

Piloting HIV self-testing strategies for sexual partners of MSM, female and transgender sex workers

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Overview

Project **"Piloting HIV self-testing strategies for partners of the key populations"** was funded by WEEPI foundation and implemented from August 2020 till November 2021.

Collaborators:

- National Center for Disease Control and Public Health
- Georgian Association of Dermato-Venerology
- CSO "Equality Movement"
- CSO "Queer Association – Temida"

Background

HIV prevalence:

- among MSM population – 13-20%
- among female sex workers - up to 1.5%
- no prevalence data was available at the time for transgenders

Sex work is one of the major risks for HIV transmission to the general population:

- 6.6% of MSM are practicing sex work
- it is main source of income for transgenders

HIV testing practice is 60% among MSM and up to 31,5% - among FSWs.

HIV self-testing is currently available for IDUs, female sex workers and MSM population, but is not tailored to their sexual partners.

Research objectives

The research aimed at finding out whether it is feasible and acceptable to offer and use HIV self-tests in a medical facility for adult men using services of sex worker women, men and transgender women, and how do they prefer to return their test results.

Main research questions were:

- What are the ways to reach sexual partners of MSM, female and transgender sex workers;
- What are the acceptable ways of HIV self-testing provision/delivery;
- To what extent target population will perform self-testing and give feedback on testing procedure.
- Whether intervention (follow-up reminders from the healthcare provider) can increase self-test uptake and notification on self-test results.

Methods:

Mixed, both qualitative - Participatory Action Research and interviews and quantitative - a randomized pragmatic trial.

Ethics approval: Research Ethics Council of the Faculty of Science and Arts of Ilia State University, Tbilisi, Georgia.

Participants: at least 18 y.o., conversant in Georgian, willingness to participate and interest in HIV self-testing, not planning to go out of the city in the next 2 weeks, and report of a sexual contact with a sex worker (female, male, transgender) during the last 6 months.

Methods:

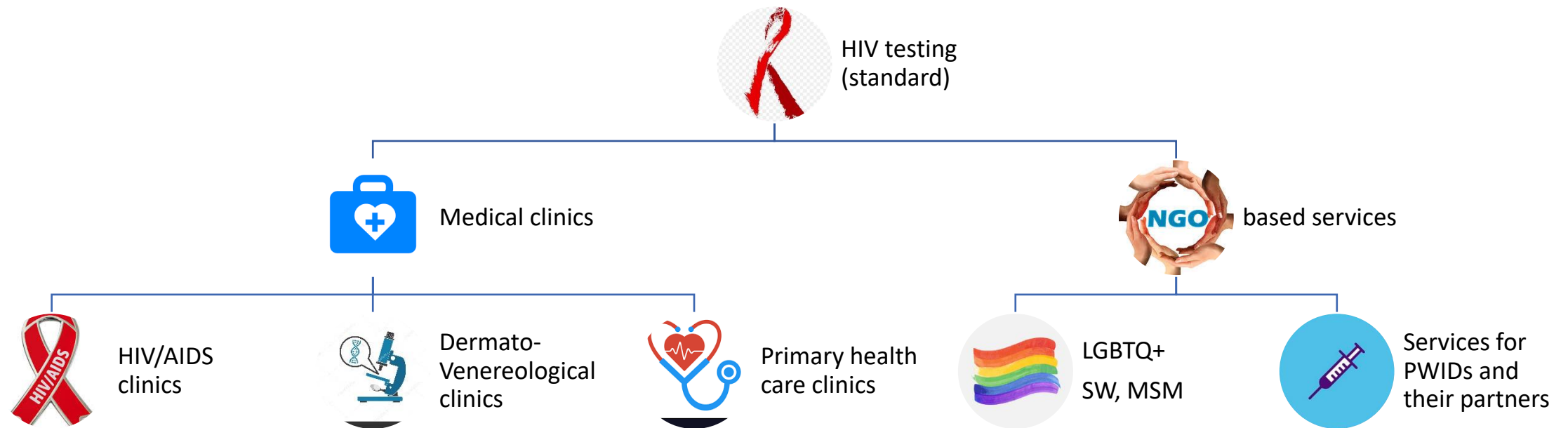
Procedures: clinical base of Georgian Association of Dermato-Venerologists; convenience sampling.

Randomization scheme: generated by using the website Randomization.com.

