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COMMUNITY-LED HIV SELF-TESTING INCREASES TESTING AND LINKAGE TO CARE OF MEN IN UGANDA

Joanita Nangendo[1], Joan Kalyango[1], Gloria Odei Obeng-Amoako[1], Jane Kabami[1,2], Fred Semitala[3,4], Anne Katahoire[5], Charles karamagi[1], Rhoda Wanyenze[6], Moses Kamya[2,3]

[1]Makerere University, College of Health Sciences, Clinical Epidemiology Unit, Uganda, [2]Infectious Diseases Research Collaboration, Uganda, [3]Makerere University, College of Health Sciences, Department of Internal Medicine, [4]Makerere University Joint AIDS Program, Uganda, [5]Makerere University, College of Health Sciences, Child Health and Development Centre, [6]Makerere University, College of Health Sciences, School of Public Health

BACKGROUND

- We assessed uptake of HIV testing and linkage to care of men using community-based oral HIV self-testing (HIVST) in Central Uganda.
- By end of 2018, only 67% of Ugandan men had tested for HIV, 62% of HIV+ men were on ART and 47% of the HIV+ on ART were virally suppressed.
- Targeted strategies however could increase knowledge of HIV sero-status and improve HIV care cascade of men.
- For this study, we defined:
  1) Uptake as self-reported use of HIV oral kit accompanied with proof of the used kit in ≤ 10 days of receiving the kit.
  2) Linkage to care as Health facility (HF)-confirmation of HIV sero-status with proof of a test result slip in 30 days and ART initiation if confirmed HIV+ in 60 days from receipt of the HIVST kit respectively

METHODS

- We designed a single prospective cohort study and collected data from October 2018 to June 2019
- Eligible participants were; males aged 15+ years, who could speak English/Luganda, not tested for HIV in 3months prior to the study and living in Mpigi district
- One lay health worker (Village Health Team) from each of the 30 sampled villages led the study team through data collection
- Each participant received 1 oral HIV kit (OraQuick® HIV self test) and allowed up to; 1) 10 days to use kit, 2) 30 days for HF-confirmation of HIV sero-status & 3) 60 days to start care if confirmed HIV+
- Using structured questionnaire, we collected baseline data on participant socio-demographics, testing history and HIV risk behavior
- At follow up, we measured HIVST-uptake, subsequent linkage to care and initiation of ART
- We described the data using proportions and used Poisson regression to determine predictors of HF-confirmation of HIV in men who used oral HIV test

Uptake of HIVST was **95.3% (1551/1628)**

HF-confirmation of HIV sero-status after HIVST was **81.0% (1257/1551)**

ART initiation following confirmed HIV+ status **96% (46/48)**

RESULTS

- At baseline, 19.8% (322/1628) of participants had never tested for HIV
- Only 37.2% (606/1628) had tested in the last 12 months
- HIV prevalence by HIVST was 3.9% (63/1628)
- Of those tested HIV-positive on HIVST, 76.2% (48/63) sought HF-confirmation and declared HIV+
  - ✓ 79.2%(38/48) - newly diagnosed while 20.8%(10/48) - formerly diagnosed but not on ART
- HF confirmation was associated with; being aged 25-49 years, uncircumcised and not tested for HIV in ≥ 12months

Table 1: showing predictors of Health-facility confirmation of HIV sero-status among men who used the oral HIV test

Variable	Number (%)	Unadjusted Prevalence ratio (95% CI)	Adjusted Prevalence ratio (95% CI)
Age	N = 1607		
15-24	620 (38.6)	1.00	1.00
25-49	837 (52.1)	7.11 (2.83 -17.82)	**5.92 (2.22 – 15.77)**
50-83	150 (9.3)	3.73 (1.15 – 12.11)	2.77 (0.77 – 9.93)
Circumcised			
No	781 (48.6)	1.00	1.00
Yes	826 (51.4)	0.36 (0.20 – 0.65)	**0.46 (0.25 – 0.86)**
HIV testing history			
Never tested	319 (19.9)	1.00	1.00
Tested ≥12 months	689 (42.9)	0.45 (0.22 – 0.92)	0.74 (0.34 – 1.61)
Tested in last 12months	599 (37.3)	0.47 (0.25 – 0.87)	

CONCLUSIONS

- Community-led HIVST reached many HIV+ and ART naive men
- After community-led HIVST, a high proportion of newly diagnosed HIV+ men were linked to care and started ART
- HIVST strategies could play a key role in increasing male HIV testing and linkage to care of newly diagnosed HIV+ and known HIV+ who may have fallen out of care

Recommendations

- National HIVST policy and implementation guidelines should prioritize inclusion of reach to all men regardless of age group so as to close the testing gap
- Further research is needed to assess cost-effectiveness and scalability of the community-led oral HIV self-testing intervention in resource-limited settings

ADDITIONAL KEY INFORMATION

Author Contact Information

Corresponding author email: joannangendo@gmail.com

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