

What do key stakeholders think about HIV self-testing?

Analyses of quantitative and qualitative findings from a Canadian national survey

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Background

Approximately 21% of people living with HIV in Canada remain undiagnosed (1). Stigma, social visibility, privacy, and long wait times impede access to HIV testing in health facilities, for which HIV self-testing presents an empowering alternative (2). However, self-tests for HIV have not yet been approved in Canada, amid concerns regarding potential harms.



Image source: Megan Smallwood, 2015

Objectives

We surveyed key Canadian stakeholders engaged with HIV testing initiatives, to identify the opportunities and challenges of implementing HIV self-testing in Canada.

Methods

Survey design and dissemination

A 34-question online survey was created in both French and English. The survey was disseminated via email by the CIHR REACH 2.0 POCT working group to stakeholders (clinical providers, public health and laboratory professionals, researchers, community based organizations) involved in HIV testing across Canada, between June and September 2015. Questions covered the perceived needs, benefits, challenges, concerns, and areas for action.

Quantitative and Qualitative Analyses

Quantitative data were summarized using frequencies and proportions with 95% confidence intervals. Qualitative data were acquired through open-ended questions and comments, where respondents voiced their views and concerns regarding HIV self-testing. The analysis was based on examining patterns and linkages between the codes and developing themes (Polit&Beck, 2010). Quantitative and qualitative findings were integrated within a mixed-methods approach.

Results

183 stakeholders responded to the survey and their responses were grouped into major themes:

1) Needs and benefits

65% (95% CI 57.3 - 71.3%) of respondents felt that self-tests should be made available to their clients, conditional on the context of usage, clientele and post-test counseling and care.

71% (95% CI 63.6 - 76.9%) of respondents felt that investment in self-testing is necessary to reach the undiagnosed, and 72% (95% CI 64.4 - 77.7%) agreed that before self-tests are made available, instructions must be improved to ensure clients understand the need for linkages to treatment and counselling.

The breakdown of responses for these survey questions can be seen in Figure 1.

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2) Concerns and challenges

Concerns about test accuracy, costs, execution and misinterpretation of results, were highlighted. Emotional stability, coping mechanisms, and tester's knowledge on HIV and the self-test were regarded as relevant factors for the eligibility to self test in the absence of counsellors by respondents.

60% (95% CI 52.7 - 67.1%) of respondents agreed that clients who self-test false-negative will be less likely to engage in care. However, only one quarter (25%, 95% CI 19.2 - 31.9, n=180) of respondents felt that self-tests have the potential to do more harm than good.

42% (95% CI 35.2 - 49.8) of respondents felt their clients would be open to using innovative internet and mobile phone applications for linkages; but some may lack access to mobile devices. Respondents (21%) urged for timely action and approvals for HIV self-tests and research on best methods to ensure linkage to counselling and care.

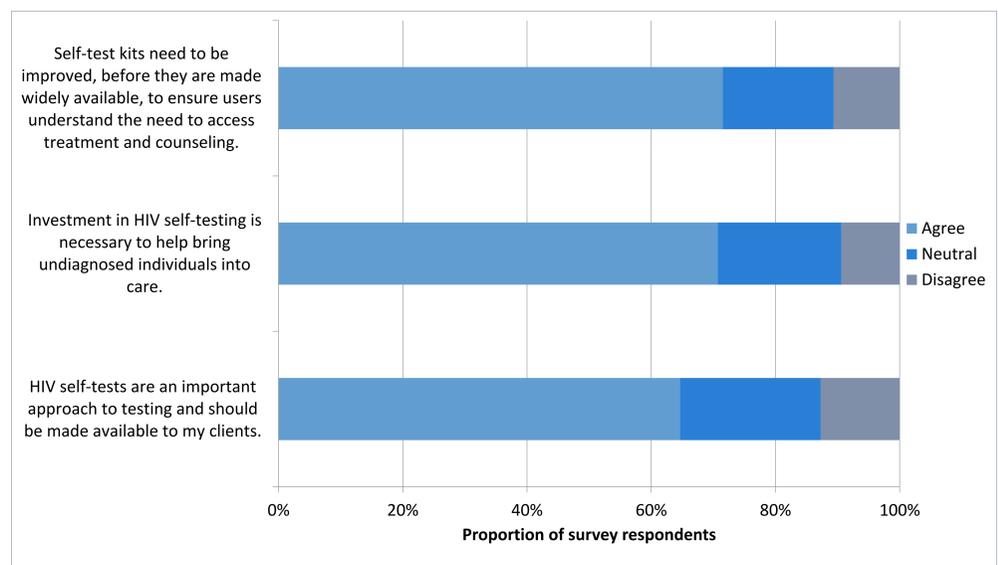


Figure 1: Proportion of respondents who answered "agree", "disagree", or "neutral" to key survey questions.

Conclusions



Image source: Megan Smallwood 2016

This first of its kind survey demonstrated that key stakeholders are interested in having the option of self-testing for HIV in Canada, for reaching the undiagnosed; however, concerns regarding linkages to care and counseling, test accuracy, and costs must be addressed before widespread implementation of HIV self-testing in Canada. Any self-testing strategy to be approved in Canada must be contextualized to this setting and its specific populations.

References

- Public Health Agency of Canada. *Summary: Estimates of HIV Incidence, Prevalence and Proportion Undiagnosed in Canada, 2014*. Surveillance and Epidemiology Division, Professional Guidelines and Public Health Practice Division, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada, 2015. Available at: <http://www.catie.ca/sites/default/files/2014-HIV-Estimates-in-Canada-EN.pdf>
- Figuroa C, Johnson C, Verster A, Baggaley R. Attitudes and acceptability on HIV self-testing among key populations: a literature review. *AIDS and Behavior*. 2015 Nov 1;19(11):1949-65.
- Polit, D. F., & Beck, C. T. (2010). *Essentials of nursing research: Appraising evidence for nursing practice*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.

