Good Times Getting Pricked!

Learnings from CBRC-led HIV Self-Test Distribution Programs

Background

In 2020, HIV self-tests (HIVST) were licensed for use in Canada. HIVST kits allow users to test themselves for HIV using a drop of blood, with results provided in minutes. The test does not require a healthcare professional and can be done where and when someone wants, making it easier for people to learn their HIV status.

In 2022, the Public Health Agency of Canada (PHAC) provided a short-term financial investment in community-based HIVST distribution across the country. Having previously led smaller HIVST distribution activities, Community-Based Research Centre (CBRC) leveraged this increased investment to distribute tens of thousands of HIVST kits to 2S/LGBTQIA+ communities across Canada from 2022 to 2024.

What we did

To learn about effective strategies for HIVST kit distribution and to enhance access to diverse 2S/LGBTQIA+ communities, CBRC designed and delivered multiple low-barrier HIVST distribution programs. Participants were given at least two HIVST in case there were issues with their first test (e.g. invalid result), to encourage re-testing, and to share extra HIVST with other community members.

Distribution Program	Description
Test@Home *Dec 2022-Nov 2023*	An HIVST virtual mail order program, allowing participants to order up to four HIVST kits via a short order form on CBRC's website.
MyTest *Dec 2023-Oct 2024*	An HIVST virtual mail order program delivered in partnership with Grindr. The program was promoted via Grindr ads, which directed individuals to a microsite from which participants could order up to four HIVST kits (later decreased to two kits due to HIVST supply shortage concerns).

Distribution Program	Description
 **Test Now at Pride** *June 2023-Sept 2023*	An in-person distribution program, which distributed up to four HIVST kits to participants at select Pride Festivals across Canada. Supporting information and local resources were also shared with participants for follow-up support.
 **Test Now: Community Edition** *Dec 2022-Apr 2024*	An in-person distribution program, which distributed up to four HIVST kits to participants via nearly 50 delivery partners across the country. Delivery partners included community-based organizations, 2S/LGBTQIA+ bars and event organizers, pharmacies, local businesses, and more. Delivery partners used diverse distribution strategies, including inserting HIVST into harm reduction packages, outreach at community events, distribution at spaces frequented by community members (barbers, clubs, bathhouses, bars, businesses, etc.), recruiting community members for peer distribution among their personal networks, and more.
 **Medicine Bundle** *Dec 2022-Oct 2024*	A multi-modal program developed by and for Indigenous and Two-Spirit communities that distributed traditional medicine bundles which included HIVST kits to Two-Spirit and Indigenous communities across the country. Most bundles were ordered virtually via a short form on CBRC's website. However, a smaller number of kits were made available for in-person distribution.

To support HIVST kit distribution partners and recipients, CBRC offered the following across all programs:

All HIVST kits included stickers with a QR code that recipients could scan to access:

- Additional information about HIVST kits and how to use them, including text-based resources and a video demonstrating how to complete HIVST, and a follow-up evaluation survey
- Peer support via "Buddies" who could be accessed via call, email, or text to answer questions, provide real-time support, and support linkage to follow-up confirmatory testing (for those who received a reactive test result[1]) or prevention services

For HIVST kits distributed at outdoor events, stickers indicating the temperature range (15°C to 30°C) for use were included.

HIVST kit distribution partners were offered:

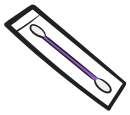
- Microgrants to support distribution activities
- HIVST kit distribution training
- Participation in roundtables with other delivery partners to share learning and best practices
- Support in designing their respective distribution activities
- Facilitation of kit access and return
- The opportunity for their HIVST kit recipients to access all of the same services listed above (e.g., peer support)

What we achieved

Altogether, CBRC-led HIVST programs distributed 71,110 HIVST kits to 30,095 individuals. Through our mail-out programs, more than one-third (35%) had not tested for HIV in the past year and about one-sixth (14%) had never tested for HIV before. The below table breaks this information down by program. Additional program reach information, including geographic reach, participant ethnicity, and gender are included in Appendix A. An overview of data collection methodologies for each program is included in Appendix B.