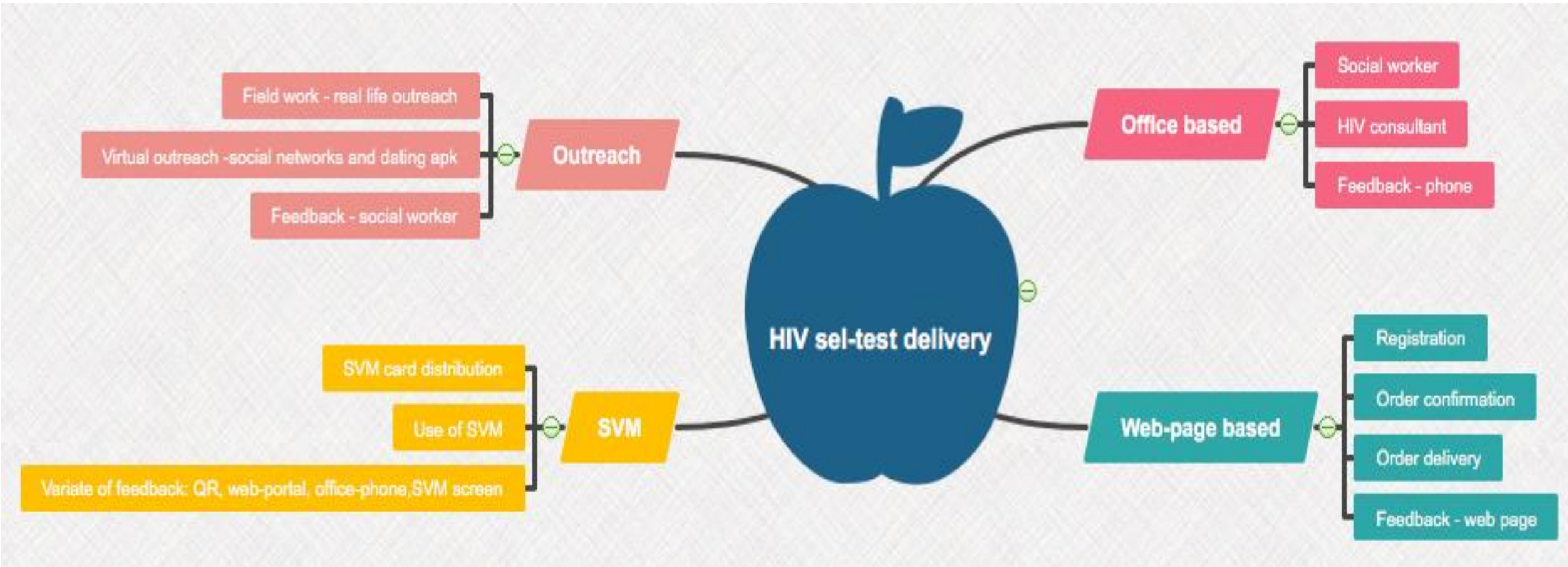
Instruments: Three paper-based structured questionnaires, two interviewer-administered and one – self-administered.

Data analysis: Atlas TI (version 19), SPSS software (version 26)

Participatory action research results: Mapping of standard HIV testing services



Participatory action research results: Mapping of HIV self-testing delivery



Qualitative research results:

Ways of providing HIV self-tests – possibilities to access/ alternative means:

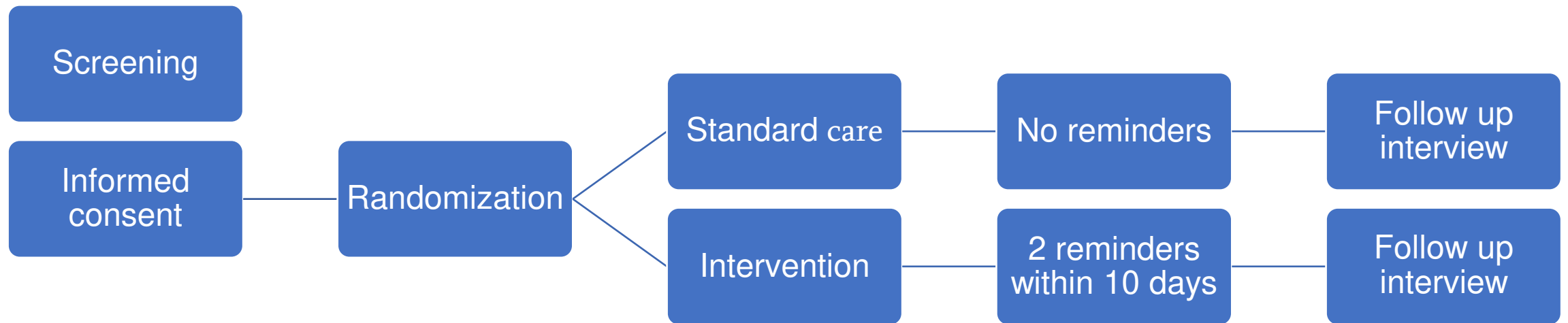
- From the clinics
- From the offices of NGOs/community organizations
- Clubs
- For free from pharmacies
- Vending machines
- Online orders – delivery by post or through delivery services
- Dating applications

