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Review Paper

Strategies for delivery of HIV test results in population-based HIV seroprevalence surveys: a review of the evidence



M.H. Bateganya^{a,d}, K.M. Sileo^b, R.K. Wanyenze^{c,d}, S.M. Kiene^{b,*}

^a Department of Global Health, University of Washington, Seattle, WA, USA

^b Division of Epidemiology and Biostatistics, Graduate School of Public Health, San Diego State University, San Diego, CA, USA

^c Department of Disease Control and Environmental Health, Makerere University School of Public Health, Kampala, Uganda

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ABSTRACT

Objectives: Many population-based demographic surveys assess local and national HIV prevalence in developing countries through home-based HIV testing and counselling (HBHTC), but results are rarely returned to participants. This review gathered evidence on the feasibility and best practices of providing HIV test results during such surveys by reviewing population-based surveys that provided test results.

Study design: Literature review.

Methods: This review was conducted as part of a broader literature review related to HBHTC. We present results from population-based HIV seroprevalence surveys conducted between January 1984 and June 2013.

Results: We identified eighteen population-based surveys describing uptake of results when testing or results were offered in the home, four of which compare home uptake to facility-based testing. All were from Sub-Saharan Africa. More people tested and received results in HBHTC compared to facility-based testing. Uptake of test results (72%) and the percentage of the population tested (59%) was highest when testing and the provision of results were provided in the home compared to the provision of results elsewhere (41% uptake; 37% population coverage), as well as mobile/facility-based testing and the provision of results (15% uptake; 13% population coverage). Providing results the same day as testing in HBHTC produces higher uptake (97% uptake; 74% population coverage) than delayed results.

Conclusions: Inclusion of home testing and provision of HIV results to participants in national population-based surveys in Sub-Saharan Africa is possible and should be prioritized. The timing and location of testing and the provision of results during HBHTC as part of population-based surveys affects uptake of testing and population coverage.

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* Corresponding author. San Diego State University, Graduate School of Public Health, 5500 Campanile Drive, MC-4162, San Diego, CA 92182, USA.

E-mail address: susankiene@gmail.com (S.M. Kiene).

^d These authors contributed equally to this work.

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Background

Population-based surveys such as the Demographic and Health Surveys (DHS) are used to assess local and nationally representative health data including determining HIV prevalence in many developing countries. Such studies, however, rarely return HIV results to participants¹ despite the recognized importance of making people living with HIV/AIDS (PLHIV) aware of their status. HIV Counselling and Testing (HTC) is the first step in getting PLHIV linked to treatment^{2,3} and has been shown to reduce risky behaviour among couples and HIV-infected individuals.⁴ Home-based HIV testing and counselling (HBHTC) offers these same benefits,^{5,6} and is additionally associated with high acceptability,⁷ reductions in stigma,^{5,6,8} and results in an increased likelihood of identifying undiagnosed PLHIV earlier in the disease trajectory than facility-based testing.^{9–12} Furthermore, a review of 21 HBHTC studies in Sub-Saharan Africa identified no negative consequences of HBHTC⁷ and research indicates clients feel HBHTC offers increased confidentiality compared to other HTC approaches.^{13,14} Thus, the benefits of HBHTC outweigh the associated risks.

Furthermore, withholding HIV test results from participants during epidemiological studies can no longer be justified for the good of public health as effective treatment is increasingly available and the health benefits of becoming immediately aware of one's positive HIV status is now known.¹⁵ Thus, it is recommended that providing participants the option of receiving their test results become part of all population-based prevalence surveys which test participants for HIV.^{15,16} However, more research is needed on how to best accomplish this. Previous reviews of the HBHTC literature suggest high uptake among participants.^{7,17} However, the delivery of test results during HBHTC paired with a survey whose primary aim is data collection may differ significantly from studies and programs aimed at service provision. Participation may be influenced by the fact that individuals are also requested to complete a survey, or may differ depending on the specific study protocol related to requirements for HIV testing.¹⁸ Moreover, the increased logistical and resource requirements of issuing HIV test results and counselling has implications on study feasibility. The objective of this paper was to review the literature relevant to delivery of HIV test results during population-based prevalence surveys. Specifically, our objectives were to: 1) explore the feasibility of returning HIV test results to participants during population-based prevalence surveys; 2) document approaches for return of test results across population-based studies, and further examine differences in outcomes among studies collecting specimens for HIV-testing as part of a survey by location of testing and location and timing of results delivery; and 3) gather evidence to recommend best practices for delivery of HIV test results based on evidence from HBHTC studies.

Methods

This review was conducted as part of a review of the literature related to HBHTC during population-based surveys and other

studies that have provided testing and delivery of results in the home published January 1984 through June 2013. In this paper we present results for studies which conducted HIV testing as part of a survey and excluding studies where providing HIV testing and counselling was the primary objective. The review protocol including search terms and combinations are detailed in [Appendix 1](#). In addition to published articles and conference presentations we included demographic surveys (DHS reports) published in English, French, Spanish and Portuguese.

Search strategy

We searched the following websites and databases: The DHS Program website¹⁹ for DHS reports and related publications, Medline (via PubMed), Cochrane Library/CENTRAL, EMBASE, and AIDSearch including conference proceedings (PEPFAR Implementers meeting, International AIDS Society (IAS), and the World AIDS Congress) for primary studies and review articles and other publications that reported on HIV testing as part of a survey. We also manually searched the references of articles that met the inclusion criteria.

Studies management/data synthesis

From the initial search we scanned citations and abstracts to identify those that clearly did not meet the inclusion criteria. For the remainder of the citations we obtained full-text versions for review and data abstraction. We also reviewed full-text versions of relevant secondary references. For each study that fulfilled inclusion criteria — reported findings from national or regional surveys, reported on the method of delivery of survey results, testing conducted among adults—we abstracted the following information: year of publication, study design, survey period and country, number and type of participants, where specimens were taken and results given and uptake of testing. The data abstraction was conducted independently by three of the authors (MB, RW, & SK). The selected studies were reviewed using a pretested and standardized abstraction form to extract data. When there was a discrepancy in data abstraction, it was resolved through consensus among the authors.

Because of the heterogeneity of study populations, settings, and differences in survey methods and outcomes ascertainment we did not attempt quantitative synthesis of study results overall, but summarized key publications that presented data from population-based HIV seroprevalence surveys.

Results

We identified 2466 articles from the initial search. Of these, 2146 were excluded after the authors screened the titles and abstracts. We excluded another 51 after in-depth review of the abstract. We identified an additional 69 articles from manual searches and reviewed 67 DHS/AIS reports. We therefore reviewed 336 full text articles, 18 of which met inclusion criteria for the review. Our search criteria had no geographical restrictions; however, all of the articles that met inclusion

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