

# Assessment of HIV self-testing and self-sampling use and intention to use among COBATEST Network members

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**Introduction**

HIV self-testing and self-sampling are innovative testing strategies that can improve access to testing for those reluctant or with difficulties to access health care or community-based services. Both strategies are approaches to self-care within HIV testing. In the framework of the project 'Community Led and Based HIV Services - Key to Ending the HIV Epidemic in Europe and Central Asia "Zeroing In - Ending the HIV Epidemic"', granted by Gilead and coordinated by Aids Action Europe (in a consortium with Lila Milano and CEEISCAT), it was proposed to run an assessment of feasibility of innovative testing methods as self-testing among COBATEST Network members and the communities they are working with. The COBATEST Network connects organizations across Europe and Central Asia that provide community-based voluntary counselling and STI/HIV testing (CBVCT) services and share their testing data in a standardized manner. Currently the network comprises 110 CBVCT members from 27 European and 2 Central Asian countries.

**Objectives**

This study aimed to assess the use of HIV self-testing (HST) and self-sampling (HSS) among COBATEST Network members as part of the project 'Community Led and Based HIV Services-Key to Ending the HIV Epidemic in Europe and Central Asia "Zeroing In-Ending the HIV Epidemic"'.

**Methods**

An online survey was conducted among COBATEST network members from February to March 2023, covering different aspects related to the use or intention to use of HST/HSS in their services. A descriptive analysis was performed.

**Results**

The survey reached 42 community-based organizations, with 14 offering HST (33%) and only 2 providing HSS (4,8%). Legal issues regarding HST were reported in 2 countries, and almost half reported HSS as illegal in their countries (figure 1). Primary reasons for not offering HST/HSS included legal concerns, lack of interest, cost, and the perceived value of community-based rapid testing and counselling services (figure 2). Respondents not using them believed that only some users would accept HST (63%) or HSS (53%) if offered. HST/HSS services were provided through established programs or pilot initiatives, mainly through e-mail, in-person at the service, or in outreach activities (figure 3). Almost all HST services (87%) provided kits free of charge, while only one HSS service did the same. While 60% of HST services followed-up on results, user feedback was generally low (figure 4). Advantages of HST/HSS included their usefulness during lockdowns, for those with limited healthcare services access, reaching hidden populations, ensuring user privacy and convenience. However, disadvantages related to price, funding, follow-up and linkage to care challenges were identified.

Figure 1. Legal situation of HIV self-testing and self-sampling in the countries of the community-based organizations participating

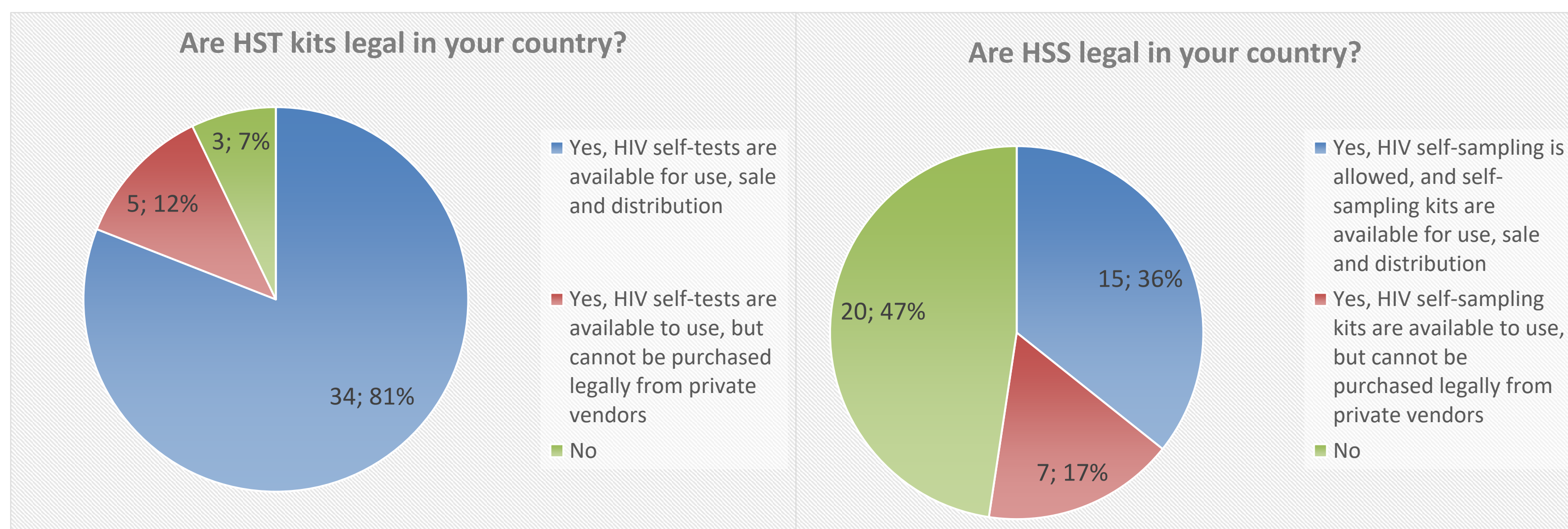


Figure 2. Main reasons reported for not providing HIV self-testing or self-sampling

