PARTNER TESTING WITH HIV SELF-TEST DISTRIBUTION BY UGANDAN PREGNANT WOMEN WITH HIV

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Background

- Men in sub-Saharan Africa have lower HIV testing rates than women.
- Secondary distribution of HIV self-test kits (HIVST) from HIV-negative pregnant women to their male partners has shown to increase men's HIV testing rates.
- This strategy has not been evaluated among pregnant women living with HIV (PWLHIV), who may face distinct barriers including concerns about disclosing their status to their partner.

Objectives

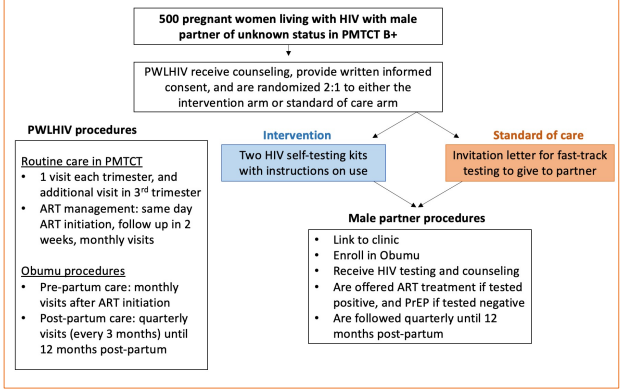
In this intention-to-treat analysis, we evaluated secondary distribution of HIVST, from pregnant women living with HIV to their male partners, on:

1. **Time to male partner testing in clinic** (using Cox proportional hazards)
2. **Male partners initiated on PrEP or ART by 12 months** post-partum (using maximum likelihood)

Methods

- 500 pregnant women living with HIV who reported a partner of unknown HIV status and were attending antenatal care in Kampala, Uganda, were randomized 2:1 to HIVST secondary distribution or an invitation for fast-track HIV testing.
- Men were offered confirmatory HIV testing and linkage to PrEP or ART depending on HIV status.

Figure 1. Obumu procedures for pregnant women living with HIV and male partners



Results

Figure 2. Flow chart of pregnant women living with HIV and male partner enrollment and testing

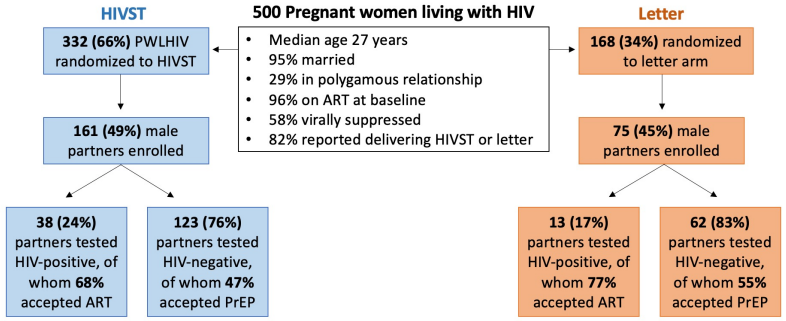
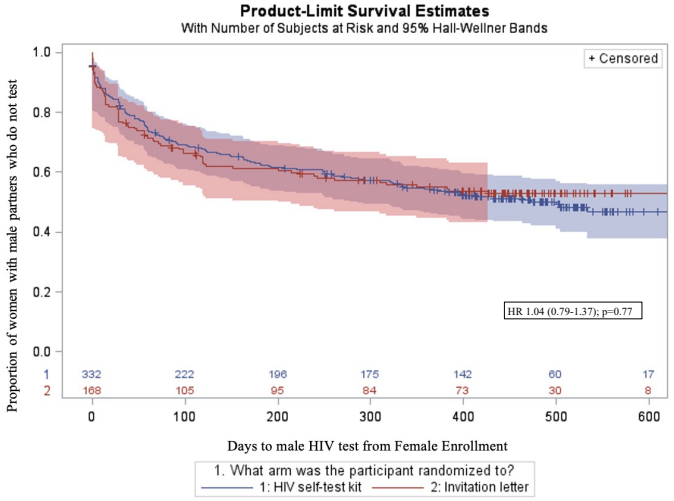


Figure 3. Number of days from female enrollment to male partner facility HIV testing



Modeling HIV testing and acceptance of ART/PrEP among un-enrolled male partners

- Assuming male partners who did not enroll in the Obumu study were not on ART/PrEP, the primary outcome using intention to treat (ITT) analysis of all men showed no difference in linkage to PrEP or ART by arm (p=0.8).



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Conclusions

- Secondary distribution of HIVST by Ugandan pregnant women living with HIV was not more effective in having their male partners learn their HIV status or their linkage to ART or PrEP, compared to the standard invitation letter.
- Almost half of male partners were tested for HIV, higher than the typical proportion of 17-25% in public ANC programs in Uganda.
- Additional strategies to reach men need to be evaluated.

Acknowledgments

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