Self-Testing, Empowerment and Self-Care: perspectives from lessons learned in implementing HIV self-testing in West Africa

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The importance of peripheral populations in West Africa

› Key Populations (FSW, MSM, PWUD) are overwhelmingly infected by HIV

› In Western & Central Africa (UNAIDS data 2021), new HIV infections in 2020: 45% among KP and 27% among clients of FSW and sexual partners of KP

› Peripheral part of KP (e.g. occasional sex workers, hidden MSM...) are difficult to reach by peer educators and have less access to HIV testing

It is crucial to reach peripheral and vulnerable populations beyond key populations to achieve 95-95-95 targets
ATLAS project (2019-2022)

Funded by Unitaid (with additional funding of AFD)
Coordinated by Solthis & IRD

>1400 agents trained for distributing HIVST
~400 000 HIVST kits distributed
200 distribution sites
ATLAS self-testing distribution models

Primary distribution
for personal use

Secondary distribution
to be redistributed to partners and relatives
ATLAS Strategy for key populations

FSW
- Other FSW
- Regular partner
- Clients

MSM
- Other MSM
- Male partners
- Female partners

PWUD
- Other PWUD
- Sexual partners

~66% of distributed HIVST kits
~24% of distributed HIVST kits
~4% of distributed HIVST kits
Secondary distribution is feasible for KP...

MSM, Mali (in-depth qualitative interview)

« J’ai tout le temps refusé de me faire piquer avec le dépistage classique, mais à cause de l’autotest, j’ai découvert que j’étais infecté... Ensuite j’ai fait le dépistage de ma fiancée avec, mais elle a eu un non réactif. »

“I have always refused to be pricked for conventional screening. Because of the self-test, I found out I was infected... Then I tested my fiancée [girlfriend] with it, but she got a non-reactive test.”

FSW, Mali (in-depth qualitative interview)

« J’ai aussi un client chez qui je me rends (…) Je lui ai donné trois kits, parce qu’il m’a montré clairement qu’il a une autre partenaire, (…) donc il voulait que celle-là aussi fasse son dépistage avec l’autotest. »

“I also have a client who I go to in his flat [...] I gave him three [HIVST] kits, because he showed me clearly that he has another partner, so I told him that there is no problem, so he wanted that one to be tested with the self-test too.”

More information: Odette Ky-Zerbo @ AFRAVIH 2022 https://youtu.be/kMpq2t-NfdA
... but it depends on the type of partner

MSM, Senegal (in-depth qualitative interview)

« Je proposerais bien l’autotest VIH à mon partenaire sexuel, parce que c’est quelqu’un avec qui j’entretiens une relation amoureuse. Mais le fait de le proposer à un partenaire occasionnel risquerait de poser problème. »

“I would offer the HIV self-test to my sexual partner, because he is someone I have a romantic relationship with. But offering it to a casual partner might be a problem.”

› Secondary distribution is feasible with regular / life partners (MSM, FSW, PWUD) and regular clients (FSW)
› Also feasible with peers
› However, it may be more difficult with casual partners and occasional clients
   › fear of negative reaction
   › not enough time to discuss that topic
   › risk of losing a client

More information: Ky-Zerbo et al., Apr. 2022, Women’s health https://doi.org/10.1177/17455057221092268
Profile of HIVST users

› Phone survey conducted between March & June 2021
› Survey flyers distributed with HIVST kits, inviting people to call anonymously a toll-free phone number

› 2615 participants
› 31% received HIVST from friend (17%), sexual partner (7%), relative (6%) or colleague (1%)
› 50% perceived themselves as not exposed at all to HIV risk

› MSM-based channel:
  › 9% of participants were female
  › 45% of male participants did not report any male sexual partner (suggesting that some “hidden MSM” may also be recruited)

› FSW-based channel:
  › 48% of participants were male

More information @ AFRAVIH 2022:
Arsène Kra Kouassi et al.,
https://joseph.larmarange.net/312
https://youtu.be/ACrzZhherkg
Complementary survey

› Individuals with reactive test/2 lines called 3-6 months later

› **Linkage to confirmatory testing: 56%**
  › **BUT** large 95% confidence interval: 36% to 74% (small numbers)

› **65%** of those who confirmed **linked to a general health facility**
(all-public clinic vs dedicated community clinic)

› **All** those confirmed HIV positive **initiated ART**

› Consistent with spontaneous feedbacks reported by partners
HIVST: an empowerment tool

WHEN
› users decide when, where to test and with whom to share the result
› as emphasized in qualitative interviews

Systematic tracking
› logistically challenging through secondary distribution
› can hinder the secondary distribution, as primary contacts can be reluctant

Alternative approaches required to assess impacts
**Estimated impact at population level in CI**

- ATLAS dispensation data (Q3 2019 – Q1 2021) triangulated with programmatic data from 79/118 health districts in CI
- Mixed linear models adjusted by quarters and regions

**For 1000 distributed HIVST:**

- Light substitution effect (195 individuals performed a HIVST instead of a conventional test)
- Significant increase on access to HIV testing (+589)
- Significant increase of ne HIV diagnoses (+8)

*Similar results in Senegal using national DHIS2 data, with significant positive impact on ART initiations*

@ AFRAVIH 2022
Arlette Simo Fotso et al.,
[https://joseph.larmarange.net/312](https://joseph.larmarange.net/312)

Preprint: Arlette Simo Fotso et al., MedRxiv, [https://doi.org/10.1101/2022.02.08.22270670](https://doi.org/10.1101/2022.02.08.22270670)
To conclude...

HIV self-testing and secondary distribution are feasible, appropriate, and adapted among key populations in West Africa.

Our results show that HIV self-testing is an opportunity to reach, beyond key populations, vulnerable groups who never tested before.

HIV self-testing is an empowerment tool if we accept to adapt the M&E paradigm and to trust users.
Consortium

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PARTNERS

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