



Healthcare providers are equipped to carry out recency testing following national scale-up. Some feel unequipped to screen for IPV, and many remain unsure about negative consequences of recency testing and the return of results. Evidence is needed to evaluate the impact of recency testing on IPV and other adverse events.

Healthcare providers' knowledge of, attitudes towards, and experience with HIV-1 recency testing and index testing in Rwanda, July – December 2021

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Background

- Rwanda has implemented recency testing and partner/index HIV testing since 2018 as part of a national case-based surveillance (CBS) program.
- As of April 2022, 584 health centers have been trained and activated to conduct recency testing and partner/index HIV testing in all five provinces in Rwanda.
- Recent infection testing uses a rapid test for recent infection (RTRI) to distinguish recent (i.e., acquired in the past 12 months) and long-term HIV infections.
- In Rwanda, recent infection testing results are returned to clients but are not used for individual-level clinical management or care.
- Index clients are screened for intimate partner violence (IPV) as part of partner/index HIV testing.
- Preliminary, unpublished data from an ongoing study in Rwanda suggest that at least 30% of index clients have experienced any IPV in the past four weeks.

Methods

- Trained research assistants administered a semi-structured survey to healthcare providers (HCPs) during July–December 2021.
- The survey assessed providers' knowledge, attitudes, and experience with recency testing and partner/index testing.
- Healthcare providers were eligible to participate if they had ≥3 months experience implementing CBS and recent infection testing.
- The number of facilities selected per province was proportional to recent infection volume. Sites with the largest total number of recent infections were selected.
- Descriptive statistics were summarized in R (R Foundation for Statistical Computing, Vienna, Austria)

Results

- Of 176 providers, 109 (62%) were nurses, 64 (36%) were social workers, 2 (1%) were clinical mentors, 1 was described as Other.
- 137 (78%) had ≥1 year of experience providing recency and index testing.
- While most providers, 155 (88%), felt equipped to enroll eligible clients into the CBS program, 99 (56%), noted that other responsibilities prevent them from approaching eligible clients at least some of the time.
- Nearly all felt capable of explaining CBS to a patient, 171 (97%), and capable of asking index clients to disclose contacts, 171 (97%).
- However, 61 (35%) reported not having what they needed to screen for IPV.
- Table 1 highlights areas of need endorsed by healthcare providers.
- Many HCPs expressed concerns about potential stigma and IPV associated with recency testing and returning recent infection results (Figure 1).

Conclusions

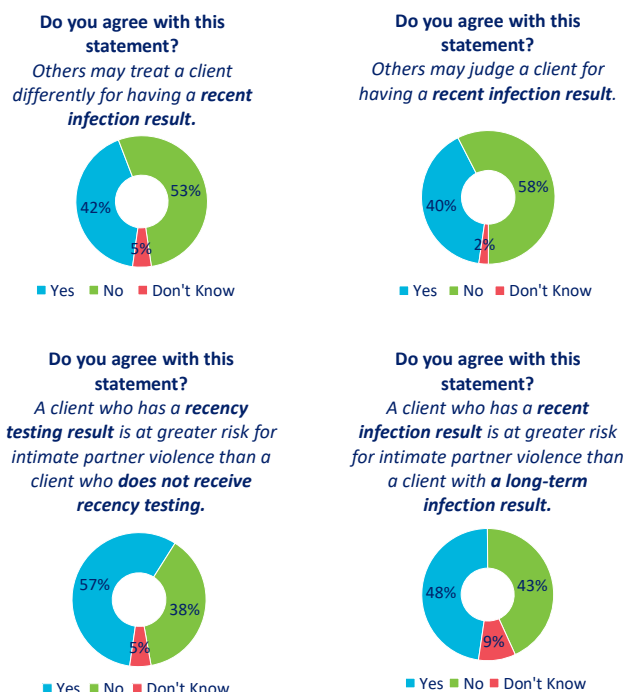
- HCPs involved in Rwanda's national CBS program are equipped to implement program responsibilities, highlighting the feasibility of national scale-up of recency testing and partner/index HIV testing programs
- Not all providers feel equipped to screen for IPV, highlighting opportunities to capacitate providers to implement safe and ethical index testing services.
- Concerns around the risk of negative consequences, including IPV, are mixed among providers implementing HIV-1 recent infection and index testing.
- Additional research is needed to evaluate the impact of recency testing on IPV and other adverse events. Ongoing research may provide important insights.

Table 1: Healthcare Provider Reported Intimate Partner Violence Screening Needs

What do you sometimes need in order to screen clients for intimate partner violence related to their contacts?, n(%)	n(%)
I need more time with index clients.	49 (80%)
I need strategies to ask about IPV from all aspects of the index client's life.	27 (44%)
I need ways to ensure privacy of my index client during our conversation.	25 (41%)
I feel uncomfortable asking clients about their experiences with violence.	5 (8%)
Other ^a	9 (15%)

^aTraining to screen for IPV, financial support and airtime to conduct outreach and screening, strategies to protect indexes from violence

Figure 1: Healthcare Provider Perceptions of the Impact of Recency Testing on Stigma, Mistreatment and Intimate Partner Violence



Additional Resources

Ongoing Recency Evaluation Study
 TRACE Recency Learning Hub
 ICAP Website

