

# Community-led HIV Self-testing Among Men Who Use Oral Substances and other Illicit Drugs in Kampala, Uganda: Implementation Experiences and Plans for A Scale-up

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# Background

- Men who use oral substances and other illicit drugs (MWOSD) are disproportionately affected by HIV due to elevated risk behaviors
- Community-led HIV self-testing (HIVST) has emerged as a promising strategy to enhance testing uptake among hard-to-reach populations.
- However, this approach is yet to be scaled up to reach more populations.
- We examined HIV self-testing implementation and experience in Kampala and neighboring communities outside urban city in Uganda to inform future programming and scale-up



# Methods

- This was a mixed methods study that involved quantitative and qualitative approaches with 200 and 24 participants, respectively.
- Participants were recruited from specific locations where MWOSD were known to congregate.
- This was a social network-based, peer-to-peer intervention in which we identified and trained lay men as “**peer-leaders**”
- Trained peer-leaders were given **oral fluid HIV self-test kits** to distribute to male members within their social networks.
- Statistical analysis was done for quantitative component and thematic analysis for qualitative component.

# Results

- **High HIVST uptake (85%)**
- This indicates that a significant majority of the target population accepted and utilized HIV self-testing kits
- Suggesting that the community-led approach was effective in promoting HIV testing among men who use drugs.
- **Substantial testing yield (12% HIV-positive)**
- This finding indicates that a notable proportion of those tested were HIV – positive
- **Effective linkage to care (90%)**
- There was a success of the program, we were able to connect most people who tested positive to care and treatment in health care centers within a short period
- This is crucial for improving their health and preventing the spread of HIV

# Results

- **Peer leaders social connections facilitated HIVST uptake**
- Peer leaders played a vital role in encouraging people within their social networks to take the HIV self test.
- **99.0%** of those who received kits from their peer-leaders used them to self-test for HIV.
- However, some men reported that they needed **additional support** before, during or after HIVST and some needed pre-test counseling

# Implementation experiences

- Almost all the peer leaders successfully distributed the kits to their social network members and “trained” them on how to use them to self-test for HIV
- Most of the users (**93-97%**) used the kits correctly to self-test for HIV, except for some 3-7% of the men who made a few mistakes

## Implementation experiences (cont'd)

- Two-thirds of the men (66%) easily picked the kits from their peer-leaders on the first or the next day; however, the remaining 34% required some extra effort to reach them.
- Some HIV-positive men lied to the study team that they were HIV negative at study enrolment and were given HIV self-test kits. As per the manufacturer's guidelines, HIV+ men should not use HIV self-test kits.

# Implications for scale-up

- It is possible to use a lay person in the community who can help in distributing HIV self-test kits to his or her peers as well as 'train' them on how to use them to self-test for HIV
- There may be a need for supervised peer-led HIV self-testing in some instances, to help men who use drugs and who find difficulties in performing the test or interpreting their results correctly
- Engage stakeholders, foster partnerships with local leaders, health workers, ministry of health and organizations to facilitate awareness campaigns on Drug abuse prevention programs and HIV-Self testing among people who use drugs



# Conclusion

- Our study confirms that the **community led HIV self-testing model** can successfully improve HIV testing uptake and linkage to care among men who use oral substances and drugs in the community.
- However, challenges in the use of kits and interpretation of results still abound, suggesting a need for additional sensitization of potential users before the model is scaled-up to other communities.

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