

Implementation of Community-based HIV-Self-Testing to improve Awareness on HIV Exposure: Lessons Learned and Implications for the National AIDS Control Program

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BACKGROUND

In Haiti, HIV blood test was for decades the only way to objectively determine someone's exposure to HIV. Given the testing requirements, the burden of stigma and fear of needles, many individuals were left out. However, through the lens of health equity, ISPD collaborated with the National AIDS Control Program to introduce the HIV self-testing (HIVST), an oral test (**Fig.1**), for community testing (CB-HIVST) to help fill the gaps in HIV testing services (**Fig.2**).

Figure 1: HIVST Kit



DESCRIPTION

We partnered with faith-based youth associations for peer to peer sensitization.

Figure 4: Community Outreach by young leaders



We offered HIVST at Voodoo temples, Churches and religious festivals (**Fig. 5**).

Figure 5: Assisted HIVST at a Voodoo Temple



LESSONS LEARNED

For the last fiscal year (October 2021- September 2022), 6834 HIVST were performed with assistance including 45% (3087/6834) females and 55% (3747/6834) males. Seven percent of HIVST performed were reactive from which 60% (298/492) females. Overall, the data reported higher HIVST-reactivity among females (10%,N=298) than males (5%,N=194). Eighty-eight percent of HIVST-reactive clients accepted the standard HIV-blood test, 84% were confirmed HIV-positive from which 99% initiated ART (**Fig. 7**).

