



HIV self-testing positivity rate and linkage to confirmatory testing and care: a telephone survey in Côte d'Ivoire, Mali and Senegal

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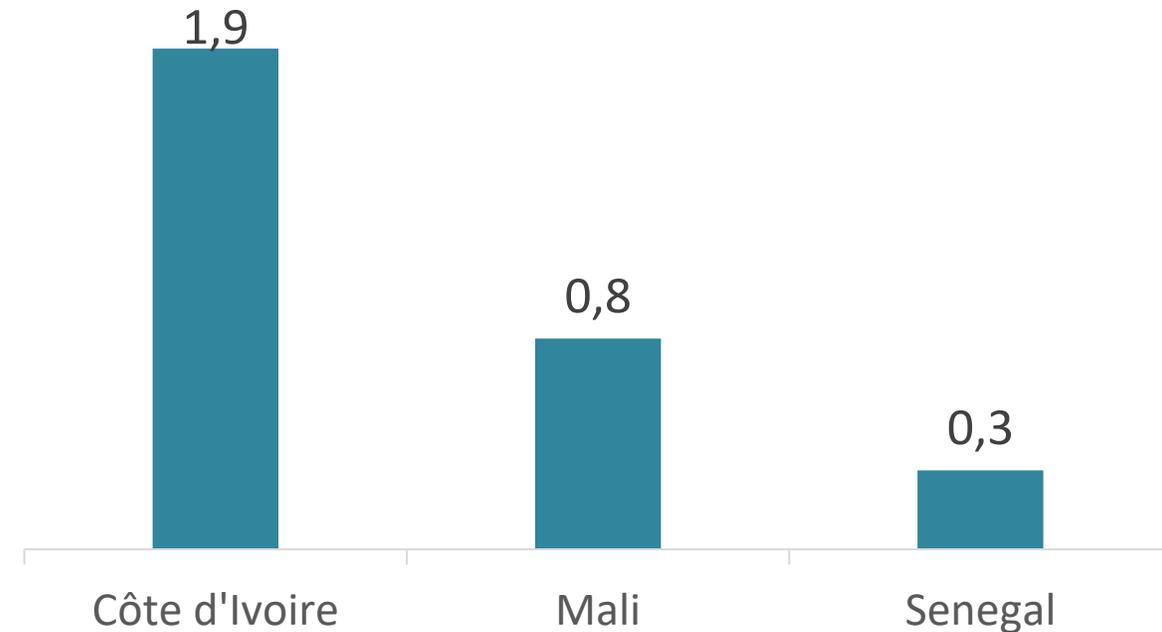
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West Africa's Epidemiological Context

- Comparatively low national-level prevalence in Côte d'Ivoire, Mali, and Senegal.
- High HIV prevalence in key populations (KP): Female sex workers (FSW), men who have sex with men (MSM), and people who use drugs (PWUD).
- New HIV infections in 2020: 45% among KP and 27% among clients and sexual partners of KP (UNAIDS, 2021).

National HIV Prevalence
(2020)



Source: AIDSinfo, UNAIDS, Adults 15-49

ATLAS project (2019-2022)

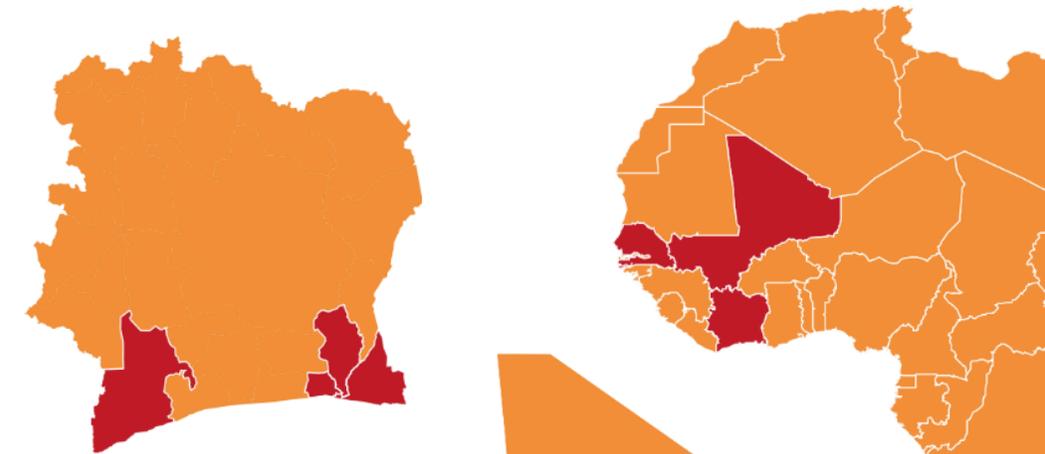
Funded by **Unitaid** (with additional funding from AFD).

