How to better reach men for HIV testing—a randomized trial on incentives for self-testing

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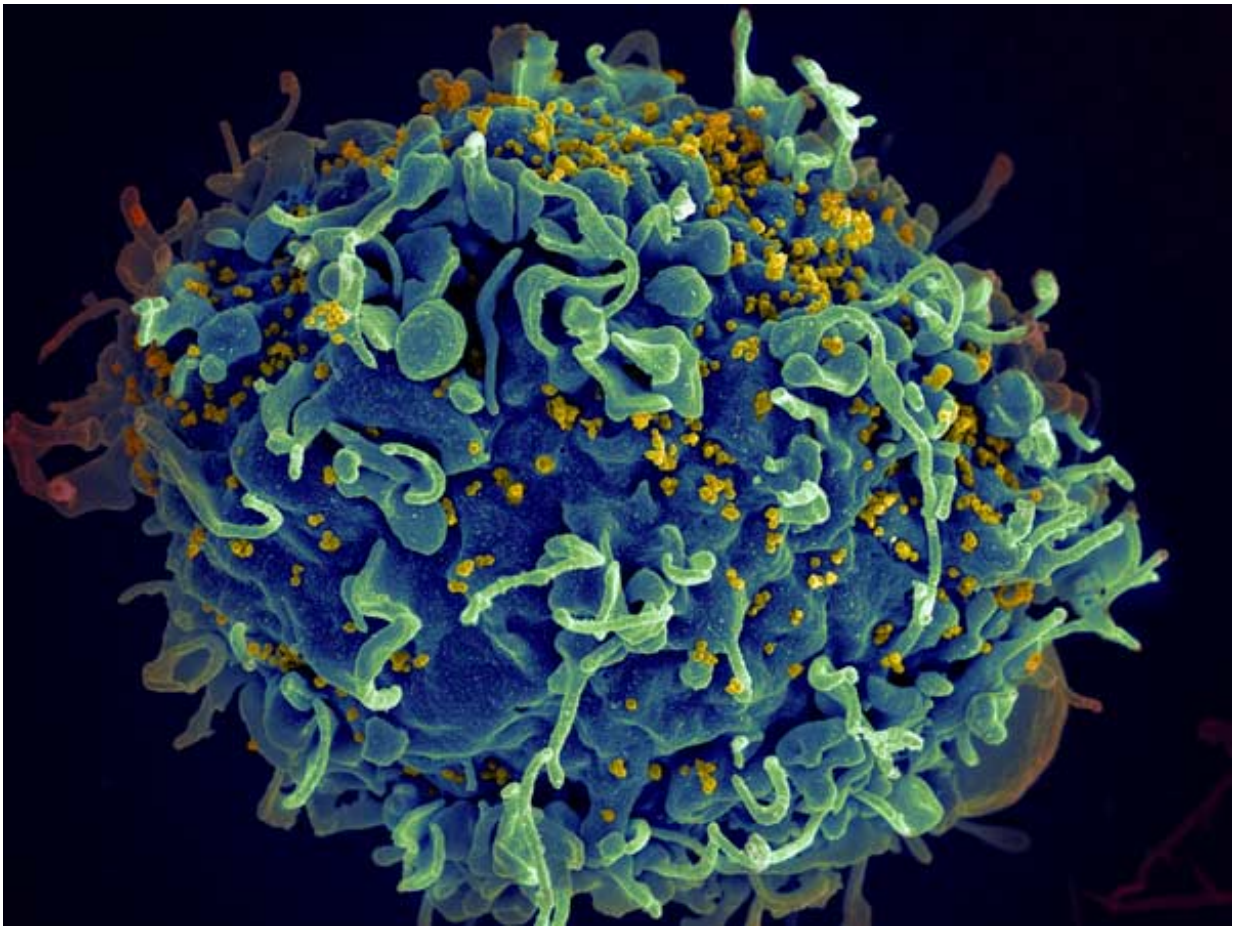

HIV infecting a human cell. Credit: NIH

Providing pregnant women with HIV self-testing kits to pass along to

their male partners can boost the partners' rate of HIV testing and entry into care, according to a research article published this week in *PLOS Medicine* by Augustine Choko of the Malawi-Liverpool-Wellcome Clinical Research Program, Malawi, and London School of Hygiene & Tropical Medicine, and colleagues.

Men are underserved by current HIV testing services in many areas with high HIV prevalence, leading to poor health outcomes. In the new study, 2349 women over the age of 18 receiving antenatal care at one of three health centers in urban Malawi were enrolled in a cluster randomized trial. Groups of women received standard of care—an invitation letter for their male partner to attend an HIV clinic for testing and follow-up care—either alone in the control arm or along with two HIV self-testing kits for their partners in the first intervention arm. Women in other arms of the trial also received self-testing kits together with different incentives for their partners to attend a clinic—either follow-up phone calls, financial incentives of $3 or $10, or entry into a lottery offering an opportunity to win $30.

After 28 days, 17.4% of the partners of women in the control arm were reported to have tested for HIV, whereas 87.0% to 95.4% of those in the intervention arms were reported to have tested. As judged according to the trial's primary endpoint, the proportion of partners testing within 28 days and linking to HIV treatment or prevention services, 13.0% of partners in the control arm visited the clinic within 28 days. Significant increases were seen with self-testing plus a $3 incentive (40.9% of partners; adjusted risk ratio [aRR] 3.01, 95% CI 1.63-5.57), self testing plus $10 (51.7% of partners; aRR 3.72, 95% CI 1.85-7.48), and phone reminders (22.3% of partners; aRR 1.58, 95% CI 1.07-2.33). In contrast, no significant benefits as compared with the standard of care were seen in partners receiving the self-testing kits alone (17.5% of partners; aRR 1.45, 95% CI 0.99-2.13) or those in the lottery arm (18.6% of partners; aRR 1.53, 95% CI 0.93-2.52; this arm was terminated at an interim

analysis). No serious adverse events were reported.

"Secondary distribution of HIVST kits, ideally accompanied by interventions promoting timely linkage into HIV care and prevention cascades, is a promising new approach for routine ANC services to reach male partners, intensify prevention of mother-to-child transmission, and contribute more broadly to country-level HIV prevention targets," the authors say.

More information: Choko AT, Corbett EL, Stallard N, Maheswaran H, Lepine A, Johnson CC, et al. (2019) HIV self-testing alone or with additional interventions, including financial incentives, and linkage to care or prevention among male partners of antenatal care clinic attendees in Malawi: An adaptive multi-arm, multi-stage cluster randomised trial. *PLoS Med* 16(1): e1002719. doi.org/10.1371/journal.pmed.1002719

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