without counselling, push offers there by a quality that may not be the same or as good as in community-based services.
- It would be great to certify such kits in Ukraine and distribute them to our clients as an alternative option for self-testing for HIV.
- To consider and work on the barriers like as the fear of HIV stigma and discrimination if the kits are found in the mailbox, and potential conflict in the couple if one partner orders it
- If in the future the legislation does not allow/facilitate the mailing of blood samples, this testing option will not become a viable option for increasing testing rates, since handing blood samples directly to CBVCTs or other collection points is complicated and represents a high barrier for those who live far from the collection sites.

Conclusions

- ✓ HIV self-sampling is less known and less used than HIV self-testing by CBVCT services members of the COBATEST Network
- ✓ There are still legal issues for both HIV self-testing and self-sampling
- ✓ 33% (14) CBVCT services members of the COBATEST Network that answered the survey are providing HIV self-testing
- ✓ Only 2 (5%) CBVCT services members of the COBATEST Network that answered the survey are providing HIV testing through self-sampling
- ✓ The main reasons for not offering those testing options are the price, follow-up and linkage to care, and worries about self-administration and no counselling.
- ✓ In those CBVCT providing HST there were high interest from clients
- ✓ Follow-up of the results is very challenging



Thanks you!

