

HIV SELF TESTING

ENHANCING HIV SELF-TESTING (HIVST) IN KENYA



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Access to HIV testing services is a significant barrier to achieving the UNAIDS 95-95-95 target, which aims for widespread HIV epidemic control by 2030. Improving access through initiatives like HIV self-testing (HIVST) is crucial to enhance testing uptake.

This study explored the implementation and policy dynamics of the HIV self-testing program across community, health facility, regulatory, and quality control levels in Nairobi county, Kenya.

Key findings

HIVST awareness: There is significant variation in awareness of HIV self-testing (HIVST) among healthcare workers and community members, particularly among youth and men.

Stigma and Disclosure: Stigma and fear of a positive diagnosis are significant barriers to HIVST uptake, leading to reluctance in disclosing HIV status and seeking testing.

Preference for Traditional Testing: Many individuals prefer traditional testing methods at health facilities due to perceived reliability and support from healthcare professionals.

HIVST Knowledge Disparity: While healthcare providers generally have good knowledge of HIVST, community

members often lack sufficient information about the program.

Facilitators for Uptake: Key motivators for using HIVST include privacy, convenience, ease of use, availability of free kits, and the ability to avoid long queues at health facilities.

Youth Engagement: The youth demonstrate proactive behavior in using self-testing as a means to understand their health status before engaging in sexual activities.

Monitoring and evaluation systems for HIVST uptake and outcomes reporting face challenges due to the fact that HIVST is meant to be private hence the challenge in reporting back after testing

What's at stake?

Despite Kenya's efforts to roll out HIVST in alignment with WHO guidelines, uptake remains suboptimal. Adolescents and young men, who constitute a significant portion of the population, are among the least likely to access testing services.

This is compounded by stigma, fear of discrimination, and misconceptions about HIVST kits, which complicate public health initiatives aimed at reducing HIV transmission rates. Many individuals lack adequate knowledge about the availability and proper use of these kits, while others doubt their accuracy.

Emotional concerns related to self-testing—such as fear of positive results—further hinder its adoption. Participants expressed anxiety about handling a positive result without professional guidance, highlighting the need for integrated counseling services alongside self-testing initiatives.

Additionally, there are integration challenges within existing health services regarding follow-up care for those who test positive using self-testing kits. Ensuring that

individuals who receive positive results are linked promptly to appropriate care is crucial for effective treatment outcomes.

Addressing these barriers is essential for enhancing the uptake of HIVST and achieving better health outcomes in Kenya.

The distribution of HIVST kits is heavily reliant on public health facilities, leaving a gap in accessibility for populations that prefer private or community-based settings. Limited collaboration with Civil Society Organizations (CSOs) and the private sector further hampers the scale-up of the initiative.

Kenya's national strategy for achieving the 95-95-95 targets necessitates increased HIV testing coverage, especially among hard-to-reach populations. Addressing these challenges is crucial to harnessing the potential of HIVST as a tool for epidemic control.

Research approach

The study employed qualitative methods to understand the dynamics of HIVST implementation in Kenya. Focus group discussions were conducted with men, women, and youth aged 15-29 years in Nairobi County. Key informant interviews involved policymakers and healthcare providers, while in-depth interviews targeted health facility managers and private pharmacy attendants.

Sampling focused on Nairobi's sub-counties of Dagoretti South, Kibra, Westlands, Kamukunji, Kasarani, Embakasi East and Langata. Data was collected from operational Ministry of Health health facilities, either Non-Governmental Organizations, Faith Based Organization or private practice health facilities. Data was also collected from private pharmacies and community members. Data collection tools included semi-structured questionnaires tailored for each respondent category.

Data analysis involved thematic coding using NVivo software. Emerging themes highlighted barriers, facilitators, and opportunities for scaling up HIVST.

This approach allowed for a comprehensive understanding of the factors affecting HIVST adoption within different demographic groups.

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Research findings

The evaluation revealed critical insights into the current state of HIVST in Kenya.

1. Awareness levels and Acceptance of HIVST:

Awareness about HIVST was notably higher among healthcare providers compared to community members. While some respondents expressed familiarity, emphasizing the simplicity of self-testing, others admitted limited awareness.

For example, participants in Westlands sub-county presented a mix of experiences – from trying it out when available for free to never having seen or heard about self-testing.



“From my experience, it seems most people are not aware of the self-test kit.”

One of the FGD participants noted

While some participants preferred hospital-based testing due to perceived accuracy and the support provided by healthcare professionals, others value HIVST due to its privacy, convenience and easy access through local pharmacies or community health workers.

2. Barriers to Uptake of HIVST: Stigma around HIV remains a significant barrier to testing uptake, with individuals reluctant to disclose test results, fearing of discrimination if they disclosed their status or sought testing at health facilities.

A health facility manager stated,

“The majority of these people who want to test themselves personally want to make it private so that their status should not be known to either facility or to any other person”

Emotional distress related to potential positive results was frequently mentioned as a deterrent to using self-testing kits. Participants expressed anxiety about handling results without professional support. The participants mentioned being afraid of the HIV infection and community stigmatization of people living with HIV. This has led to some people, especially men, not using the test kits despite having them, for fear of the unknown.