Ways of returning HIV self-test results:

- The necessity of prior agreement on results submission
- SMS
- Phone call
- Messenger and/or Viber
- Going to HIV self-test pick-up point and reporting the results

The qualitative research demonstrated that the study population would prefer to receive HIV self-test at the clinics.

Design of the pragmatic trial



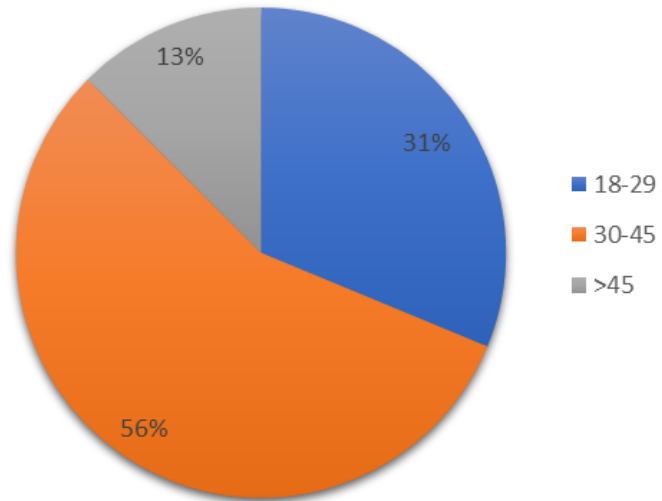
Study process flow

Field implementation period:	27.07.2021 – 15.11.2021
Field implementation location:	National Center Of Dermatology And Venereology
Offer to participate:	237
Agreed to participate:	163
Inclusion in the survey:	
Intervention group A	55 (49)
Control group B	54 (47)
Main questionnaire filled by:	109
Self-administered questionnaire filled by:	100
Agreed to received a self-test:	100
Feedback questionnaire filled by:	96
Results notification:	
About conducting self-test:	88
About result of the self-test:	76

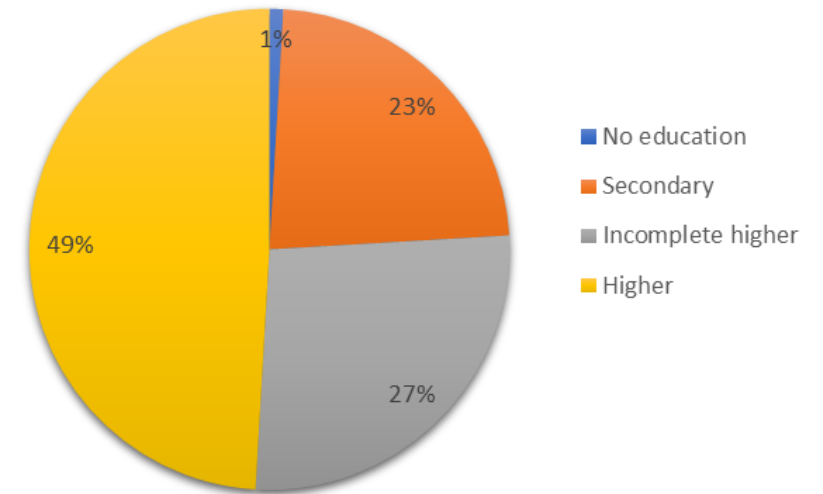
Results: Socio-demographic characteristics

(N=109)

