Assisted HIV Self-testing Effectively Reaches Key Populations in Western, Southern, and Eastern Provinces of Zambia

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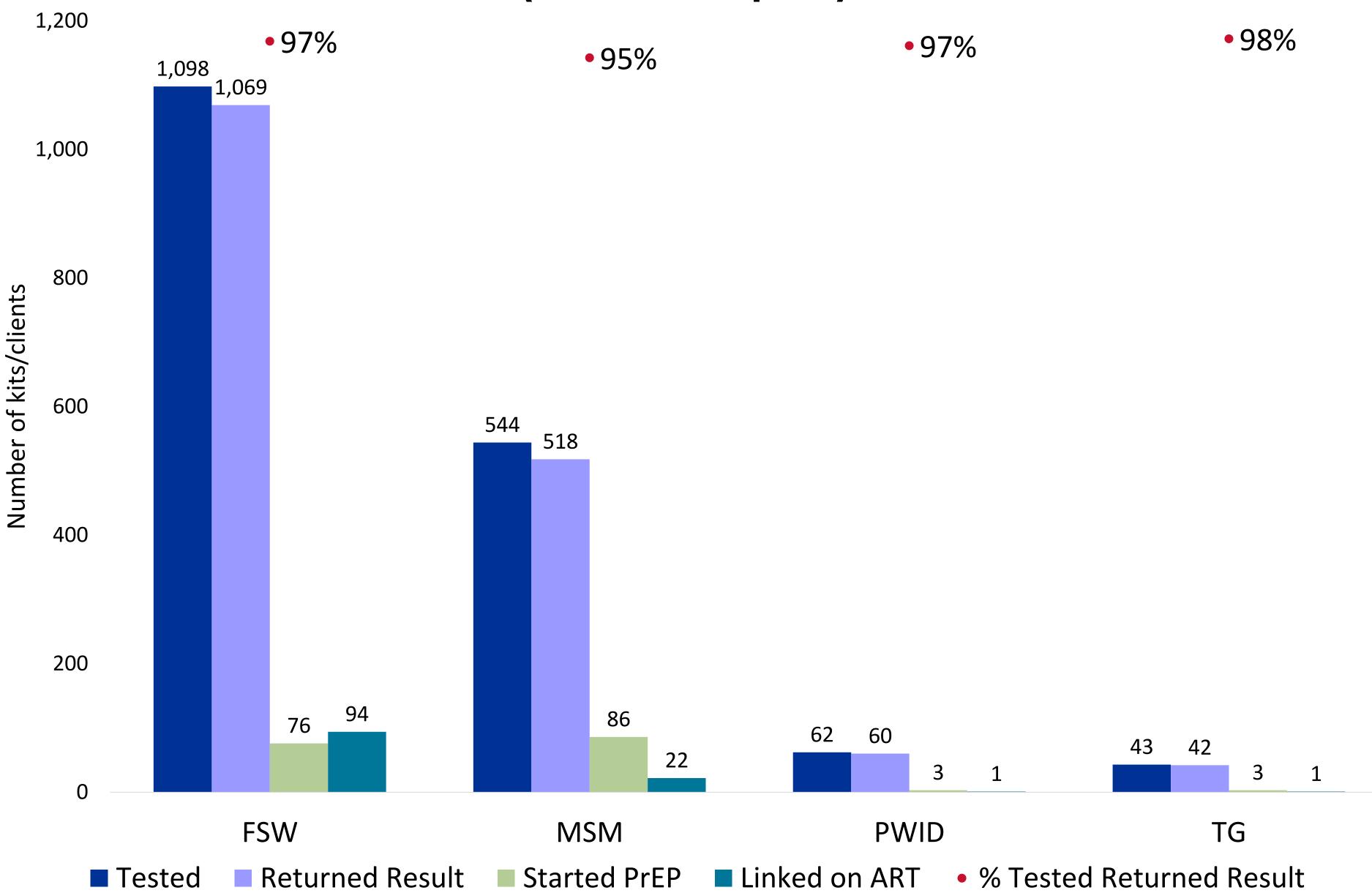
Background

HIV case identification in Zambia remains a challenge, particularly among high-risk groups such as key populations (KPs) due to stigma and fears of criminalization. HIV self-testing (HIVST) was introduced in 2017 to improve access for these highrisk groups. We describe the use of HIVST among KPs in Zambia, as well as subsequent linkage to HIV care and treatment.

Method

From October 2021 to September 2022 the Community Impact to Reach Key and Underserved Individuals for Treatment and Support (CIRKUITS) project conducted community distribution of HIVST kits via 13 KP safe spaces in Eastern, Southern, and Western Provinces of Zambia. CIRKUITS implemented community health worker (CHW) assisted HIVST among KPs, including female sex workers (FSWs), men who have sex with men (MSM), transgender people (TG), and people who inject drugs (PWID). All positive test results were confirmed, per the national testing algorithm, and linked to ART. We conducted a retrospective cohort analysis of routinely collected KP-subpopulation disaggregated HIVST data using secondary analysis to examine uptake of assisted HIVST among KPs and linkage to ART and pre-exposure prophylaxis (PrEP).







Community Health Worker leading a discussion and teaching about assisted **HIV** self-testing

Results

- 1,747 KP clients were tested using **CHW-assisted HIVST**
- 97% (1,689/1,747) results returned overall
 - 97% returned among FSW
 - 95% returned among MSM
 - 97% returned among PWID
 - 98% returned among TG
- HIVST identified 7.2% (122/1,689) of the results as positive
- All clients were linked to ART after confirmation of their HIVST results (100% linkage)
- Of the 1,567 clients testing HIVnegative, 10% (162/1567) were initiated on PrEP

Conclusions

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Assisted HIVST improves uptake and return of results among KPs in Zambia, with notably high linkage to ART and moderate linkage to PrEP. Assisted HIVST may be instrumental in reaching KPs with HIV testing services and enhancing both results return and linkage to treatment and prevention services.

