

# PEER-LED ORAL HIV-SELF TESTING FINDS UNDIAGNOSED HIV AMONG GBMSM IN MALINDI, KENYA – No. 893

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## 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
- Since July 2015, immediate ART has been offered to GBMSM at the government sub-County Hospital in Malindi (Coastal Kenya), supported by the National AIDS & STI Control Programme and USAIDS
- Mobilizations were done through GBMSM peers from a local GBMSM-led community group called "**Amkeni**"

## 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



"Key Population" office, adjacent to CCC, Sub-County Hospital Malindi (SCHM)

## 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

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

## 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