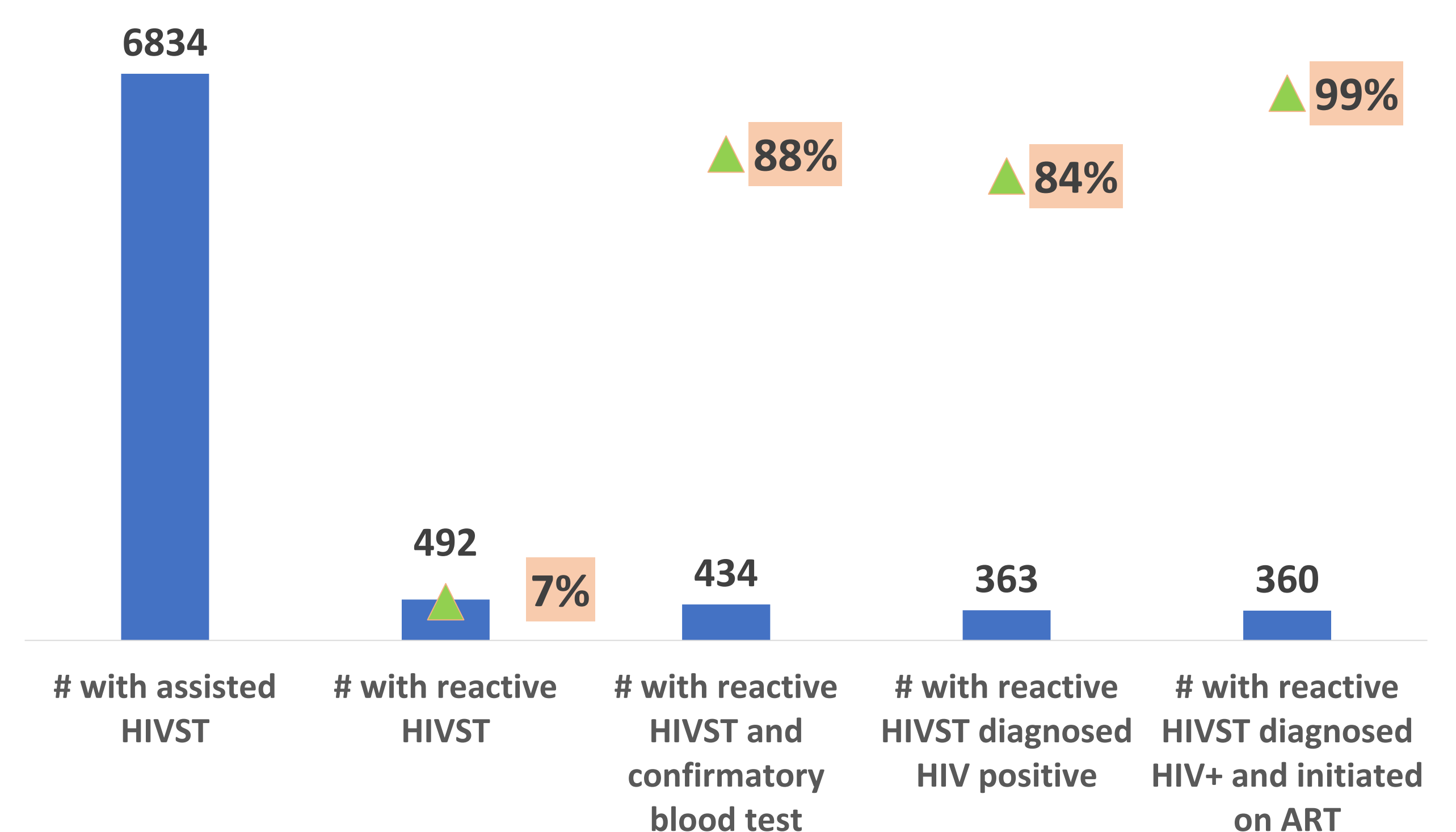
CONCLUSION

CB-HIVST has helped bring services to individuals unaware of HIV-exposure. That strategy is relevant to reaching the 95-95-95-UNAIDS goals and needs to be readily available at all of our borders crossing points and in more rural areas nationwide. Below is the picture of one of our mobile units that brings services in identified hotspots and underserved areas. (**Fig. 8**)

Figure 8. Mobile Clinic



Figure 7. Performance Cascade from HIVST to Linkage to Care in FY 2022



The integration of CB-HIVST into the prevention package has helped people become aware of potential HIV-exposure and confirm their HIV-status in stigma-free and confidential environment.

Despite being used as a screening oral-test per national guidelines, targeted HIVST approach increased individuals access to comprehensive healthcare by addressing major barriers: transportation fees, waiting time, stigma, blood test.

DISCLOSURE

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Figure 2: Implementation Process of HIVST in Country

