Title: Evaluating the acceptability of implementing an HIV self-testing mHealth mobile delivery program in collaboration with trained delivery agents in Kabale, Uganda

Principal Investigator: Dr. David Kaawa-Mafigiri, Makerere University

Co-Investigators: Rumbi Anne Gumbie, MSc, GLI, Sebastian Dittgen, BS, GLI, Dr Geoffrey Anguyo,

MD, Kigezi Healthcare Foundation Jamie Van Leeuwen, PhD, GLI

Research Team: Andrew Nangoli, Ronald Tumusiime

Background: Since 2009, the Global Livingston Institute (GLI) and partners have successfully produced music festivals in a campaign aimed at increasing HIV knowledge, status awareness, and adherence to treatment among rural and hard-to-reach communities in East Africa. While these campaigns draw large numbers, barriers around access to regular and consistent HIV testing remain. Current testing models require individuals to travel long distances to local healthcare centers to receive tests, but due to prohibitive costs, a shortage of health workers, and stigma that has discouraged travel to healthcare facilities, many at-risk individuals are unable to receive necessary testing. Creative outreach is therefore needed to maintain access to HIV testing services.

Methods: This study aims to evaluate the acceptability of a framework to enable distribution of HIV self-tests (HIV-ST) to persons requesting testing services using a novel mobile health (mHealth) application named iTest. iTest connects individuals to trained delivery agents such as traditional healers and community health workers working with motorcycle taxi 'boda boda' drivers. These delivery agents deliver HIV-STs to testers' homes, potentially reducing the stigma and transportation costs associated with current testing models. GLI researchers will test the intervention innovation by holding focus group discussions with key stakeholders in rural Uganda to evaluate its efficacy to increase uptake of HIV-ST among key populations and underserved communities.

Results: We hypothesize that this intervention will increase access to HIV-ST while removing barriers to testing. The results will inform the potential implementation of iTest by evaluating its acceptability and feasibility. Recommendations will be shared with key stakeholders in the communities.

Conclusion: This platform could be a viable means of increasing testing and status awareness in rural Uganda. The pilot will investigate problems that may occur, avoid potential human and data optimization issues and get a sense of the technology and HIV-ST instructions that will be beneficial to peers who want to implement similar interventions.