Coordinated by **Solthis & IRD:**

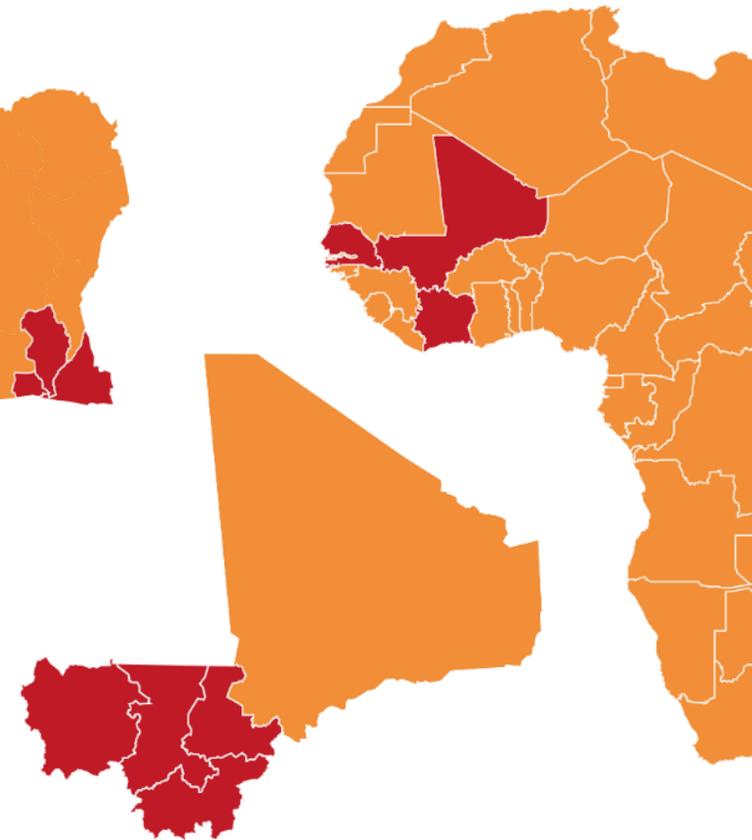
>1400 agents trained for distributing HIVST.

~400 000 HIVST kits distributed.

200 distributions sites.



