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BACKGROUND

- HIV self-testing (HIVST) can help to efficiently reach vulnerable populations who are hesitant or unable to visit healthcare locations for testing, especially as more affordable tests become available
- In July 2021, we launched a novel web-based HIVST service in India which revealed high positivity (5%) and reached many first-time test takers
- Free HIVST kits were couriered to clients or picked up at select locations
- Virtual counsellors (VCs) were available to clients for pre/post-test counseling and assistance with using the kits, including interpreting and uploading results to the website, and linkage to appropriate services

OBJECTIVE

- To understand how to scale HIVST and maximize efficiency, we assessed barriers and facilitators of the experience through a brief online client survey

SURVEY METHODS

- All HIVST clients who agreed to be contacted later about their experiences were sent an automated WhatsApp message with a link to a web-based self-administered survey
- Links sent October 2021-August 2022
- Survey included basic demographics and their experiences with ordering, taking the test, reporting results, and interactions with VCs

RESULTS

	Ordered HIVST (as of Aug. 2022)	Completed survey
Clients	5015	305
Received kit	87%	96%
Completed test*		93%
Reported result	82%	90%
Screened positive	5%	5%
Male	74%	85%
Median age (IQR)	26 (23-30)	26 (23-30)
Kits sent via courier	45%	81%
Ordered >1 HIVST kit	9%	23%

*Not collected on the web platform unless rESuIt was uploaded

Web-based HIV self-testing was easy and acceptable in India

Most individuals received help from a virtual counselor, suggesting virtual support might be necessary to maximize impact of self-testing

Figure 1. Client experiences with HIVST service

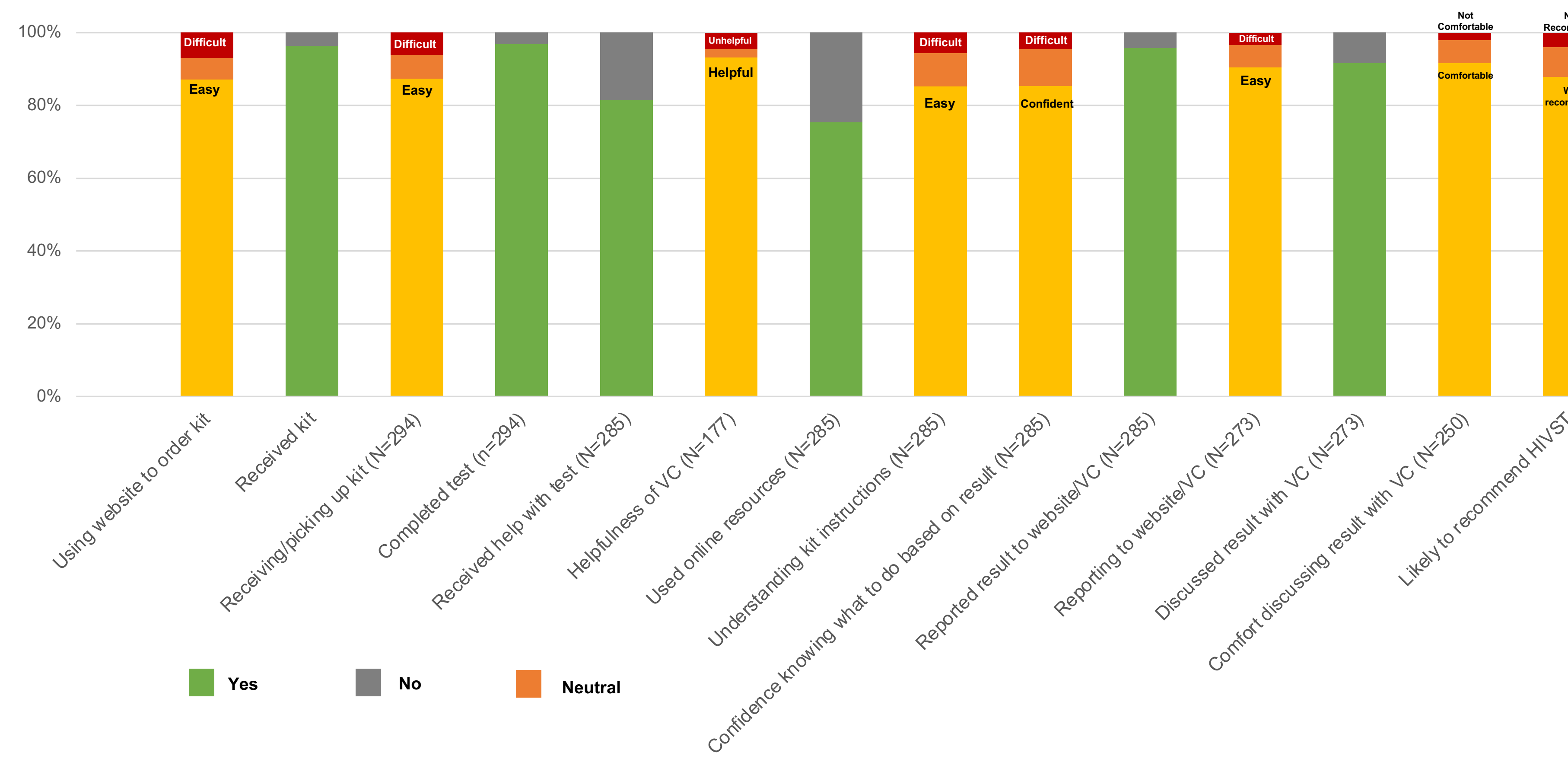
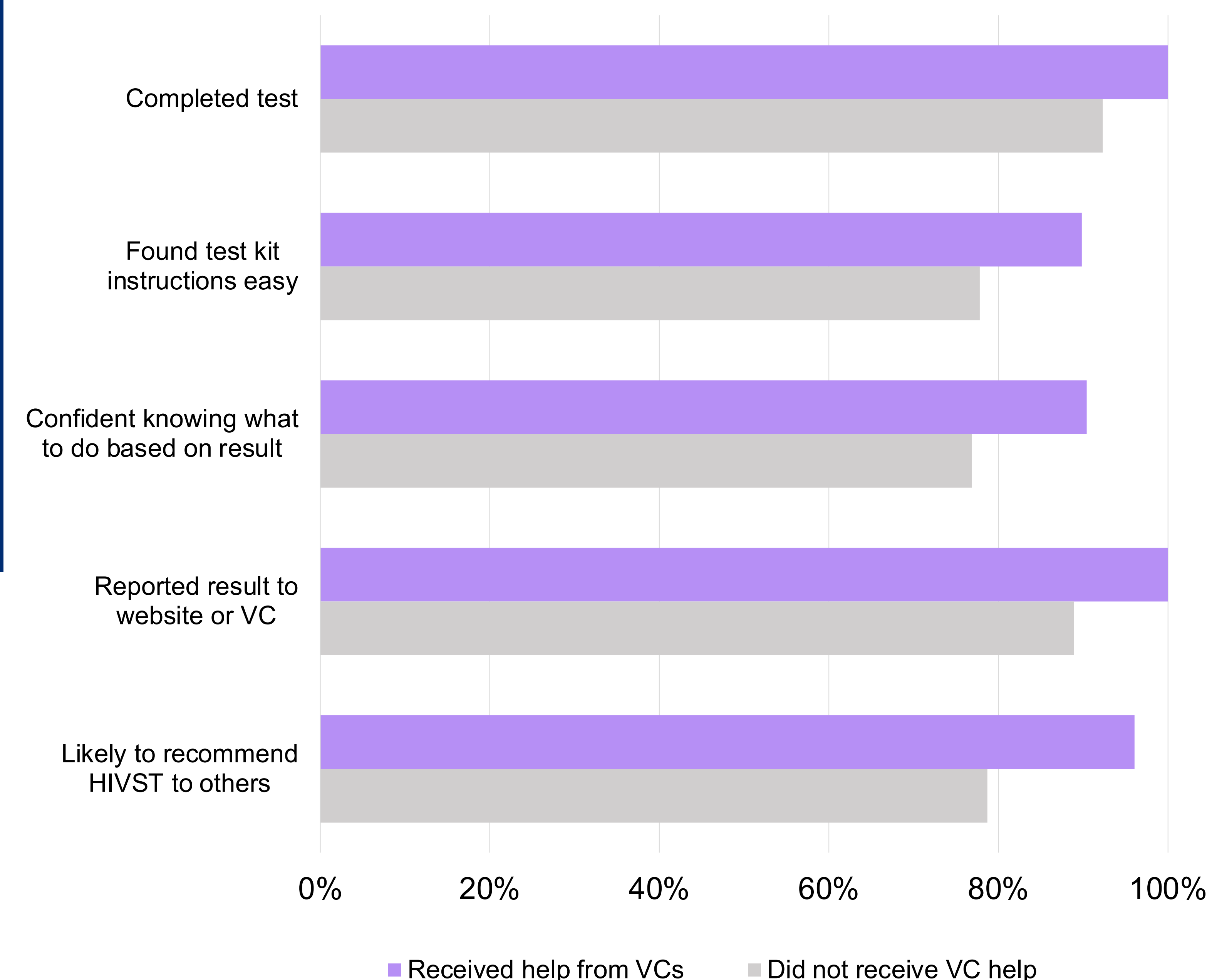