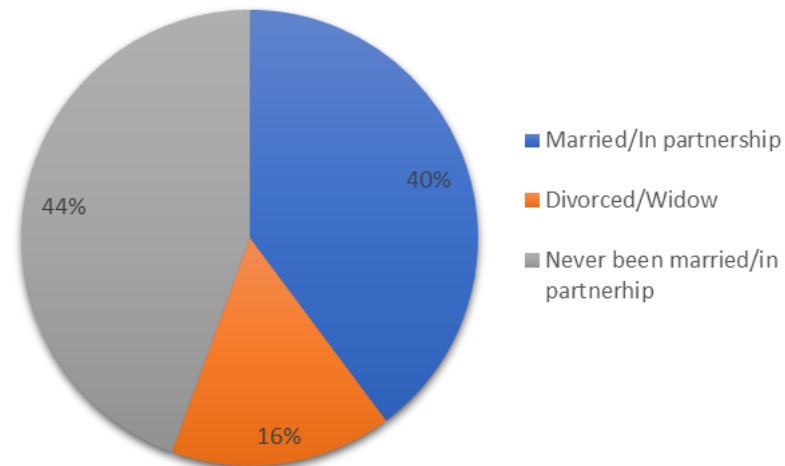
Age of the respondents



Education

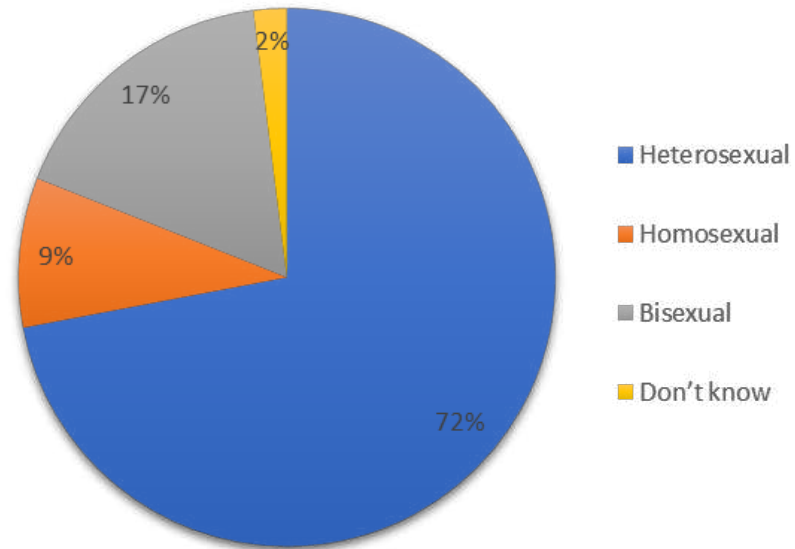


Marital/partnership status

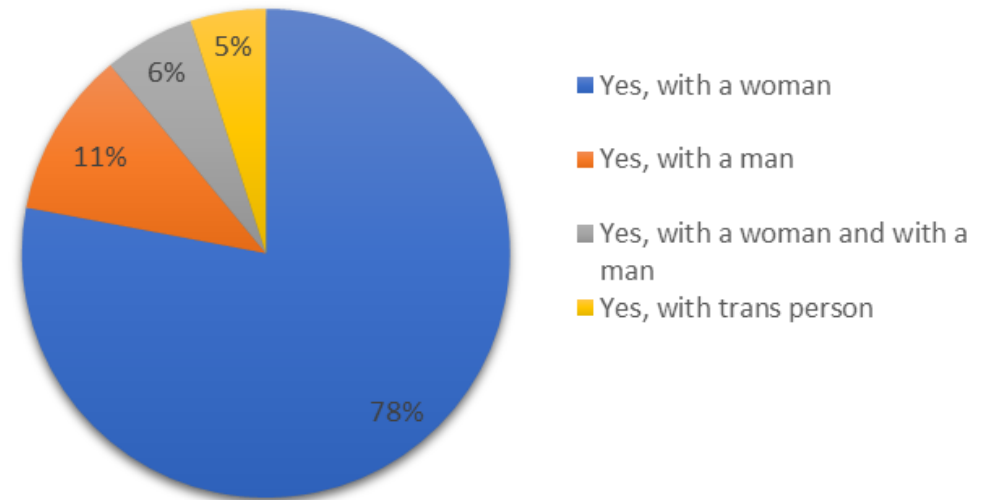


Results: Socio-demographic characteristics

Identification

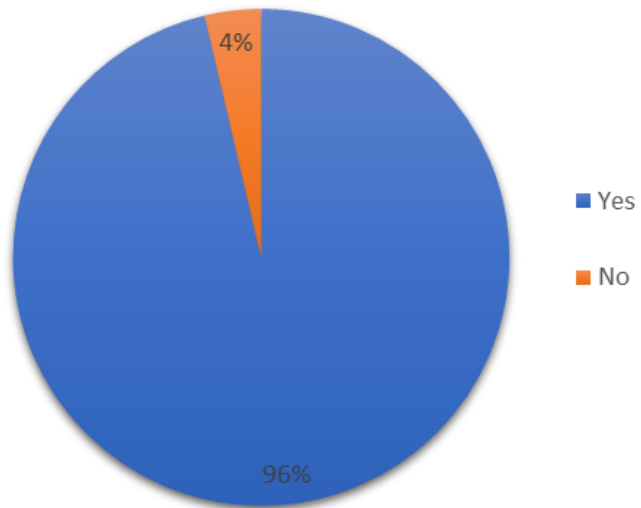


Contact with a sex workers during the last 6 months

