## Strengthening global HIV self-testing guidelines

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# **Highlights**

### **Evidence impact**

- Positive findings on the uptake of HIV self-testing (HIVST) amongst male partners
  of pregnant women visiting antenatal care centres in Kenya guided the Ugandan
  Ministry of Health's Addendum to National HIV Testing Services Policy and
  Implementation Guidelines.
- In December 2016, the World Health Organization (WHO) issued a supplement to the Consolidated Guidelines on HIV Testing Services which relied on the 3iesupported evaluation to provide recommendations and additional guidance on HIVST and HIV partner notification services.

#### Factors that contributed to impact

- Uganda's ministry of health was analysing pilots being conducted in Uganda and other countries in Sub-Saharan Africa to inform delivery approaches for HIVST.
- The research team's engagement with WHO and Uganda's ministry of health officials at various conferences allowed the team to promote the study's results and encourage uptake.
- The evaluation findings were timely as the ministry was able to consider the researchers' recommendations as it reviewed and modified Uganda's national policy and implementation guidelines for self-testing services.

### Impact evaluation details

Title: Promoting male partner and couples HIV testing with self-test kits in Kenya

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Status: Completed March 2017



### Context

Testing is vital in the fight to treat and prevent HIV. In Kenya, 80 per cent of adults are covered under the HIV testing and counselling (HTC) service, but uptake of HTC amongst men lags significantly behind women. The same gender gap exists in other countries in Sub-Saharan Africa. Evidence shows that efforts to encourage women to refer their male partners for HTC have had limited success. Therefore, studies have recommended increasing the uptake of HIVST to prevent new HIV infections and effectively treat known cases of HIV.

In 2013, the concept of distributing HIVST kits to female individuals in stable partnerships was mentioned as a <u>promising approach</u> to initiating couples testing. But, there was no robust study that confirmed the idea's acceptability or effectiveness and no delivery mechanisms had been established for providing HIVST kits. Researchers from the University of North Carolina and Impact Research and Development Organisation, Kenya, collaborated in 2014 to fill this knowledge gap, with support from 3ie.

The 3ie-supported researchers examined whether providing HIVST kits could improve HIV testing uptake amongst male partners of women attending antenatal care centres. The study was conducted in Kisumu County in the Nyanza region of western Kenya. Six hundred female participants were randomly enrolled in intervention and comparison groups. The participants in the intervention group received two oral, fluid-based HIV test kits, along with instructions on

how to use them. Participants in the comparison group received an invitation card to give to their partners for clinic-based HIV testing.

Apart from Kenya, simultaneous pilot studies were testing the effectiveness of HIVST in different contexts and with different target population, in Uganda and Zambia, in collaboration with 3ie. The Ugandan Ministry of Health was also in the process of revising its HIV Testing Services Policy and Implementation Guidelines and keen to learn from the evidence generated on HIVST by 3ie studies in these countries.

## **Evidence**

The findings showed a higher uptake rate of HIV testing in the intervention group, which received the self-tests, than the comparison group, which did not, with 90.8 per cent of partners testing in the intervention group. The study also demonstrated the social acceptability of HIVST.

The study results also showed the effectiveness of HIVST in general, as the intervention overcame many of the barriers that prevent HIV testing from reaching high-risk men, such as stigma. Additionally, the study helped female participants learn the HIV status of their partners.

## **Evidence impacts**

### **Evaluation findings inform Uganda's HIV testing services guidelines**

After learning about the 3ie evidence programme on HIVST, the Ugandan government expressed its interest in learning from the studies and modifying their own HIV testing service guidelines. The positive and policy relevant results from this evaluation, and its timely release, led the Ugandan Ministry of Health to include antenatal care centres as a delivery mechanism for HIVST in the 2018 addendum issued to Uganda's National HIV Testing Services Policy and Implementation Guidelines.

#### WHO Supplementary Guidelines draw from evaluation findings

WHO cites 3ie evaluation findings in strongly recommending that HIVST be offered and in supporting implementation and scale-up of ethical, acceptable and evidence-based approaches to HIVST. WHO also refers to ANC centres as an effective delivery mechanism for reaching men who would not otherwise be tested. The recommendation appears in the organisation's Consolidated guidelines on HIV testing services released in December 2019, citing evidence from various sources, including the research conducted by 3ie. These update the previous supplementary guidance to the Consolidated Guidelines on HIV Testing Services released in December 2016. The supplementary guidelines supported implementation and scale-up of ethical, acceptable and evidence-informed approaches to HIVST. The 2016 and 2019 guidelines cited findings from several examples, including the 3ie-supported evaluation in Kenya, relevant to efforts aimed at reaching men who were using HIVST services at lower rates.

# Suggested citation

International Initiative for Impact Evaluation (3ie), 2020. Strengthening global HIV self-testing guidelines [online summary], Evidence Impact Summaries. New Delhi:3ie.

## Related

**Blog:** <u>Preparation meets opportunity:</u> how 3ie's stakeholder engagement paid off on HIV self-testing

This blog describes how 3ie's HIV Self Testing evidence programme emphasised stakeholder engagement and provided relevant evidence to decision makers.

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