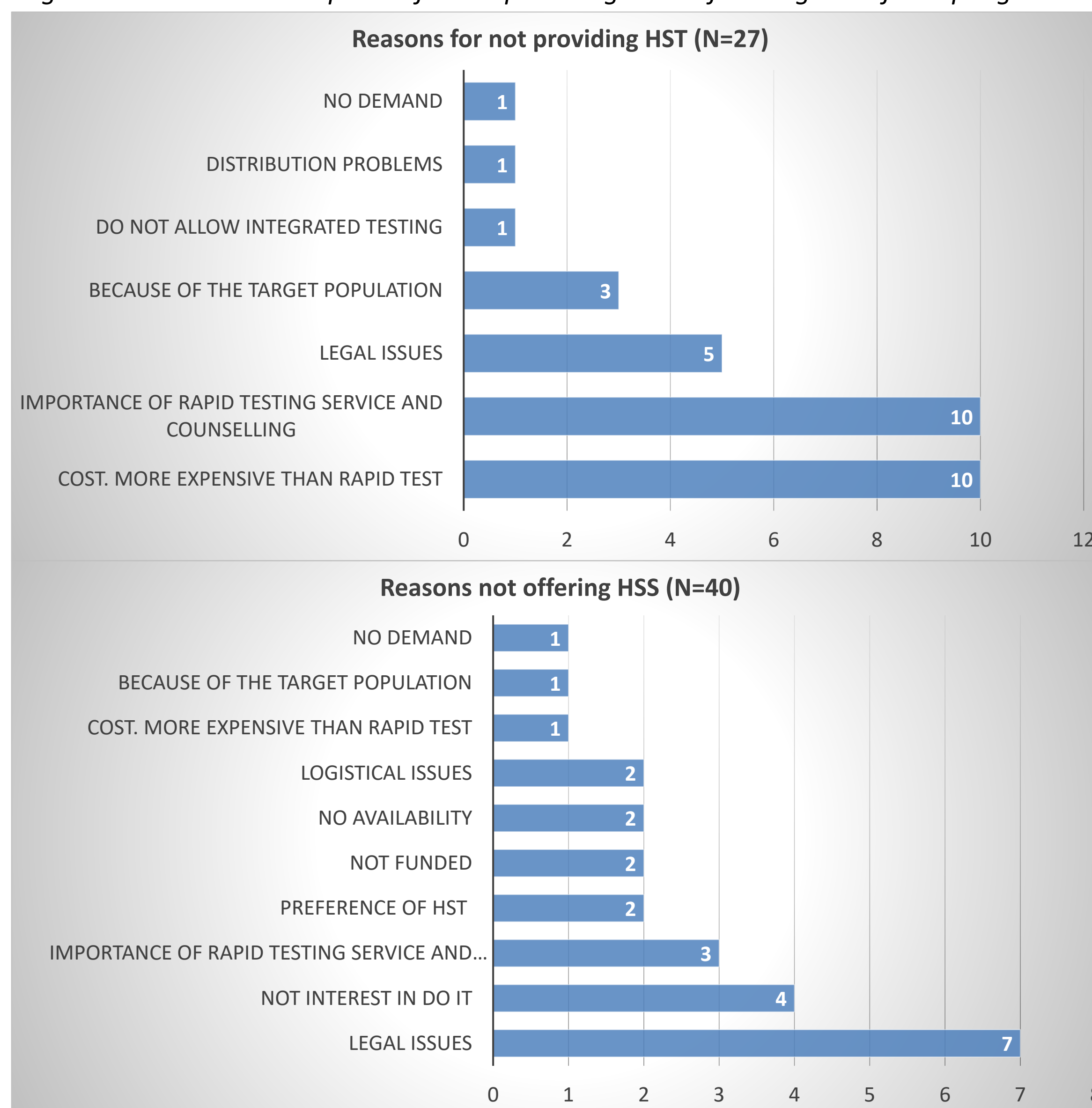


Figure 3. Way of provision of HIV self-testing in the services

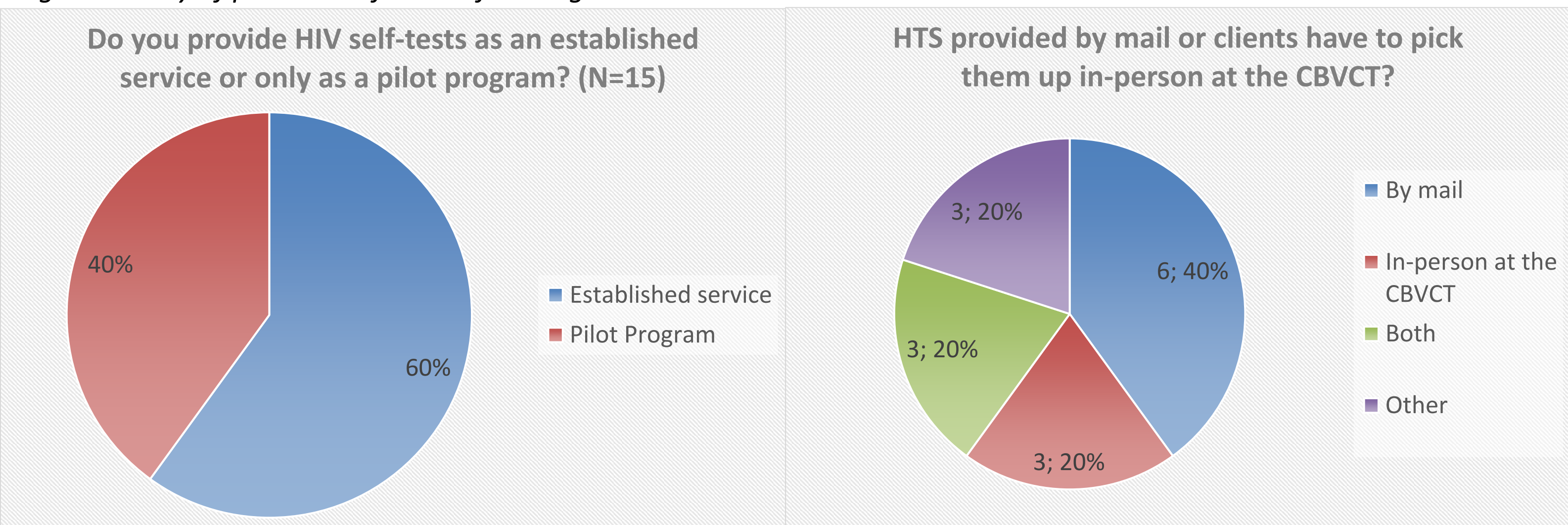


Figure 4. Follow-up on the results and percentage of feedback from clients

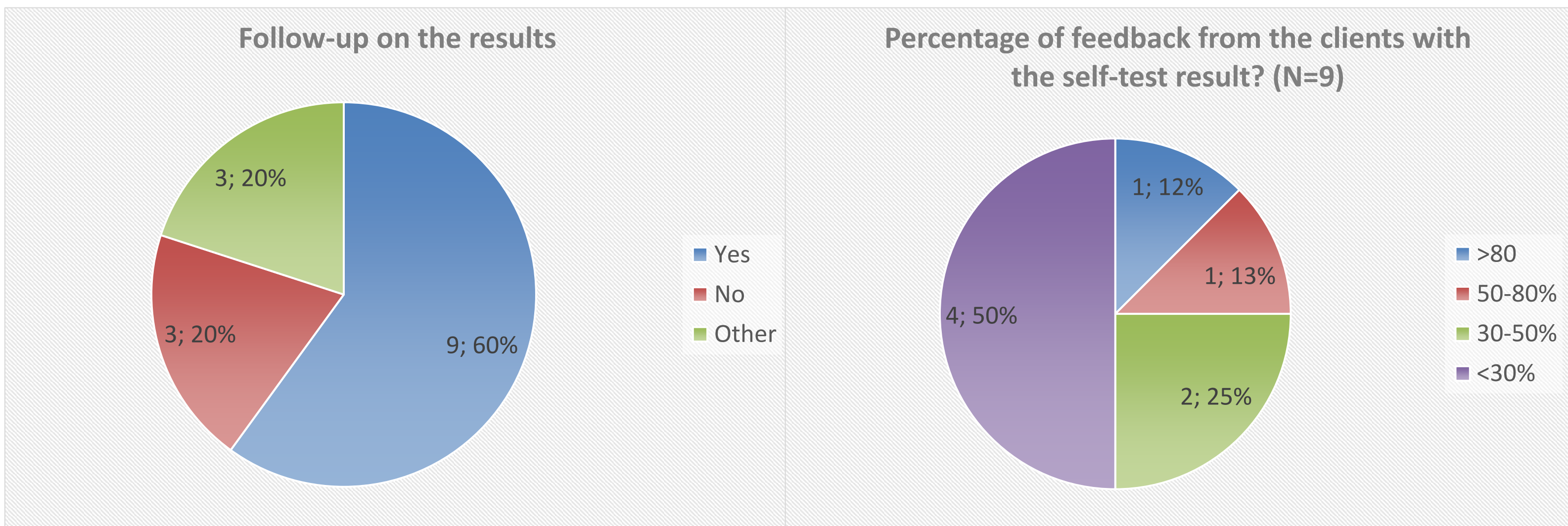


Figure 5. Advantages and disadvantages identified of HIV self-testing or self-sampling

- Advantages HST/HSS**
  - usefulness during lockdowns
  - for those with limited healthcare services access
  - reaching hidden populations
  - ensuring user privacy and convenience
- Disadvantages HST/HSS**
  - price
  - funding
  - follow-up and linkage to care challenges

**Conclusions**

HSS was less utilized than HST among COBATEST Network members. Legal considerations posed barriers to both methods, and primary reasons for not offering them were concerns about price, follow-up, linkage to care, and concerns about self-administration without counselling. Despite high client interest, ensuring effective follow-up of test results remained a significant challenge.

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