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### Abstract Preview

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Abstract category: E25 Strategies to increase HIV testing, and to promote linkage and retention in care

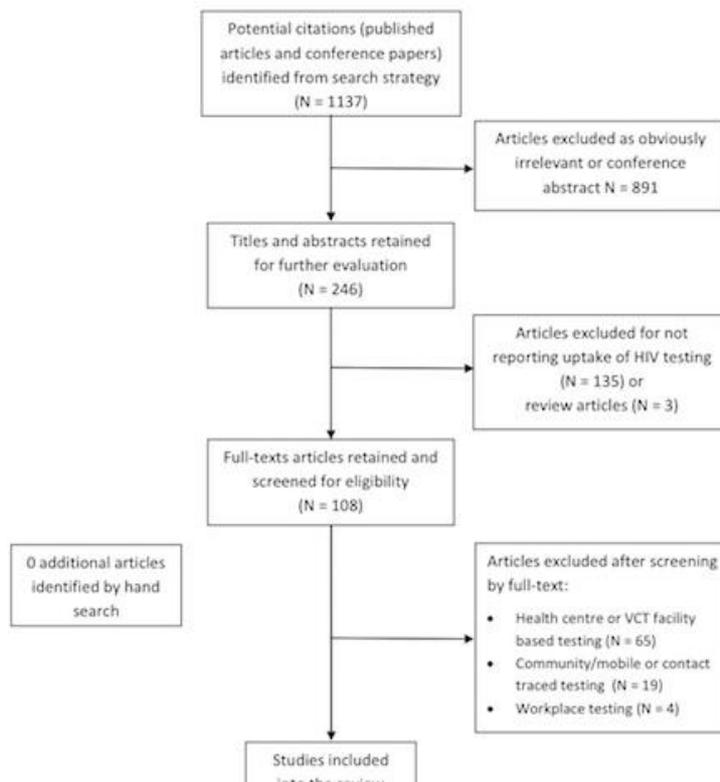
**Title:** Towards universal awareness of HIV status: a systematic review on uptake of home-based HIV testing in sub-Saharan Africa

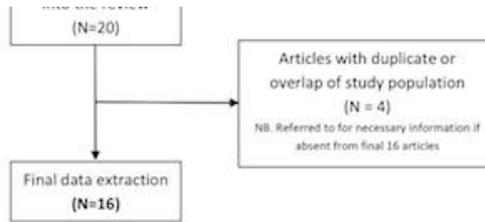
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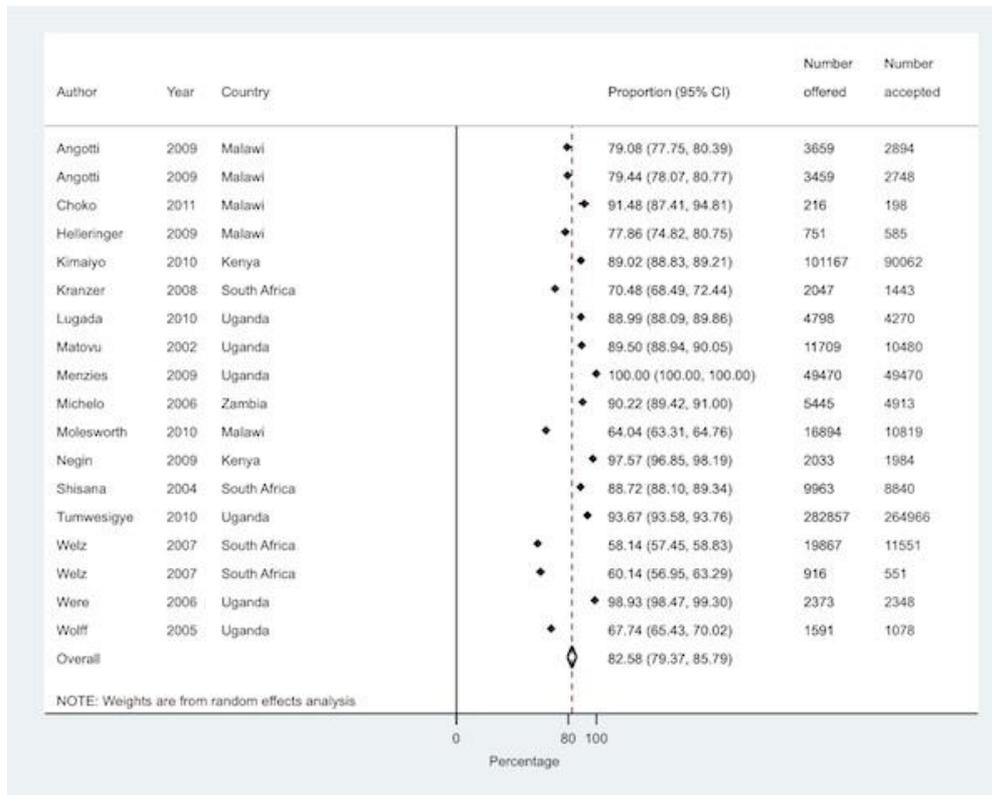
**Text:** **Background:** Improving access to HIV testing is increasingly recognized as a key priority in scaling up HIV prevention and treatment services. Home-based testing (HBT) as an approach to delivering wide-scale HIV testing is explored in this study. **Methods:** A systematic review and random effects meta-analysis of published studies reporting on uptake of HBT in sub-Saharan Africa since 2000 was conducted to assess the proportion of individuals accepting HBT and receiving their test result. Three electronic databases were searched. **Results:** Our initial search yielded 1137 articles, 108 were reviewed as full-text articles and 16 (N= 519,215 people offered HBT) included for final review (Figure 1). The studies came from 5 countries: Uganda, Malawi, Kenya, South Africa, Zambia. The proportion of people who accepted (N=469,200) HBT ranged from 58.1% (95%CI:57.5-58.8%) to 98.9% (95%CI:98.5-99.3%), with a pooled proportion of 82.6%(95%CI:79.4-85.8%). Heterogeneity was high ( $t^2$ 47.59)(Figure 2). In subgroup analysis acceptance rates were higher in studies targeting specific groups compared to studies which did not (88.8% vs 80.2%,  $p=0.04$ ) and studies in lower HIV prevalence (< 10%) compared to higher HIV prevalence settings (88.6% vs 76.6%,  $p=0.02$ ). 12 studies (N=435,091) reported on the number of people receiving the result of HBT (N=427,700). The proportion ranged from 36.7% (95%CI:33.9-39.6%) to 100% with a pooled proportion of 98.8%(95%CI:98.7-99.0%) ( $t^2$  0.01)(Figure 3). A greater proportion of individuals received results in studies with sensitization campaigns (99.9% vs 79.4%,  $p< 0.001$ ), where incentives were provided (97.4% vs 87.4%;  $p< 0.001$ ), specific groups were not targeted (99.2% vs 82.7%;  $p=0.002$ ), testing was linked to receipt of result (99.7% vs 66.2%; $p=0.02$ ) and in studies conducted after 2005 (99.9% vs 77.7%;  $p< 0.001$ ). No evidence was reported of negative consequences related to human rights.

