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EURO HIV EDAT Project

**Recommendations for the roll-out of innovative HIV testing strategies
based on the results of a study conducted among MSM and
stakeholders.**

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Authors

Juan Hoyos (CIBER, Spain), María José Belza (ISCIII, Spain), Sonia Fernández Balbuena (CIBER, Spain), Santiago Perez de la Cámara, Luis de la Fuente, Beatriz Arranz, Cristina Cabeza de Vaca, María del Carmen Burgos and Juan Miguel Guerras, (ISCIII, Spain), Tomás Maté (Primary Health Care Management of East Valladolid), Cristina Agustí Benito, Laura Fernández López and Jordi Casabona Barbarà (CEEISCAT, Spain), Lieselot Ooms and Tom Platteau, (Institute of Tropical Medicine in Antwerp, Belgium), François Pichon and Per Slaeen, (AIDS-Fondet, Denmark), Matthias Kuske (AIDS-Hilfe NRW e.V., Germany), Sophocles Chanos (Checkpoint, Greece), Ricardo Fuertes (Grupo Português de Ativistas sobre Tratamentos de VIH/SIDA, Portugal), Roxana Stefanescu and Mihai Lixandru, (Romanian Association Against AIDS, Romania), Bojan Cigan and Mitja Cosic (Association Legebitra, Slovenia).

A draft was developed by Juan Hoyos Miller, María José Belza and Luis de la Fuente.

A working group was created for critical review and feedback: Beatriz Arranz and Cristina Cabeza de Vaca, Health Institute Carlos III (Spain), Lieselot Ooms and Tom Platteau, Institute of Tropical Medicine in Antwerp (Belgium), François Pichon and Per Slaeen, AIDS-Fondet (Denmark), Matthias Kuske, AIDS-Hilfe NRW e.V. (Germany), Sophocles Chanos, Checkpoint (Greece), Ricardo Fuertes, Grupo Português de Activistas sobre Tratamentos de VIH/SIDA (Portugal), Roxana Stefanescu and Mihai Lixandru, Romanian Association Against AIDS (Romania), Bojan Cigan and Mitja Cosic, Association Legebitra (Slovenia), Cristina Agustí Benito, Jordi Casabona Barbarà, Laura Fernández López, CEEISCAT, (Spain).

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Abbreviations

MSM-Men	who have sex with men
DM/PHP	Decision makers /Public health professionals
HP	Healthcare professionals
CBO/ NGO	Community based organisations/Non-governmental organisations

FINAL RECOMMENDATIONS

The present recommendations are based on the results of the two sub-studies conducted by the team of WP9-task 1. The potential users study was conducted among men who have sex with men (MSM) from Belgium, Denmark, Germany, Greece, Portugal, Romania, Slovenia and Spain. The stakeholder's survey was conducted among Decision makers /Public health professionals (DM/PHP), Healthcare professionals (HP) and professionals working at Community Based Organisations (CBO) and non-governmental Organisations (NGO) in the same 8 countries.

The results of both studies can be consulted on the report "KAB/P study on the implementation of innovative HIV testing strategies: Main results of a study conducted among MSM and stakeholders". This report is available at: <https://eurohivedat.eu/>

We first present the three primary recommendations (one per strategy) followed by a number of secondary recommendations for each one of the strategies evaluated.

PRIMARY RECOMMENDATIONS

1. Given the favorable position towards **self-testing** expressed by MSM, its high potential use in this group and that the price does not seem to be a determinant barrier, we recommend that national guidelines and regulations should urgently incorporate this methodology as a diagnostic option to reduce the number of individuals who remain undiagnosed. This is reinforced by the fact that, if available, self-testing would be the preferred testing option for MSM.
2. **Self-sampling** has a high potential use since the majority of MSM from all 8 countries reported that they would have used it if already available. However, they do not consider it would occupy a central role in their testing habits if made available. Thus, we recommend its consideration as a future testing option that could probably complement already existing strategies.
3. The high prevalence of untested MSM residing in Romania and the low proportion that reported having ever undergone **rapid testing** suggests the need to develop MSM specific rapid testing programmes in the community and other settings to increase testing rates in this country.

SECONDARY RECOMMENDATIONS

Self Testing

1. Opinions towards self-testing are much more favorable among MSM than among stakeholders. Efforts to understand this gap should be made especially among decision makers in South and Central EU countries and CBO organisations in Spain.
2. Based on the opinion of MSM, and on the views expressed by CBO professionals, CBO/NGOS should constitute a key setting to provide information about of self-testing.

3. Primary care and other healthcare settings not specialized in HIV/STIs were pointed out by MSM as their preferred places to attend to confirm a reactive self-test and should be considered as locations that could play a major role in the confirmation process. Thus, there should be a preparatory work to inform staff about the existence of self-testing, about the limitations of the test and to establish clear and seamless pathways for effective confirmation and linkage to care.
4. Based on the preferences of MSM, we recommend to make self-testing widely available in settings other than pharmacies in order to increase access. The internet and supermarkets/parapharmacies should be especially considered.
5. Based on the preferences expressed by MSM and better performance in real life scenario (shorter window period and lower rates of false positives), we recommend the use of blood based self-testing kits as the primary option.

Self sampling

1. Non-face-to-face methods should be considered as the main option for result communication since they were the preferred method for MSM. Based on their opinion, the possibility of also communicating reactive results through non-face-to-face methods should also be well thought-out.
2. A joint effort between public health professionals, decision makers and professionals directly involved in the diagnostic process should be made in order to develop clear materials to minimise the potential drawbacks of non-face result communication methods which is the main concern raised both by MSM and stakeholders. This is especially important when considering a reactive result.
3. Based on the preferences expressed by MSM we recommend the use of blood based self-sampling kits. However, we also recommend assessing that the use of blood based kits (vs. oral based) does not result in a lower return rate.

Rapid Testing

1. Although half of all rapid testing episodes have occurred in CBO/NGOs and that satisfaction appears to be high, there is a demand of rapid testing in other contexts, especially in primary care where very few rapid tests are carried out.