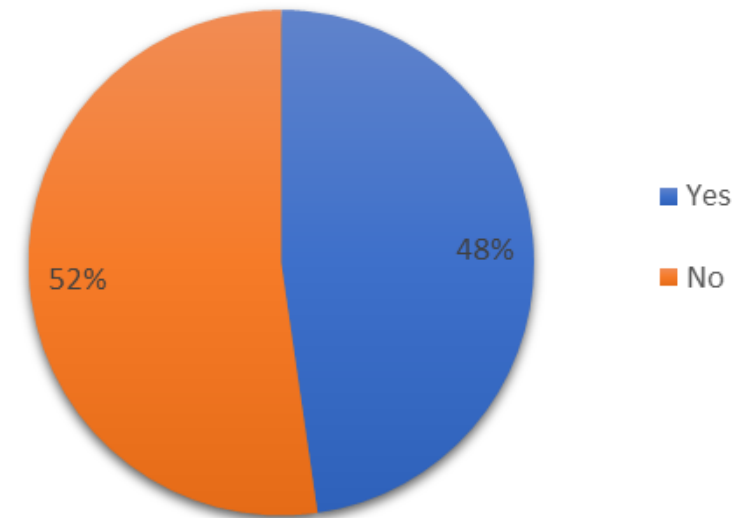


Results: HIV-related knowledge and behavior

Has heard of HIV/AIDS

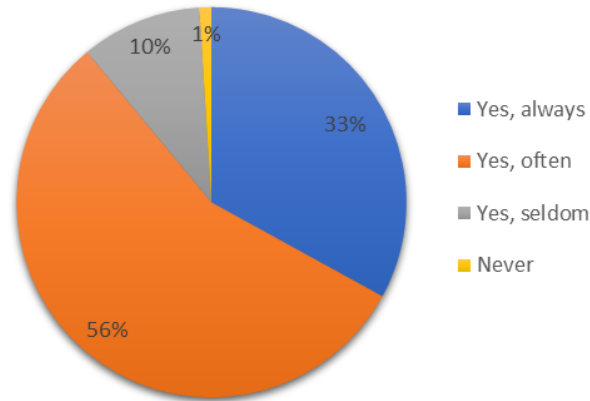


Being ever tested for HIV

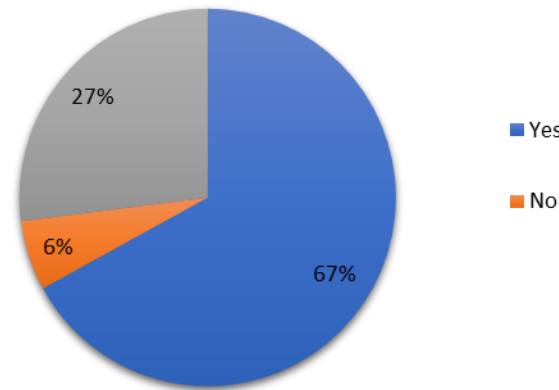


Results: HIV-related knowledge and behavior

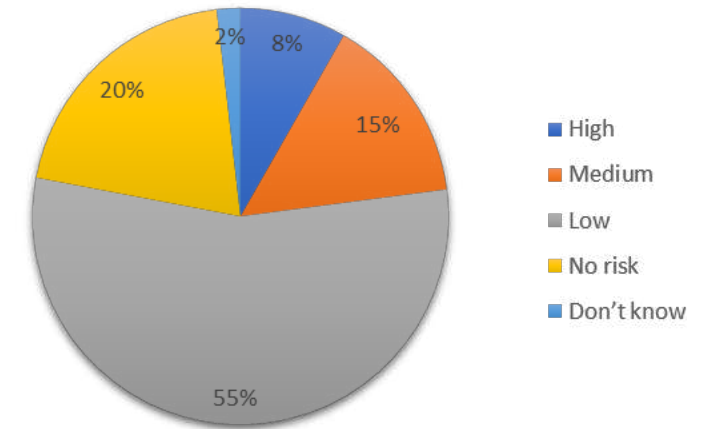
Condom use with sex workers during the last 6 months



