

The Call to Get More Men Tested for HIV: A Perspective on What Policy Makers Need to Know for Implementing and Scaling up HIV Self-Testing in Rwanda

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Abstract

Various reports by the World Health Organization and the Joint United Nations Programme on HIV and AIDS have indicated that, in 2017, only 75% of individuals who were living with HIV across the globe were aware of their HIV status. This calls for targeted interventions to ensure that more people get tested. To this end, different measures should be adopted to increase the uptake of HIV testing services, especially for populations with limited access, as well as those who are at higher risk and would otherwise not get tested, such as men. While HIV self-testing (HIVST) is a highly effective tool that can be used to increase the uptake of testing among men, various challenges are still being faced. The perspective herein examines the challenges being faced in Rwanda and recommends some key measures that can be put in place to ensure that these challenges are addressed effectively and efficiently. In this perspective, the author proposes several notable strategies that policy makers in Rwanda should consider for the effective implementation of HIVST programs: developing health education programs that aim to increase awareness among men; improving the usability of HIVST kits; establishing strategic distribution points for HIVST kits, such as distribution in communities and at voluntary male medical circumcision sites, as well as online purchasing options; and ensuring that there is a highly supportive climate that is conducive to successful implementation.

Keywords: HIV self-testing, Rwanda, men

1. Introduction

According to a 2019 statement by the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the World Health Organization (WHO), scaling up access to HIV testing is the first step in the fight to end the AIDS epidemic by 2030 (W. UNAIDS, 2017). A different UNAIDS report indicated that, in 2017, approximately 75% of individuals who were living with HIV across the globe were aware of their HIV status (WHO, 2019). This calls for targeted interventions to ensure that more people get tested. To be in a position that enables healthy decision-making concerning sexual behavior, individuals need to be aware of their own HIV status and that of their partners. The voluntary counseling and testing (VCT) service has successfully increased the number of people who get tested for HIV. Considering that there is low uptake of VCT by men (Bertozzi et al., 2006; De et al., 1995; Fonner, Denison, Kennedy, O'Reilly, & Sweat, 2012; Weinhardt, Carey, Johnson, & Bickham, 1999; Wolitski, Macgowan, Higgins, & Jorgensen, 1997), there is a need to adopt various measures to ensure that more men get tested.

In HIV self-testing (HIVST), an individual collects their own specimen and thereafter conducts an HIV test alone. The individual then interprets the results obtained, typically within a private setting (WHO, 2016). In 2016, the WHO published the first global procedures and recommendations for HIVST, in which they recommended that HIV self-testing be regarded as a supplementary tactic to HIV testing services (WHO, 2016). In East African settings, Kenya was the first to implement HIVST, and this resulted in an increase in the number of people who knew their HIV status (Musheke, Ntalasha, Gari, Mckenzie, Bond, Martin-Hilber, & Merten, 2013). Now, Rwanda also has plans to roll out HIVST on a national scale.

The perspective herein provides information on what policy makers in Rwanda need to consider for the implementation and scale-up of HIVST to improve the number of men who know their HIV status.

2. Low Uptake of HIV Testing Services by Men

Ensuring that individuals know their HIV status is the first step in controlling the HIV scourge; however, the uptake of HIV testing among men is still very low (De Allegri, Agier, Tiendrebeogo, Louis, Yé, Mueller, & Sarker, 2015; Justman, Hoos, Kalton, Nyirenda, Moyo, & Mugurungi, 2017; Mills, Beyrer, Birungi, & Dybul, 2012), which is the result of a number of factors. A study in Lesotho reported that, compared with women, men generally have very low HIV testing rates, less contact with HIV clinical settings, and less knowledge about HIV prevention (DiCarlo et al., 2014). The findings revealed that gender norms, sexual decision-making, and perceptions of HIV among men contribute to the low uptake of HIV testing among men (DiCarlo et al., 2014).