Cost of HIVST kits is prohibitive for many, particularly in low-income areas. The diversity in kit brands and potential quality issues raises concerns about the

regulation of the HIV self-testing market pointing to the need for stronger regulatory frameworks to ensure the quality and safety of the kits in the market.

The community members expressed skepticism about the validity of the HIVST testing kits. They voiced that they feel that the kits give false results, pointing to the need for targeted educational campaigns that address misconceptions about self-testing while effectively promoting its benefits. It also emerged that HIV Testing Services (HTS) staff engages with clients picking up self-test kits, offering pre-test counselling to empower clients on the proper usage of the kits. This step ensures that clients are well-informed and prepared to use the self-test kits correctly. It highlights the significance of maintaining counselling even in self-testing scenarios.

Heavy donor dependency of the Nairobi City County Government in financing the HIV Self Testing services adds another layer of complexity to the program.

A key informant stated

“Currently, the government has the mandate to distribute this HIVST kits to all public health facilities. But that is not happening at the moment. We have situations like stockouts, or the government does not have enough resources to ensure all facilities have these HIV self-testing kits”

3. Follow-Up Care Challenges: Concerns were raised about ensuring that individuals who test positive through self-testing are adequately linked to appropriate follow-up care services promptly. The concern expressed was that clients who test positive may not return for confirmatory tests and may not be adequately linked to care. The challenge is exacerbated by difficulties in obtaining feedback from clients, where clients may block communication or fail to provide results as promised, creating dilemmas for healthcare providers.

4. Opportunities to enhance HIVST uptake:

Collaboration with Civil Society Organizations and private sectors can improve HIVST awareness and distribution. Participants mentioned the opportunity of using pharmacies to distribute the kits and ensure availability all the time. It was clearly stated that most people feel free to go to the pharmacy rather than hospitals. Therefore, expanding kit distribution to pharmacies and non-traditional outlets like community centers can enhance access.

5. Monitoring and Evaluation System for HIVST: there is a gap in obtaining feedback data from clients who are issued with testing kits, pointing to the private nature of self-testing. Obtaining data from private pharmacies is also a challenge. The pharmacies are reluctant to report through the government reporting system pointing to the need for a policy requiring all stakeholders involved in HIV testing to report promptly through the government systems.



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Recommendations

Awareness and Education

Public Education Campaigns: Launch targeted education campaigns in rural and low-income urban areas to raise awareness about HIVST. Emphasize the simplicity, privacy, and accuracy of the kits to counter misconceptions and promote their benefits.

Youth-Focused Outreach: Develop youth-friendly communication strategies, leveraging social media and community events to increase awareness and adoption among young people.

Addressing Stigma

Community Dialogues: Implement community-based interventions to address stigma associated with HIV. Facilitate open conversations about HIV testing to normalize the practice and reduce fear of discrimination.

Support Systems: Integrate counseling services into HIVST programs to help individuals cope with emotional distress and navigate positive results.

Accessibility and Affordability

Regulated Pricing: Establish a regulatory framework to control the pricing of HIVST kits, ensuring affordability for low-income populations.

Enhanced Distribution Channels: Expand the availability of HIVST kits through pharmacies, community health workers, and non-traditional outlets like community centers to improve access.

Quality Assurance and Regulation

Standardized Kit Quality: Develop policies to ensure the standardization and quality control of all HIVST kits in the market, addressing concerns about false results.

Certification Programs: Introduce certification for distributors and retailers to ensure proper handling and education on kit usage.

Follow-Up Care

Feedback Mechanisms: Design mechanisms for clients to report back results anonymously, facilitating healthcare providers in offering appropriate care.

Stakeholder Engagement

Private Sector Partnerships: Collaborate with CSOs and private pharmacies to increase distribution reach and provide consistent access to kits.

Data Integration Policies: Mandate private pharmacies to report HIVST data to the national health system, enhancing monitoring and evaluation efforts.

Sustainability

Resource Mobilization: Advocate for reduced reliance on donor funding by integrating HIVST financing into national health budgets. Promote public-private partnerships to diversify funding sources.

Monitoring and Evaluation

Comprehensive Data Systems: Strengthen monitoring systems to capture data from self-testing users and private pharmacies, ensuring the inclusion of all testing activities in national health statistics.

Performance Metrics: Introduce performance metrics to track progress in HIVST uptake, follow-up care, and reduction in HIV-related stigma.

Conclusion

HIV self-testing represents a transformative approach in Kenya's fight against HIV/AIDS, offering privacy, convenience, and accessibility. However, the current challenges—ranging from limited awareness, stigma, and affordability to gaps in follow-up care and data integration—threaten the full realization of its potential. Addressing these barriers through targeted education campaigns, regulatory frameworks, enhanced distribution channels, and strengthened monitoring systems is critical. By fostering partnerships among public, private, and civil society sectors, Kenya can create an enabling environment that ensures widespread adoption of HIVST. A concerted effort to prioritize HIVST in national health strategies will contribute significantly to achieving Kenya's HIV/AIDS control targets and improving public health outcomes.

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