BACKGROUND

Gay, bisexual and other men who have sex with men (GBMSM) in Kenya experience structural and social barriers to HIV testing and counseling (HTC), and have a high burden of undiagnosed HIV.

We assessed whether oral HIV self-testing (OST) procedures extended by GBMSM lay counsellors would be acceptable and feasible compared to clinic-based HTC or for OST, using trained lay counsellors.

Oral HIV Self-Testing (OST) for GBMSM

We assessed whether oral HIV self-testing (OST) extended by GBMSM lay counsellors would be acceptable and feasible compared to clinic-based HTC of mobilised GBMSM in an area known for sex work.

Amkeni aided in the selection of lay counsellors.

Research Questions

- Would OST be acceptable and feasible for GBMSM?
- Would OST identify GBMSM with undiagnosed HIV?
- Would GBMSM be willing to come forward for regular HTC, with immediate ART if positive?

OBJECTIVES

To compare HIV prevalence and time to immediate ART initiation among newly diagnosed GBMSM who were mobilised either for clinic-based HTC or for OST, using trained lay counsellors.

METHODS

Recruitment for HTC

- During 6 months (July-Dec 2015), 5 GBMSM peers mobilised 20-30 GBMSM per week for HTC
- HTC following National testing guidelines was performed by a qualified GBMSM counsellor
- HIV-positive men were linked to care and immediate ART; HIV-negative men received counselling, condoms, and lube, and were invited to re-test after 3 months

OST Procedures

Recruitment for OST

- Six GBMSM peers underwent training on basic counselling skills, use of OST, and importance of confirmatory testing. Confidentiality issues were stressed.
- During 3 months (March – June 2016), 4-5 OST kits per week were extended by each GBMSM lay counsellor
- Close supervision and daily feedback were given
- Irrespective of OST result, all GBMSM who self-tested were asked to report for confirmatory HTC at the clinic

RESULTS

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<th>HTC</th>
<th>OST</th>
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<td>690 GBMSM mobilised</td>
<td>337 OST kits extended to GBMSM</td>
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<tr>
<td>690 GBMSM tested</td>
<td>333 (99.1%) GBMSM returned for confirmatory testing</td>
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<td>Median age 27 years (IQR: 22-33 years)</td>
<td>Median age 26 years (IQR: 23-32 years)</td>
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<td>24 GBMSM (3.5%) newly diagnosed</td>
<td>29 GBMSM (8.7%) confirmed HIV-positive</td>
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<td>20 GBMSM (83.3%) started ART after a median of 5 days (IQR: 3-14 days)</td>
<td>24 GBMSM (82.8%) started ART on the day of HIV confirmation</td>
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CONCLUSIONS

- Compared with clinic-based HTC, OST found a higher proportion of undiagnosed HIV (8.7% vs. 3.5%, P<0.001)
- Men who underwent OST had high rates of confirmatory testing, and tended to accept immediate ART treatment
- Peer-led OST followed by confirmatory testing and immediate ART if positive was feasible in coastal Kenya
- OST appeared an acceptable strategy to engage GBMSM for repeat HIV testing and linkage to care if indicated