Web Annex G. Values and preferences of key population communities in the Asia-Pacific region regarding HIV recency testing
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Asia-Pacific Coalition on Male Sexual Health (APCOM) Foundation - Bangkok

Abstract

Background

Recency assays use one or more biomarker to identify whether HIV infection in a person is recent (usually within a year or less) or longstanding. There are concerns with this HIV testing approach. Adding a recency assay to an HIV testing algorithm will likely require more testing staff and client time, time for training testing staff, and it adds costs. Collecting and sharing information on recent infection among vulnerable groups such as key populations could introduce challenges, particularly where there may be restrictive and punitive policies in place. APCOM, an organization representing and working with a network of individuals and community-based organizations across 35 countries in the Asia-Pacific region, sought to understand the perspective of key population communities on this HIV testing approach. With support from the World Health Organization, APCOM conducted a study to explore the knowledge, experience and perspectives of members of key population communities regarding HIV recency testing.

Methods

The study, implemented by APCOM, included an online survey shared with key population networks across the Asia-Pacific region, four focus group discussions with key population community members and four key informant interviews with clinical health providers in India, Nepal, Pakistan and the Philippines. Online survey questions included those designed to capture information on key population groups, HIV status and the perceived benefits and harms of knowing the recency of one’s HIV infection. Consent was obtained from all participants.

Results

Online survey: Seventy respondents completed the online survey. The majority of survey respondents (60%) identified as men who have sex with men. Over 20% of respondents identified as transgender women and nearly 20% of respondents reported that they live with HIV. Other identifications included transgender men, female sex workers, people who inject drugs and people who have partners with HIV. Over three-quarters of respondents felt that it would be helpful to know if their HIV infection had been acquired recently. When asked about the advantages of this knowledge, respondents noted several perceived benefits, including identification of the source of their infection; greater ability to prevent infection; or access to information about treatment. Perceived harms of knowing the results of recency testing included concerns about confidentiality and the worry or fear about who had transmitted the infection. Participants also expressed concern about the added cost of recency testing. Over half of respondents believed that recency testing would increase fear and stigma related to testing among their partners and discourage uptake of HIV testing; 20% of respondents were not sure what impact recency testing would have on their partners, while 25% felt that it would not have any effect on HIV testing uptake among their regular sexual partners.
Focus group discussions and key informant interviews: Most focus group discussion and key informant interview participants reported low levels of knowledge about HIV recency testing and believed there was no formal guidance for recency testing in their country. They noted a lack of evidence about the utility of recency testing and emphasized the importance of investment in pilot projects to demonstrate the potential value of this testing strategy. There were mixed views from both providers and community members on the potential impact of recency testing. Some participants speculated that it could reduce incidence of HIV infection, while others felt that it would not have any impact on prevention or treatment efforts. Quality counselling was considered as important as knowing the timing of infection, and treatment literacy was also mentioned as important to participants. Participants expressed concern about the high cost of recency testing and that it could increase stigma and provoke conflict among community members. Several participants said that it could discourage sexual partners from seeking HIV testing due to fears of blame or abandonment and that it could increase intimate partner violence. Some participants mentioned that tracing clients based on recent infection will “breach confidentiality” and create anxiety among people with HIV. Some participants also expressed concern that recency testing could lead to intra-community conflicts, especially among the trans and gender diverse community where sexual partners are sometimes shared.

Conclusion
Overall, community members felt that they were not prepared to support use of recency testing as there were more concerns than clear benefits to individuals. They suggested, however, that there could potentially be some clinical value as well as usefulness for surveillance initiatives.