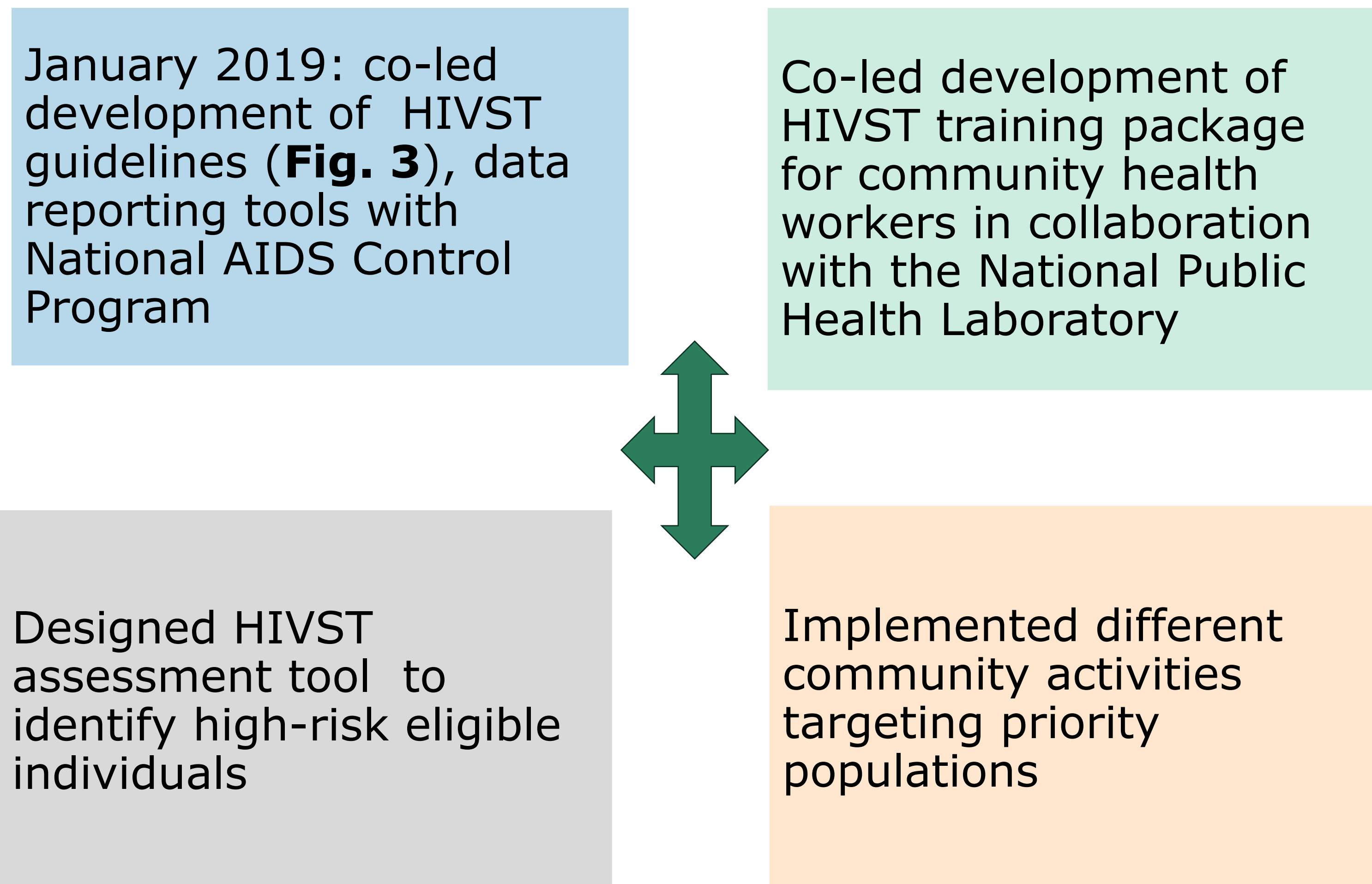
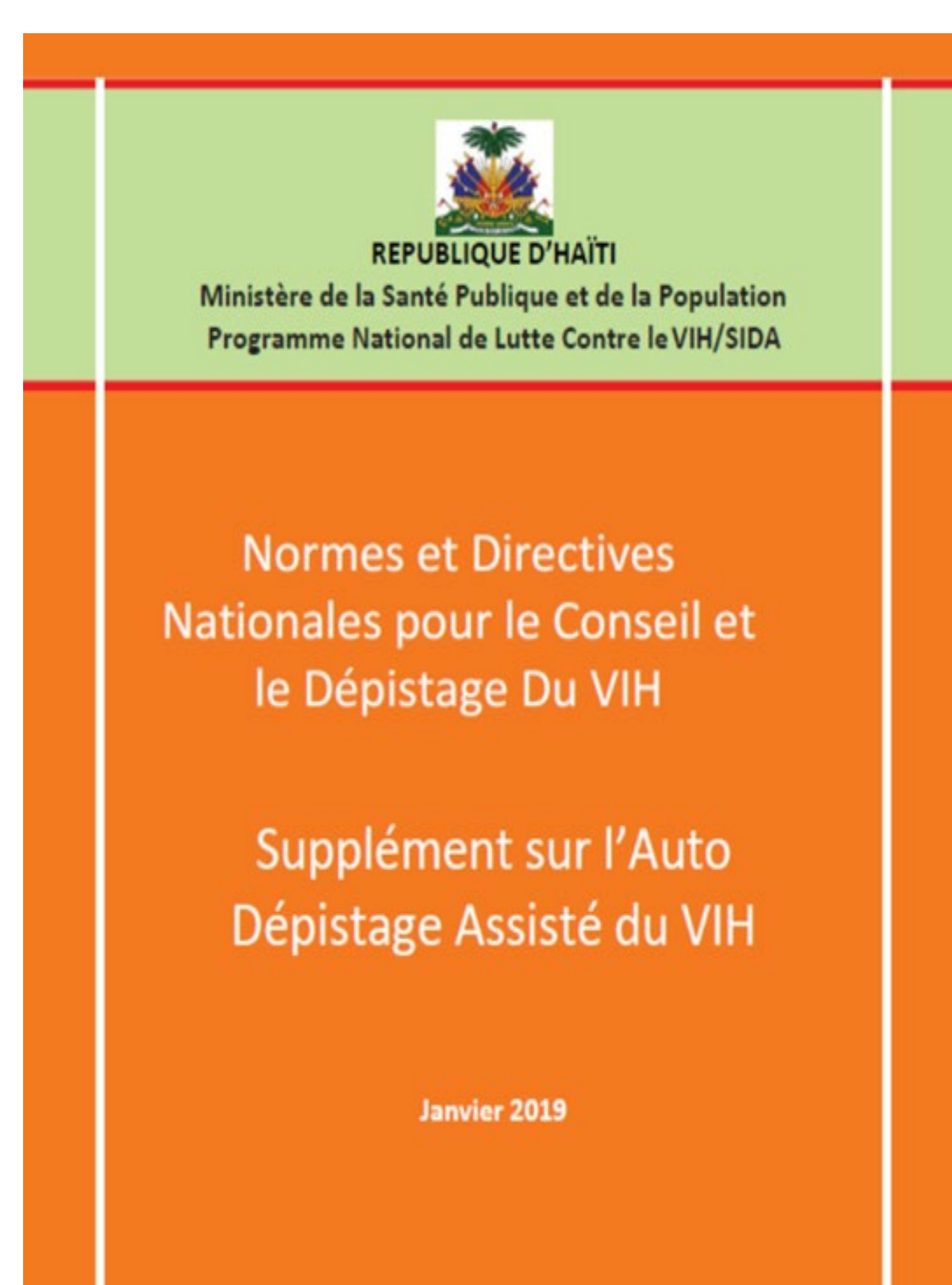


Figure 3: HIVST National Guidelines manual



We conducted mobile clinics in in open markets, bus stations border points to reach priority populations. We participated in interviews to disseminate knowledge about the value and limitations of HIVST (**Fig. 6**).

Figure 6: Interview at a community radio