Condom use during the last sexual contact with a sex worker



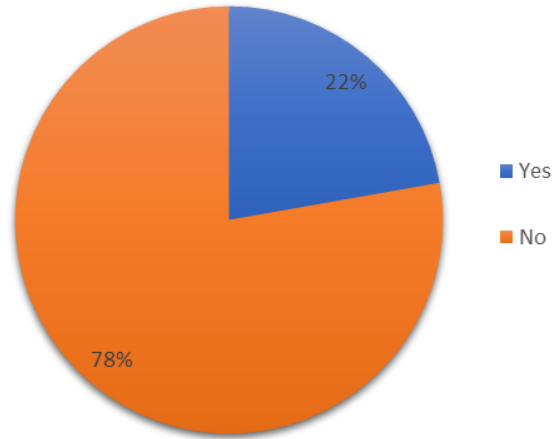
Personal risk assessment



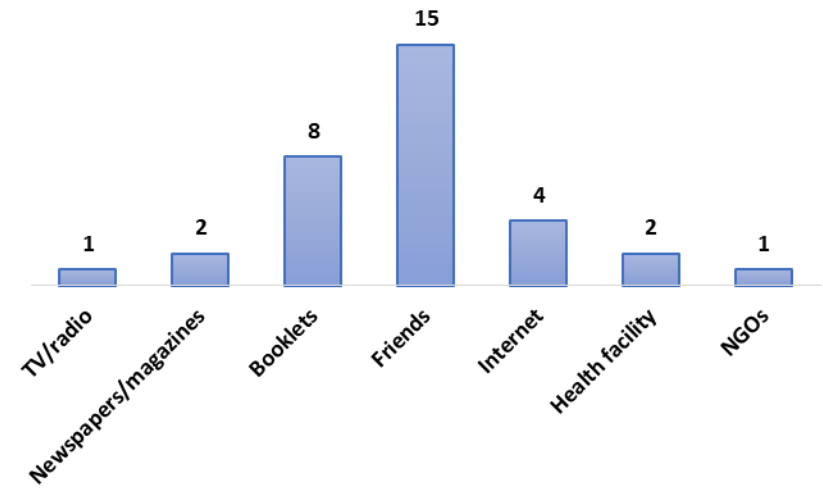
A positive association was found between individual risk perception and HIV testing rate ($X^2(4, N=109) = 18.034, p=0.001$).