Table 2: Experiences with HIVST service, continued

	n (%)		n (%)
Where test completed (N=285)		Online resources used (N=215) [^]	
Own Home	175 (61.4)	HIVST website	123 (57.2)
Workplace/office	59 (20.7)	WhatsApp	106 (49.3)
Home of relative or friend	37 (13.0)	YouTube/Facebook/Instagram	73 (34.0)
Outdoor public area	5 (1.8)	Other	8 (3.7)
Inside public area	3 (1.1)	Reason for not reporting result (N=12)	
Other	6 (2.1)	Did not know how	2 (16.7)
Received help from (N=232) [^]		Did not know that I should	1 (8.3)
Sexual partner/spouse	10 (4.3)	Did not have time	3 (25.0)
Friend	33 (14.2)	Forgot to report	2 (16.7)
Family	3 (1.3)	Worried about confidentiality	3 (25.0)
Virtual counsellor (VC)	177 (76.3)	Other	1 (8.3)
Provider at pick-up location	12 (5.2)		
Other	8 (3.5)		

[^]Responses are not mutually exclusive

Figure 2. HIVST experiences by whether clients received help from virtual counselors (VCs)



Completed test outcome among those that received the test kit (N=294 total, N=177 with VC help, N=117 no VC help); All other outcomes among those that completed the test (N=285 total, N=177 with VC help, N=108 no VC help)

All comparisons statistically significant at p<0.05

CONCLUSIONS

- Nearly all clients were able to easily and confidently order, receive, and use HIVST kits from a web-based service
- Most had interactions with a VC who effectively facilitated the process
- Online platforms and virtual support by trained counselors could improve efficiency, uptake, and linkage of both virtual and in-person HIV prevention and treatment services

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