In Sweden, Persson et al. (2016) revealed that worries, fear, and structural barriers are among the main hindrances to HIV testing among men having sex with other men. The authors noted that men have a general lack of awareness of the issue, as well as a perception of being at low risk of exposure (Persson, Berglund, Bergström, Eriksson, Tikkanen, Thorson, & Forsberg, 2016). They also cited fear and anxiety of using test services as significant barriers to HIV testing. Recent evidence revealed that social, structural, and systemic barriers significantly hinder the uptake of HIV testing (Hatzold et al., 2019). All these factors have resulted in the low uptake of HIV testing among men, thus calling for policy makers to draft highly effective strategies that aim to improve the uptake of HIV testing.

Across the globe, very robust evidence has been established that supports the potential for HIVST to access hard-to-reach populations such as men. However, different challenges are still being faced that impede the overall success of HIVST programs (Harichund & Moshabela, 2018)

3. Potential Barriers to the Uptake of HIV Self-Testing by Men

While HIVST has been confirmed to be a key strategy that can improve the uptake of HIV testing among men (Conway et al., 2015; Harichund, Moshabela, Kunene, & Abdool Karim, 2019; Hatzold et al., 2019), it also encounters different challenges, which have generally prevented its wide adoption. The findings of a scoping review by Harichund *et al.* noted that, despite the implementation of numerous HIV testing models within sub-Saharan Africa (SSA) that aim to improve access to HIV testing, the uptake has generally remained very poor (Harichund et al., 2019).

In a qualitative analysis on the acceptance of HIV self-testing among transgender women, men having sex with men, and female entertainment workers, Pal et al. (2016) pointed out that almost every study participant lacked information about HIVST (Pal et al., 2016). However, all of them demonstrated a willingness to try it. The study found that the significant barriers to more widespread HIVST include its cost, difficulties with access, the administration methods used, embarrassment, and a general fear of pain (Pal et al., 2016). A report by the UNAIDS noted that the adoption of HIVST generally lags behind in a number of developing and developed nations because of policy development factors in sub-Saharan Africa, hence hindering the scale-up of HIVST (UNAIDS, 2014). Another notable obstacle is the general lack of clear instructions on how to use the HIVST kits. Therefore, policy makers should ensure that different measures are put in place to ensure that proper instructions are given on the use of HIVST kits.

4. The Way Forward for Policy Makers in Rwanda

There is no doubt that HIVST has the potential to get more men tested for HIV. Challenges have been faced elsewhere during the full-scale implementation of HIVST. As a result, Rwanda may need to consider the effective implementation of various strategies to ensure that the challenges are addressed effectively and efficiently. DiCarlo et al. (2014) demonstrated a critical need for various educational initiatives targeted at men to ensure their proper engagement when it comes to HIV testing and prevention (DiCarlo et al., 2014). Additionally, the findings of the study highlighted the manner in which gender issues shape perceptions of HIV and sexual decision-making. The authors noted the significance of engaging men and women together when it comes to HIV prevention efforts. Similar to the study by DiCarlo et al. (2014) (DiCarlo et al., 2014), a different study suggested that additional health promotion and prevention strategies were needed to thwart the attitudes, knowledge, and behavioral factors that are linked to remaining untested (Conway et al., 2015).

A study by Persson et al. (2016) noted the general need to ensure that there are easily accessible test services that offer testing and counseling on very short notice (Pal et al., 2016). The scholars also pointed out the need for outreach activities, distribution of free condoms, as well as the provision of testing in venues at which men who have sex with other men always meet. According to the findings of the study, these approaches massively contribute to increased awareness of HIV and testing.

There are more measures that need to be put in place in order to improve the uptake of HIVST among men. A key

approach entails improving the usability of HIVST kits by ensuring that they are user-friendly. This includes the application of highly innovative strategies, such as translating the HIV self-test instructions for use into vernacular languages and adding instructive pictograms.