Results: HIV self-testing

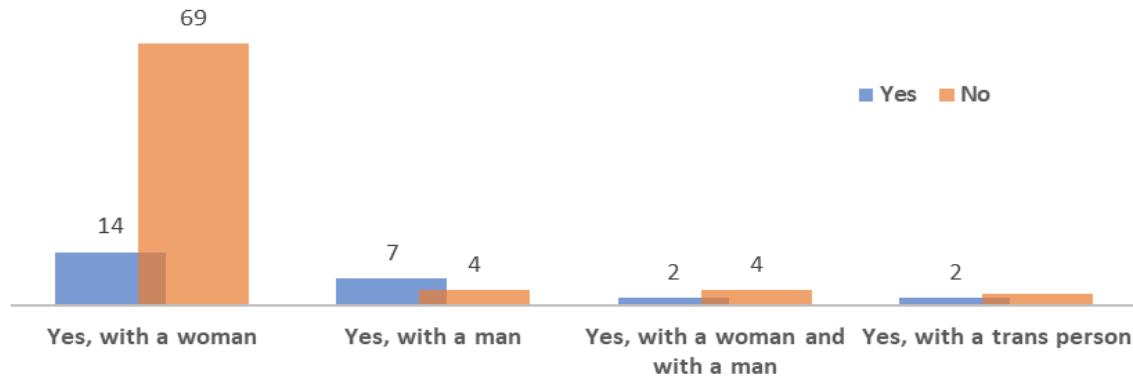
Has heard about HIV self-testing



Ways of getting information about HIV self-testing

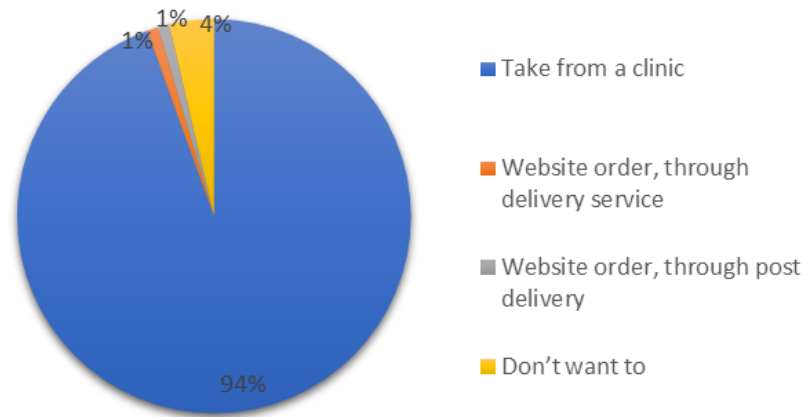


Has heard about HIV self-testing/contacts with sex workers during the last 6 months

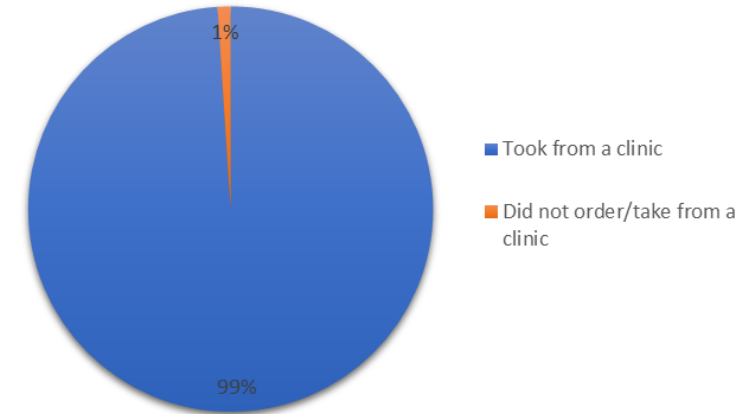


Results: HIV self-testing and reporting test results

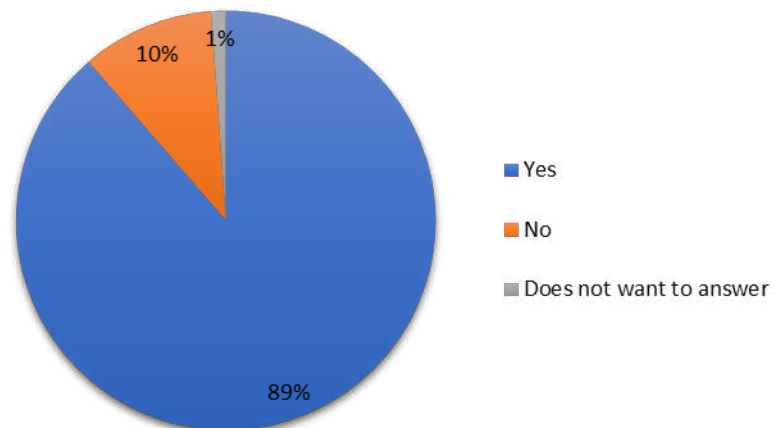
Way of getting HIV self-test (within the survey)



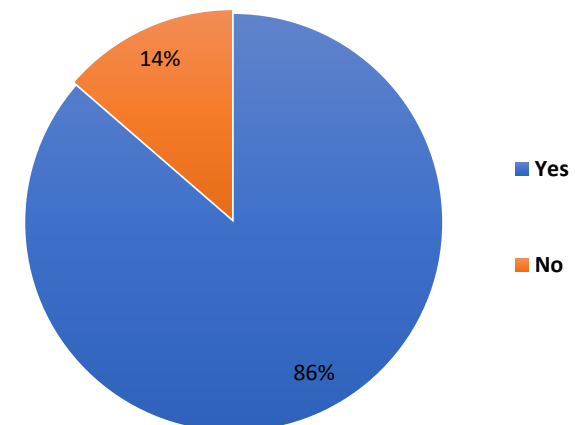
Ordered/took self-test



Conducted self-testing (88 responses)