Côte d'Ivoire



Mali



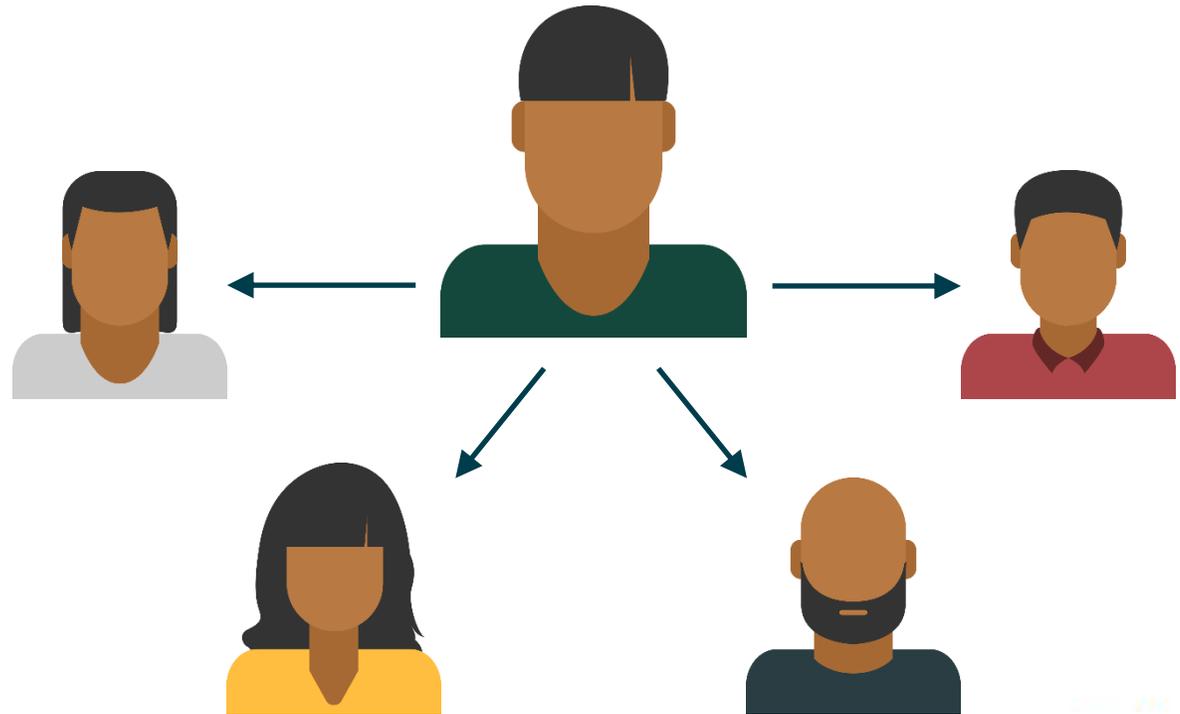
Senegal

ATLAS self-testing distribution models

Primary distribution
for personal use

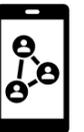


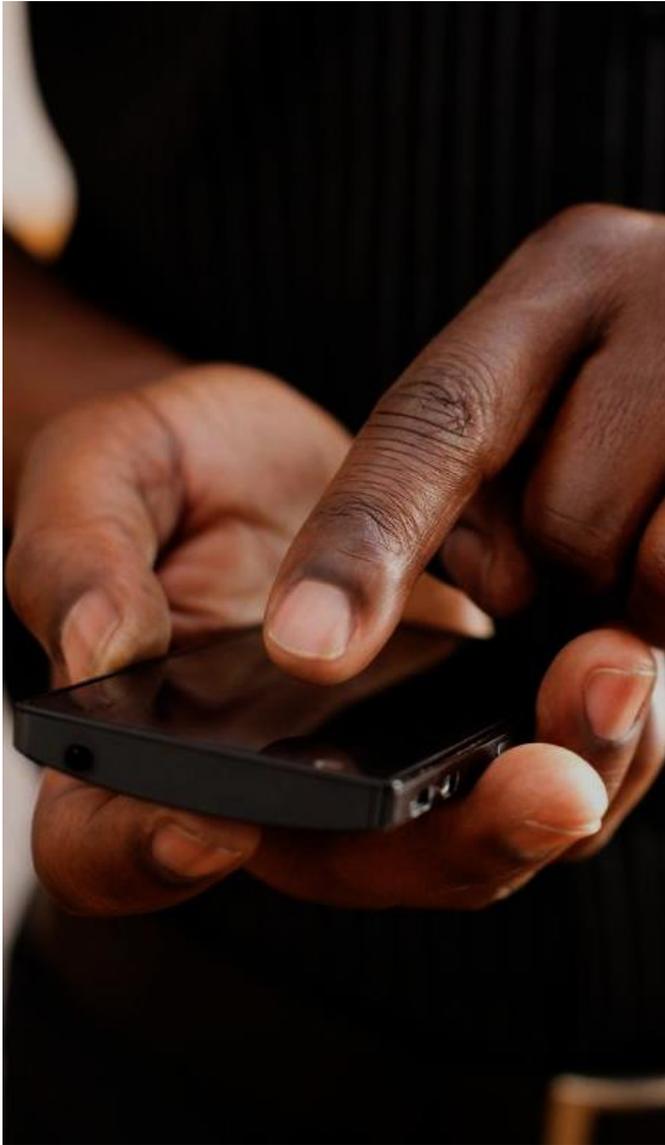
Secondary distribution
to be redistributed to
partners and relatives



