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Introducing HIV self-testing among key populations in West Africa: a baseline qualitative analysis of key stakeholders' attitudes and perceptions in Côte d'Ivoire, Mali, and Senegal




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BACKGROUND

HIV self-testing (HIVST) can improve HIV status knowledge among some hard-to-reach populations vulnerable to HIV and often stigmatized. Since 2019, the ATLAS project has introduced, promoted, and delivered HIVST in Côte d'Ivoire, Mali, and Senegal, among various

populations including  female sex workers (FSW),  men who have sex with men (MSM),  people who used drugs

(PWUD) and their peers and partners. Stakeholders responsible for HIV testing policy development are key actors in the deployment of HIVST. Their perceptions and attitudes can influence the introduction of HIVST in their countries and should be analyzed to understand their role in shaping ATLAS implementation.

METHODS

A qualitative survey was conducted from September to November 2019, within three months of the initiation of HIVST distribution. Individual interviews were conducted with 60 stakeholders (19 in Côte d'Ivoire; 20 in Mali; 21 in Senegal). Semi-structured interviews were conducted, recorded, translated when necessary, transcribed and pseudonymised. Data were coded using Dedoose© software for thematic analyses.

RESULTS

In the three countries, stakeholders expressed enthusiasm and willingness to introduce HIVST. Their main reasons are described below:

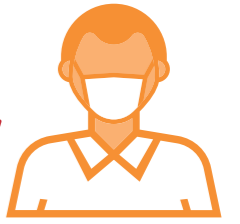
- ✓ They opined that HIVST might encourage testing uptake because it helps maintain anonymity and confidentiality, reduces stigma, and protect key populations partners' identity;
- ✓ Also, HIVST is a resource that could help remove geographical barriers to access to testing services and save time;

About female sex workers specifically, when we arrive in the sites, we know that they are looking for clients, they do not necessarily have the time for HIV testing. Making HIVST available to them will allow them to save time, and also, not to lose clients who are waiting for them. (International NGO responsible, Senegal)



- ✓ For stakeholder, HIVST is a tool that gives autonomy and responsibility to key populations (empowerment) and could increase their adherence to testing;

It also allows them [key populations] to take part since they are the ones who have to send HIVST kits to their partners and those who are not attending. So it allows them to be at the heart of the project, to be actors of the project as well. (Program manager, Côte d'Ivoire)



- ✓ Finally, they believed that, through secondary distribution, HIVST could improve access of key populations that are not reached through the usual strategies;

FSW are tested but their partners don't have the time. Always they find an argument. So with FSW, we can reach these kinds of partners. (FSW peer educator, Mali)



However, some stakeholders expressed doubts regarding:

- ✓ Key populations' capacity, particularly PWUD, to correctly use HIVST kits and ensure quality secondary distribution, especially to partners;
- ✓ Their ability to accept a reactive test result and subsequently use confirmation testing and care services.

DISCUSSION

Little difference was observed across the three countries, but all countries showed slight differences compared to the study results obtained from Eastern and Southern Africa. The importance of HIV stigma was highlighted by stakeholders, who pointed to the risk that HIVST users with a reactive result could be stigmatized within communities already stigmatized for "deviant behavior" as key populations: HIV stigma is considered by stakeholders as a barrier to HIVST uptake. Additionally, the importance of HIV stigma may explain why disclosure of HIV status by users to their partners is considered a main barrier to secondary distribution. Finally, the study results show that according to stakeholders, this determinant, which is unspecific to HIVST, may be a main barrier to HIVST efficiency. Stigma may also explain differences in issues identified by stakeholders in West Africa compared to Eastern and Southern Africa.

STUDY LIMITS

Only key stakeholders were interviewed, and their opinions may not reflect those of key populations. In addition, this study was carried out at the beginning of the project's implementation, and stakeholders' doubts may have changed after HIVST was effectively provided.

CONCLUSION

In the West African context, HIVST is a strategy generating interest in improving key populations' access to HTS. HTS stakeholders are very favorable toward it but also concerned about users' capacity to apply the overall strategy. These perceptions may be a matter of reflective communication with stakeholders before the implementation of HIVST at new sites. The perceived doubts regarding key populations' capacity and ability to use HIVST will be further investigated.

