



**“When you provide an HIV self-testing kit [...] you also need to know the results”: lay providers’ concerns on HIV self-testing provision to peers, ATLAS project**

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# “When you provide an HIV self-testing kit [...] you also need to know the results”:

## lay providers' concerns on HIV self-testing provision to peers, ATLAS project

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### BACKGROUND

Innovative strategies are needed to enable most-at-risk populations such as men who have sex with men (MSM), female sex workers (FSW), and people who use injectable drugs (PWUID) to know their HIV status. HIV self-testing (HIVST) is an effective tool (UNAIDS, 2015). The ATLAS project implements HIVST in Côte d'Ivoire, Mali and Senegal and offers these key populations the opportunity to test themselves.

HIVST provides confidentiality and anonymity to users, as they do not have an obligation to inform anyone of the test result if they do not want to. For lay providers, this is a paradigm shift since the result of the test is not necessarily shared with them. How do lay providers who manage the distribution of HIVST kits to key populations in West Africa adopt this new testing strategy? What are their perceptions of this new approach?

### OBJECTIVE

Analyze the opinion of lay providers regarding the distribution of HIVST in Côte d'Ivoire, Mali and Senegal, as implemented through the ATLAS project.

### MATERIAL AND METHODS

The data were collected between September 2019 and January 2020. We conducted eight focus groups discussion (FGDs) with 79 lay providers who distribute HIV self-tests: 3 FGDs with 32 MSM, 3 FGDs with 31 FSW, and 2 FGDs with 16 PWUID, approximately two months after the start of HIVST distribution. The data were recorded, transcribed, then thematic content analysis was performed.

### RESULTS

Lay providers have experience in providing traditional HIV testing services. According to them, HIVST has several advantages over traditional strategies. They can reach members of key populations that do not attend health facilities or community-based services, or that are reluctant to traditional testing strategies. Overall, access to HIV testing was improved. However, they raised several concerns, in particular regarding the lack of feedback after HIVST distribution. According to lay providers:

• Ensuring a passive or active post-distribution follow-up is a proof of the commitment of the lay provider towards the person: *“We do it [the distribution of HIVST] out of love, devotion ... So it is up to us to manage that we get our results, the feedback we want at the NGO centre”* FGD, lay providers, PWUID Côte d'Ivoire.

• Without feedback, there is doubt about the actual use of the HIVST or secondary distribution;

• The major concern is related to the HIVST result which might not be known

to them: *“Because when you finish distribution [of HIVST], when you come back it's like a teacher after giving lessons. You also need the results”*, FGD, lay providers PWUID Côte d'Ivoire;

• According to lay providers, knowing the result of the HIVST is essential for proposing to users adequate support and care, in particular for those with a reactive result;

• Some lay providers feel useless if they do not play an active role with users, in showing them how to proceed for the test, and linking them to appropriate services in case of reactive test: *“Self-testing there, it makes us a bit useless because when you finish distributing it's gone, it's gone!”* FG lay providers MSM, Côte d'Ivoire;

• Also, some have the feeling that their work becomes invisible as it is not possible to count the number of new diagnoses with HIV, or of new entries into care due to their activities; besides, some other projects pay lay providers precisely according to these performance indicators that are used for traditional testing activities monitoring.

• In a context of stigmatization and denial of results, the primary concern of the lay providers remains effective and systematic linkage to care of key population with a reactive test.

On the fields, lay providers have developed informal practices to maintain a link with key population to whom they distributed HIVST kits, to obtain spontaneously or prompted feedback: *“There is feedback. There is one who called ... when I offer [HIVST distribution], in any case, I have a notebook where I put their phone numbers ...”* FG lay providers, FSW Côte d'Ivoire. In addition to the project's hotline, exchanging phone numbers or carrying out an active follow-up in the post-distribution phase allows them to continue to play their role with HIVST users, and monitoring some results.

### CONCLUSION

These focus groups discussions, which were conducted at the beginning of the project, showed that the lay providers are enthusiastic to provide HIVST to peers. The willingness of some of them is to do more than HIVST distribution and to support their peers throughout the process until their access to care and support services. As for the usual HIV testing services that have defined monitoring and evaluation indicators, lay providers consider that getting feedback on test results for any HIVST distributed is crucial. Some of them have already experienced solutions to maintain a link with users, that could be analyzed, and might be systematized and scaled up at the project level. However, the opinions of HIVST users (MSM, FSW and PWUID) on this issue must be analyzed and could, for some, differ from those of lay providers.

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