Another notable strategy includes the use of community-based HIVST distribution, HIVST integration into HTS facilities and mobile HTS outreach, and the distribution of HIVST kits at workplaces and health facilities in the public sector. Additionally, HIVST should be integrated with the promotion of VMMC.

Further, the Ministry of Health in Rwanda need to communicate some of the main benefits that are associated with the implementation of new interventions compared with previous interventions. Additionally, they should ensure that HIVST kits are adapted and tailored to meet the exact needs of men. The Ministry of Health should also ensure that HIVST kits are cost-effective and make them affordable to men.

Rwanda policy makers should foster a supportive climate that is conducive to successful implementation, and they need to ensure that all concerned stakeholders are properly involved in the whole process. This will encourage buy-in from the relevant actors in Rwanda's HIV response. The ministry can also make use of organizational incentives and rewards to promote the effective implementation of these interventions. They can adopt financial incentives similar to those that are provided to community health workers who work toward ensuring that pregnant women deliver successfully at hospitals within their communities. Additionally, financial rewards can be provided to community health care workers such as those being offered in the case of maternal and child health.

Additionally, policy makers must ensure the availability of all resources that are needed. This includes adequate resources that are dedicated to effective implementation and continuous operation in the form of training, money, education, and time. They also ought to ensure that men can access information about HIVST. Men need to be in a position that allows them to access digestible information and knowledge of HIVST and how it works. This paper proposes building blocks to scale up HIVST implementation and uptake among men in Rwanda in Figure 1.

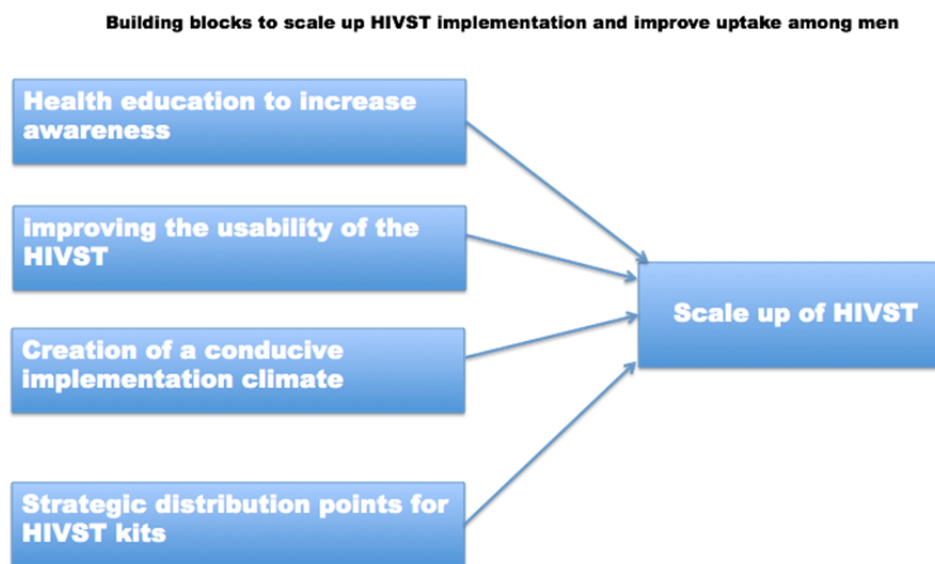


Figure 1. Building blocks to scale up HIVST implementation and uptake among men in Rwanda

5. Conclusion

While HIVST has demonstrated the potential to increase the uptake of testing among men, various challenges in its implementation are still being faced and result in low uptake among men. Some notable strategies that policy makers in Rwanda should consider for the effective implementation of HIVST programs include the development of health education programs that aim to increase awareness among men, improve the usability of HIVST kits, establish strategic distribution points for HIVST kits (such as distribution in communities and at VMMC sites, as well as online purchasing options), and ensure that there is a highly supportive climate that is conducive to successful implementation.

Competing Interests Statement

The author declares that there are no competing or potential conflicts of interest.

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