Rational & Objective

- HIVST allows individuals to decide when and where to test and with whom to share result.
- To preserve the confidential nature of HIVST, use and results of HIVST were NOT systematically tracked.
- We conducted an anonymous phone survey to **estimate HIVST positivity rates and linkage to confirmatory testing and care.**





Methods – A two-phase phone survey

Phase 1 (March to June 2021)

- Encouraged via leaflets to call a free phone number.
- Complete a socio-behavioural questionnaire.
- Each participant was asked about:
 - the number of lines that appeared when reading the HIVST.
 - their interpretation of the result.

Phase 2 (September to October 2021)

- Participants who reported two lines or a reactive result were recontacted by phone.
- Complete a 5-minute questionnaire (phase 2) about linkage to confirmatory testing and HIV care.

HIVST Results

2 615 participants recruited during the first phase:

89.7% reported consistent results, 1.8% inconsistent answers, 8.5% partial answers.

HIVST Positivity

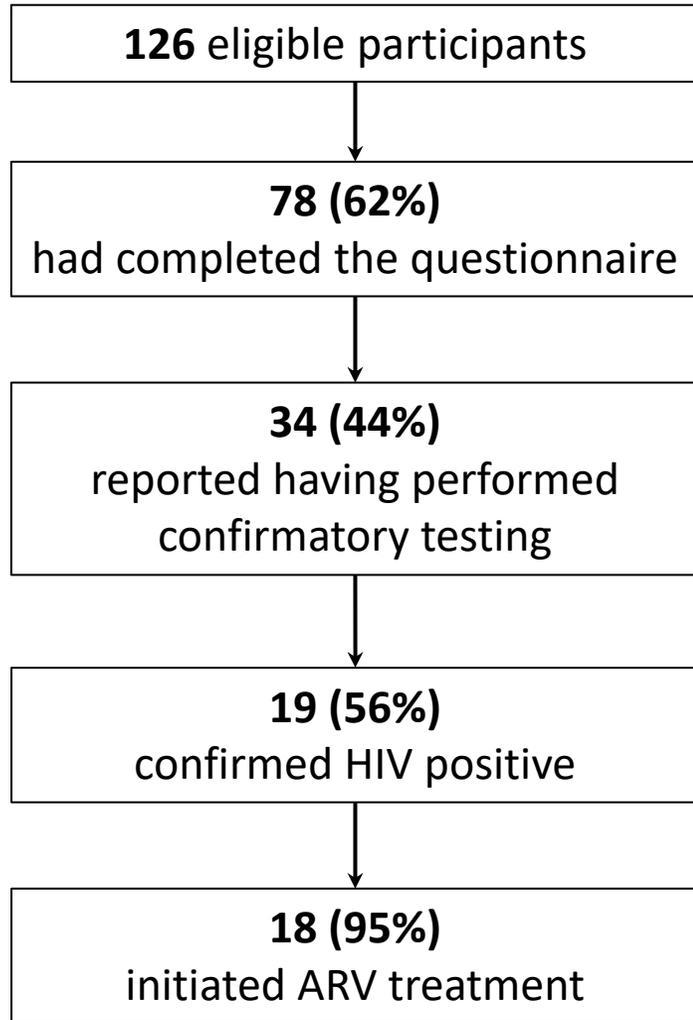
Self-interpreted result and reported number of visible lines are considered separately.