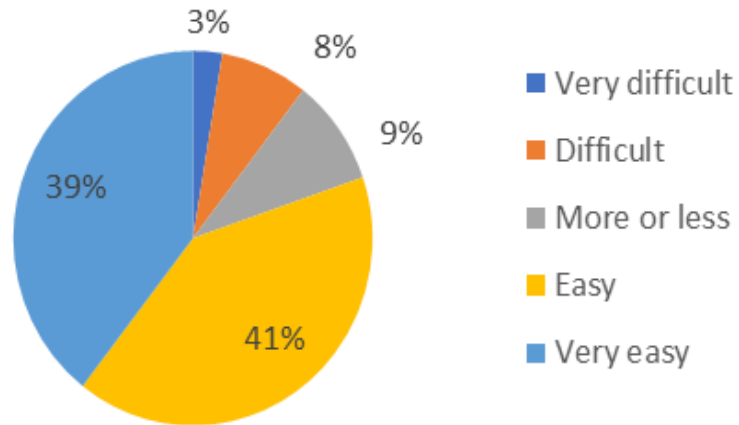


Results' notification

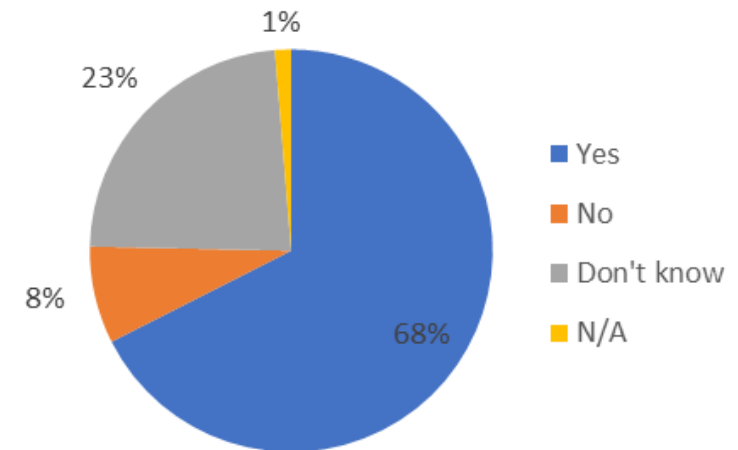


Results: Satisfaction of respondents

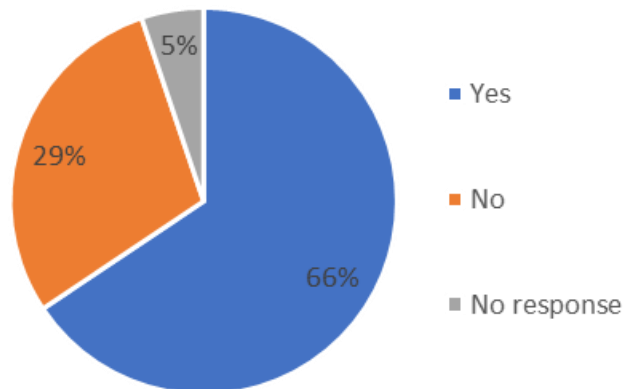
Was it difficult to conduct the self-test?



Would you recommend HIV self-test to a friend or sexual partner?



Would buy HIV self-test at a pharmacy



Main findings:

- Analysis conducted did not show any statistically significant difference between the randomized groups in terms of HIV self-test uptake ($\chi^2(2, N=88) = 1.118, p=0.572$), as well as reporting back the self-test results ($\chi^2(2, N=76) = 1.349, p=0.509$).
- Awareness level on HIV self-testing is low but after being informed about it they like the idea and take the test
- Clinic is a preferred place for sexual partners of sex workers to get self-tests
- Preferred way for reporting of the test results is phone call
- Buying HIV self-tests from the pharmacies for a moderate price is an acceptable way for getting HIV self-tests

Conclusion:

Despite the hypothesis that intervention (follow up by the clinician in a form of reminder) would increase uptake of test and reporting of the results did not prove valid, the study proved feasibility and high acceptance of both HIV self-test provision through clinical setting and strategy for reporting the test results.

Recommendations

- Maximize access to testing for the general population via introduction of cost saving HIV self-testing programs
 - Predominantly through the clinical settings
 - Selling in pharmacies
- The need for partner-focused HIV prevention
 - Targeted distribution among “partners”
 - Promoting adherence (uptake of testing and provision of results)
- Provider initiated HIV testing with brief intervention
 - Provider initiated HIV testing practice improvement with appropriate implementation

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