Improving strategies to increase HIV testing rates in Kenya

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Highlights

Evidence impact

- Evaluation findings prompted the North Star Alliance, an organization which runs health centres in Kenya, to expand the number of centres where it offers HIV self-testing from two to six.
- The World Health Organization (WHO) added a recommendation for the distribution of HIVST kits through workplace programs in its policy on service delivery approaches for HIV testing, citing the 3ie evaluation among others.

Factors that contributed to impact

- Researchers at City University of New York and North Star Alliance representatives held in-depth discussions with the Kenya Ministry of Health officials throughout the research period.
- The evaluation findings and recommendations were available in time for the Ministry of Health and NASCOP to consider them as they reworked the HIVST guidelines and operational manual.
- The researchers and the North Star Alliance engaged with multilateral organizations through different platforms, including conferences and workshops organised by 3ie on HIV.
Context

Despite significant progress in increasing HIV treatment and reducing deaths since 2010, progress in reducing new infections has been slow. Reducing new infections requires reaching groups who may be left out by existing HIV prevention efforts. High mobility and erratic schedules put truck drivers among the groups at high risk of HIV who may be missed by traditional HIV testing and counselling services. Since HIV testing is a critical first step to treatment and prevention, governments and other agencies need innovative ways to reach such vulnerable groups.

In Kenya, North Star Alliance, an organization that runs mobile wellness clinics alongside transport corridors, provided truck drivers several HIV testing options: standard provider-administered pinprick-based testing, self-administered oral HIV testing in the presence of a
health care worker, and a take-home test kit. To gather evidence on how each HIV testing delivery model worked, researchers associated with North Star Alliance, Kenya; the University of KwaZulu-Natal, South Africa; and City University of New York, United States conducted a randomized evaluation between 2014 and 2017.

The evaluation randomly assigned 305 eligible truck drivers who visited North Star Alliance roadside wellness clinics into two study arms. The control group of 155 eligible truck drivers were offered the standard provider-administered HIV blood test, while the intervention group of 150 drivers were offered a choice between standard testing and self-administered oral HIV testing. Those who refused testing in clinic were offered the take-home test with phone-based counselling after the test. Eligible truck drivers spoke English or Kiswahili, were 18 years of age or older, primarily resided in Kenya, self-reported being HIV-negative or unaware of their status, and had not tested for HIV in the last three months.

Evidence

Those patients who were offered a choice of testing options, with the option to take an HIV test kit home, were significantly more likely to complete a test than those in the control group. Of those truck drivers in the intervention group who tested, 26.9 percent selected the standard test and 64.6 percent chose supervised self-testing in the clinic. An additional 8.5 percent took a test kit for home use after refusing the testing at the clinic, suggesting that offering truck drivers a variety of HIV testing choices may increase HIV testing uptake in this key population.

Based on the findings, the authors concluded that self-administered HIV testing is acceptable and feasible as a complementary option to standard testing. However, they recommended that initial rollout should provide opportunities for testers to ask questions and ensure adequate staff supervision and training on an ongoing basis. Authors also called for more research and information about the need for and mechanisms to deliver counselling and ensure linkage to care for self-testers.

Evidence impacts

Contributed to Kenya’s HIVST operations manual
Evaluation findings contributed to the decision by Kenya’s National AIDS and STIs Control Program (NASCOP) to include the delivery of HIV self-testing (HIVST) through workplace and occupational health initiatives as a delivery channel in its Operational Manual for the delivery of HIVST. 3ie worked closely with NASCOP and Kenya’s Ministry of Health. The research team and implementing agency, North Star Alliance, engaged with NASCOP several times and kept them informed of the findings and implications of the three trials they were conducting under the evidence program. The Ministry of Health continues to work with North Star Alliance to deliver HIVST kits to high-risk groups such as truckers and sex workers through its facilities along major transport routes.

Prompted North Star to offer HIVST in more centres
Following promising evaluation findings about the value of offering HIV self-testing as a testing option alongside the standard facility-based testing, North Star Alliance expanded HIVST from the two centres where it was piloted to six of its seven centres in Kenya. It receives kits from the Kenya Medical Supplies Agency (KEMSA) to offer to high-risk groups such as truckers and sex workers at its centres. The Alliance's centres are facilities located along major transport routes
to serve these high-risk groups vulnerable to HIV infections.

**Contributed to WHO guidelines on HIV self-testing**

World Health Organization (WHO) guidelines on HIV testing strongly recommend offering HIVST, citing evidence from a systematic review of various studies, including this 3ie-supported evaluation. The recommendation appears in the organization’s consolidated guidelines on HIV testing services released in December 2019. The guidelines note that HIVST has emerged as an effective tool to expand testing among people at risk of HIV who may not otherwise test and those at ongoing risk who need to test frequently. Specifically, they mention that HIVST kits can be provided through a range of distribution models including workplace programs, and, where feasible, offering choice in HIVST service delivery options can help reach more people. The guidelines also cite seven other 3ie evaluations; [more details are here.](#)

**Suggested citation**


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