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Opportunities and Challenges to Emergency Department-Based HIV Testing Services and Self-Testing Programs: A Qualitative Study of Healthcare Providers and Patients in Kenya


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Introduction

Young people in Sub-Saharan Africa, especially males, have been insufficiently engaged through HIV Testing Services (HTS) in Kenya. In Kenya, younger persons are often treated in emergency departments (EDs) for injuries, where HTS and HIV self-testing (HTSv) can be leveraged.

Objective

To understand opportunities and barriers for HIV testing and inform program implementation.

Methods

Between December 2021 and March 2022, 28 in-depth interviews (IDIs) were conducted with 14 male and 14 female patients who had been treated in the Kenyatta National Hospital (KNH) ED, half of whom had been HIV-tested.

Six focus-group discussions (FGDs) were conducted with 49 non-patient stakeholders - 18 (36.7%) were nurses, 10 (20.4%) were doctors, 6 (12.2%) were administrators, 15 (30.6%) were counselors, and all transcripts were double-coded and thematically analyzed using Dedoose software with parallel inductive and deductive coding to capture both a priori and emergent themes pertaining to general ED-based HTS and HIVST programming specifically.

The results were then mapped onto the Capacability-Opportunity-Motivation-Behavior (COM-B) Model for behavior change.

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Results

Patients and providers agreed that ED-HTS are facilitated by friendly staff, patient education, high perceived HIV risk, and confidentiality.

However, ED-HTS is limited by burdens on staff, resources, time, and space, as well as severity of patient injuries limiting ability to consent to or prioritize HIV testing.

These limitations provide opportunities for ED-HTS, particularly the ability to test at a comfortable time and place, especially when provided alongside sufficient HIV and testing education, contact with healthcare providers, and psychosocial support.

Barriers for ED-HTS included patients' concerns about HIVST accuracy and mental health impacts of a positive test, as well providers' concerns for loss to follow up and inability to complete confirmatory testing.

Limitations

Assessed attitudes, not uptake
Population already engaged with HTS
Did not recruit meeting goals for females who had tested
2 patient interviews conducted over telephone

Conclusion

ED stakeholders are receptive to HTS and HIVST, and patients desire ED-HTS inclusive of HIVST programming.

Interventions based on the COM-B model could better address challenges to ED-HTS, such as adjusting the ED patient flow process to increase the accessibility of HTS.