3ie's HIV self-testing evidence programme

As part of this programme, 3ie funded the implementation and evaluation of three pilot interventions in Kenya to increase the evidence base on whether oral self-test kits can increase HIV testing rates among hard-to-reach populations that may be at higher risk of acquiring HIV. 3ie also funded two studies each in Uganda and Zambia that further add to the evidence base and explore additional mechanisms for delivery of self-test kits.

About North Star Alliance

North Star Alliance (North Star) is an international NGO operating 35 health clinics in Africa serving more than 200,000 patients in Sub-Saharan Africa, eight of which are in Kenya. The clinics are open at hours that suit the truck drivers and female sex workers, and offer a range of prevention and treatment services, including HIV counselling and testing and, in some clinics, antiretroviral therapy. About 60 per cent of truck driver clients in the two study clinics accepted testing in 2012, of whom about 1.5 per cent tested positive for HIV.

Benard Kimani

Endnotes

[1]UNAIDS, 2014. *90-90-90 An ambitious treatment target to help end the AIDS epidemic* [Online]. Geneva, Switzerland: UNAIDS. Available at: http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf [Accessed 30 August 2016]
[2]Participant 5145, choice group.
[3]Participant 4153, standard of care group.
[4]Participant 5011, choice group follow-up.

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July 2017

International Initiative for Impact Evaluation

Impact evaluation brief
HIV and AIDS

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Encouraging HIV testing among truck drivers in Kenya

Truck drivers in Sub-Saharan Africa are at high risk of acquiring HIV. They spend, on average, two weeks per month away from home. This work-related absence makes extramarital relationships with female sex workers along their transportation routes more common. The additional risk is compounded by the fact that, in Kenya and other African countries, men are less likely to test for HIV than women.[1]

Oral HIV self-testing, either done alone or with supervision, could appeal more to people who do not like the standard finger-prick blood test in a clinic. It may reduce some of the barriers associated with standard HIV testing that are often cited by men, such as stigma, inconvenience, confidentiality concerns, and transportation or opportunity costs.

Main findings

- **Choices work.** Participants with a choice of HIV self-testing methods were almost 10 per cent more likely to accept testing than those who were not given a choice. The likelihood of testing increased to 20 per cent when those who opted to take the self-test kit home were included;
- **Supervision by a clinician is helpful.** Oral HIV self-testing is acceptable. Participants administered the tests correctly, especially if they were supervised by a clinician and able to ask questions;
- **In-person counselling, shorter testing times and low cost (free) are important.** Participants given a choice preferred in-person counselling over telephone-based counselling; testing at North Star Alliance (North Star) clinics over testing at a company office; tests that took less time; and tests that were free;
- **Those who have never tested before prefer oral tests and telephone counselling.** People testing for the first time had slightly different preferences, which included oral swab tests over blood-based tests and telephone-based over in-person counselling; and
- **Barriers to repeat testing must be addressed.** An offer to obtain a test kit at any of the eight North Star roadside wellness clinics in Kenya 3 – 6 months after the initial testing did not improve HIV testing rates in that follow-up period. Participants cited stigma and inconvenience as barriers.

You know, when one is testing, he gets very anxious to know the answer, to know you have or you don't have that disease. So it will make your heart calm down because the results are fast. The positive is that you get the results instantly […]. [T]here is always that fear. But you get confident because you know it must be working correct, because the healthcare workers already approved.[2]

Evaluating the effectiveness of offering a choice of HIV testing methods to increase uptake

The International Initiative for Impact Evaluation (3ie) funded a study in Kenya to assess whether offering truck drivers HIV testing choices would encourage testing. The study was conducted in two North Star clinics, which together serve about 400 clients a week, about 30 per cent of whom are truck drivers.

The researchers randomly assigned 305 truck drivers to one of two groups:

- The **standard of care group** was offered a provider-administered finger-prick blood HIV test; and
- The **choice group** was offered a choice between the standard provider-administered test and a self-administered oral HIV test (OraQuick®), with a healthcare provider available to answer questions and provide assistance, if requested. The supervised self-administered test allowed individuals to view the results in private and disclose them only if they chose. If the participant declined to test at the clinic, he was offered a test kit for home use along with phone-based post-test counselling.

Participants were advised to test for HIV every three months. Study staff sent a text message reminder to participants to visit a clinic for HIV testing. For participants in the choice group, the message included a note that the HIV self-test kits were available at all North Star clinics for pickup. After six months, the participants were asked about HIV testing during the follow-up period.

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Lessons for programming and future research

Offering a choice of testing methods, including self-testing, can significantly increase testing uptake among truck drivers. At the same time, self-testing, especially initially, requires appropriate support to answer client questions and make counselling services available. Providers need appropriate training to feel confident about providing self-test instructions and supervision.

The pricking one is painful, but the mouth one has no pain at all.[3]

Multiple mechanisms for accessing counselling should be available as preferences vary. While most participants preferred in-person counselling, people who were testing for the first time preferred telephone-based counselling.

Self-testing should complement, not replace, existing services. Many truck drivers chose to test in the presence of a healthcare provider, even during the repeat testing offered 3–6 months later, suggesting that at least some participants were comfortable with the current health system options.

Mechanisms for pre- and post-test HIV counselling should be established. Pre-test counselling could be combined with picking up self-test kits at a local clinic. However, post-test counselling depends on the client's motivation to seek out this service. As observed, some users have different preferences for accessing counselling. Multiple options such as hotlines, internet or smartphone-based counselling, and other referral methods for in-person counselling should be considered.

Stigma and inconvenience are still major barriers. Programmes should explore bringing kits to the people rather than simply making them available at clinics for pickup.

[People may not want to come to the clinic to pick up a self-test kit] because some may think that you are coming to take medicine for curing HIV and AIDS.[4]

More needs to be known about whether and when people who self-test HIV positive will seek counselling or treatment. The private nature of self-testing makes it difficult to understand this.