For each, 3 hypotheses (low, central, and high) including or excluding "don't know" and refusals.

- based on self-interpreted results, positivity varied from **2.4% to 9.1%**.
- based on the reported number of lines, positivity varied from **4.4% to 7.2%**.
- Positivity rate by country (central scenario):
 - **2.0% to 3.9%** in Côte d'Ivoire.
 - **3.6% to 5.0%** in Mali.
 - **1.4% to 6.0%** in Senegal.



Linkage to Confirmatory Testing and Care

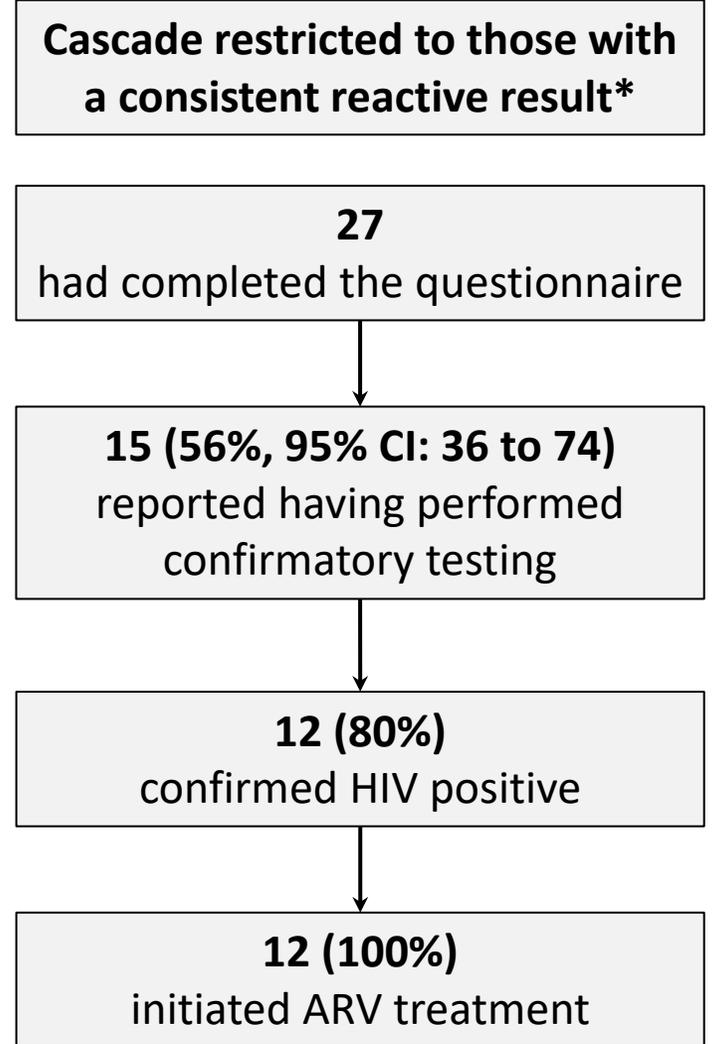


Main reasons for 44 participants who did not perform confirmatory testing:

- **18 (41%)** their HIVST was non-reactive
- **10 (23%)** not knowing that a confirmation test was required
- **8 (18%)** not having time

53% did it in less than **one week following HIVST**, and **91%** in less than **three months**

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



*they reported 2 visible lines on their test and self-interpreted it as reactive

Discussion / Conclusion

The ATLAS HIVST distribution strategy **reached people living with HIV** in West Africa.

Linkage to confirmatory testing remained **sub-optimal** in these **first years of HIVST implementation**.

However, if **confirmed HIV-positive**, almost **all initiated treatment**.

HIVST constitutes a **relevant complementary tool** to existing **screening services**.

PARTNERS



Thanks to all study participants

Consortium



Funding



Technical partner



Implementation partners

Côte d'Ivoire

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PNLS



Alliance CI
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Arc en Ciel
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Blety
Eloé
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Partner projects



Research partners

