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Improving uptake of HIV testing services and linkage to care after diagnosis in Kenya

Project SOAR

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Improving Uptake of HIV Testing Services and Linkage to Care after Diagnosis in Kenya

HIV testing services (HTS) are an important component of HIV prevention in Kenya and provide an entry point into clinical care for persons newly diagnosed with HIV. Although uptake of HIV testing has increased in Kenya, men are less likely than women to get tested. In Nairobi, for example, less than half as many men as women had undergone HIV testing in the 12 months prior to the 2014 Kenya Demographic and Health Survey.1 Understanding how and why certain men elect to be tested could provide important insights in designing strategies to improve uptake and expansion of HTS among males.

Another challenge in Kenya is how to identify and address the particular health system, social, and individual factors that hinder each patient’s linkage to and retention in care. A tool that assesses these factors and guides health workers in directing HIV-positive clients—both males and females—to particular post-test actions or services based on their specific needs may ensure more optimal service utilization.

Project SOAR is responding to these issues by conducting two complementary research activities. The objective of the first activity is to understand the barriers to and facilitators of HIV testing among men seeking HTS, and the second aims to develop and pilot test an HIV post-test assessment tool to promote linkage to HIV care and treatment among newly diagnosed HIV-positive clients.

This study will provide needed information to help Kenya and other countries that are scaling up test and start programs to develop effective strategies to increase uptake of HTS among men and linkage to care and treatment among all newly diagnosed HIV-positive clients.

Our Research

The first research activity is a mixed method, cross-sectional study that entails (a) scoping of HTS sites in Nairobi to identify site-specific characteristics that contribute to attracting male clients for HIV testing; (b) surveying about 250 men seeking HIV testing at four high-volume HTS centers to examine their knowledge, attitudes, and practices around risk behaviors and HIV testing; and (c) undertaking qualitative in-depth interviews (IDIs) with HIV-positive men who were and were not diagnosed
early to understand their motivations and drivers for getting tested. We are also conducting IDIs with HTS counselors to obtain provider perspectives on male clients who are diagnosed early and late— their reasons for testing early, knowledge of HIV transmission, perceived risk and risk behaviors, persons/peers consulted about testing, expectations prior to testing, and preparedness for the results.

The second research activity consists of developing and evaluating a post-test assessment tool for HTS counselors to use to improve male and female clients’ linkage to care. The activity includes a formative assessment involving in-depth interviews with health providers as well as men and women diagnosed more than six months ago who have and have not initiated antiretroviral treatment (ART). This information will inform the development of the HIV post-test assessment tool.

Project SOAR will pilot test the tool by assessing its acceptability among health providers and the feasibility of implementing it in HTS. In addition, using a two-arm quasi-experimental prospective design, the research team will assess the tool’s effectiveness in linking newly diagnosed HIV-positive clients to care services and their initiation of ART. In the intervention group, counselors will be trained to use the post-test assessment tool and provide post-test counseling to clients testing positive. Counselors at comparison sites will provide routine post-test counseling as standard of care. Counselors at comparison sites will provide routine post-test counseling as standard of care.

How will the post-assessment tool be used?

The tool will comprise a checklist to guide counsellors at HTS centers to provide counselling and referrals tailored to client needs. Counsellors will be trained to use the tool to:

- Identify and focus on client characteristics that may deter the client from accessing ART services, such as lack of social support, distance from the ART center, inability to take time off from work, hopelessness or depressive symptomology, feeling healthy, etc.
- Address disclosure and stigma concerns.
- Direct clients to support services.
- Identify which clients may require further follow-up and outreach.

Research Utilization

The key study stakeholders we will engage throughout the study include representatives of the Government of Kenya (specifically the National AIDS & STI Control Program, National AIDS Control Council, and the Ministry of Health), local service providers, intervention implementing partners, the U.S. Government (United States Agency for International Development and Centers for Disease Control and Prevention), and others who may be identified as the study progresses. Our engagement strategies consist of holding an inception meeting with stakeholders to present and discuss the study; constituting a research advisory committee to help address study challenges, interpret research findings, and formulate recommendations; discuss and disseminate interim findings on HIV testing and linkage to care; and holding a county-level and a national-level dissemination meeting at the end of the project to inform Kenyan stakeholders of the findings and champion the recommendations.

References