Figure 1: Flow diagram of study selection process

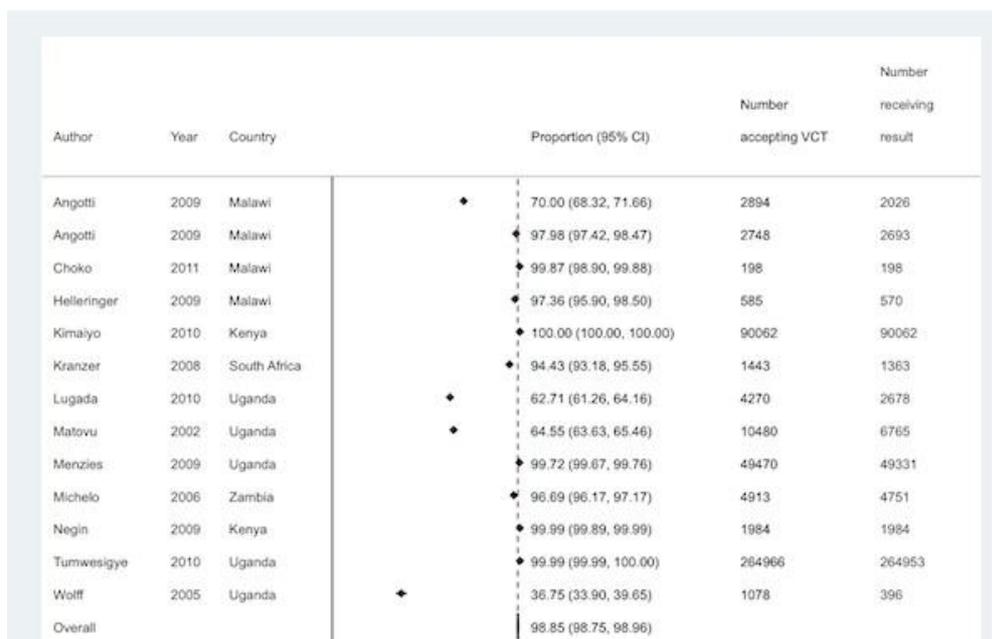


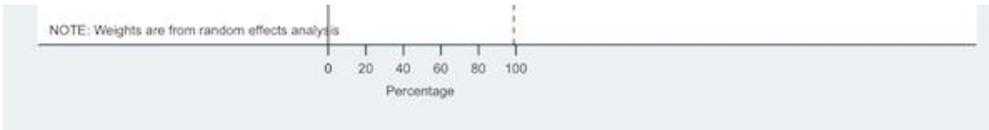


[Figure 1 Study Inclusion Process]



[Figure 2 Acceptance of HBT]





[Figure 3 Receipt of HBT results]

**Conclusions:** In sub-Saharan Africa, HBT is an effective means of delivering wide-scale HIV testing, with high acceptance of testing and receipt of result.

Country of research: Kenya, Malawi, South Africa, Uganda, Zambia

Related to women and girls: No

Related to children: No

Towards an HIV Cure Symposium: No

Ethical research declaration: Not applicable

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