Program	# of people reached	# of HIVST kits distributed
Test@Home	2,887	10,441
MyTest	6,240	17,540
Test Now at Pride	3,500	8,275
Test Now: Community Edition	16,713	32,390
Medicine Bundle	775	2464
Total	30,095	71,110




1 A "positive" result received via an HIVST is recognized as a "reactive" result. Reactive HIVST results require follow-up confirmatory testing completed by a healthcare provider to confirm a positive diagnosis.

What we learned

Overall, we observed high uptake of HIVST kits across diverse 2S/LGBTQIA+ communities. Participants reported being highly satisfied with CBRC-led HIVST distribution programs (95% very satisfied or satisfied), very likely (78%) to use HIVST kits again in the future and many (36%) shared HIVST kits with other community members. Additional learnings concerning what worked well and what could be improved are outlined below:

What worked well:

Multi-pronged distribution strategies: Recipients benefited from multiple distribution approaches. For example, those living in rural settings or who value privacy or convenience benefited from mail-out programs. Those who valued immediacy and human connection benefitted from in-person distribution via community-based delivery partners or Pride festivals.

Peer and cultural framing: Distribution programs delivered by and for specific communities demonstrated greater success in reaching those communities. For example, in-person distribution delivered by Black-led organizations experienced greater success in reaching African, Caribbean, and Black communities. Indigenous recipients noted the value of culturally competent staff and peer support, and praised the integration of HIVST into traditional medicine bundles.

Simple, stigma-free ordering: Recipients appreciated that ordering kits was quick, easy, and confidential. For example, participants could order simply by completing a quick form, and all sociodemographic or behavioural questions were optional and only asked after someone had submitted their order. Furthermore, participants could provide an alias as opposed to sharing their legal name and all orders were shipped in discreet packaging.

Wrap-around support: The program's "Buddies," who offered peer support before, during, and after testing, were cited by participants as confidence-boosters which made them feel more supported during the process and helped lower invalid results. Illustrated tip-sheets and video demonstrations were also offered.

Community partners: The program offered micro-grants, training, logistics support, and shared data tools to empower community partners to distribute approximately half of the total number of kits. By engaging and adequately supporting partners, program reach can be significantly improved. Furthermore, a partnership with Grindr for the MyTest initiative helped reach a large number of prospective recipients at no additional financial cost, demonstrating the value of leveraging partnerships with 2S/LGBTQIA+ businesses to support these initiatives.

What could be improved:

Faster, climate-safe shipping: Concerns about winter freezing and delays in shipping due to the high volume or carrier challenges frustrated some users. Furthermore, previous HIVST initiatives experienced several false positives when completing HIVST in high temperatures during the summer months, especially with high humidity. Future initiatives can explore the use of insulated mailers, pickup lockers, or enhanced use of local pharmacy partners.

Clearer instructions and diverse resource formats: While some participants praised the informational materials provided, some felt that more information on specific items like visuals on blood-sample size, storage temperatures, and disposal would be beneficial, for example, via the inclusion of additional short "how-to" videos. Other formats, like plain-language comics were also recommended.

Additional supplies: While Medicine Bundle participants received additional supplies, those ordering kits from other programs did not. Some participants recommended including additional supplies like condoms, lube, harm-reduction supplies, or extra kits to share with others. Bundling these items could increase perceived value of the kits and help leverage synergies with related outreach goals.

Additional languages: While program resources were available in French, English, and Spanish, some participants noted potential benefits of including resources in other languages, like Punjabi or Mandarin. However, additional financial resources would be required to support increased translation demands.

Broader sexual health scope: Some participants noted the possibility of integrating a broader focus on sexually transmitted and blood-borne infections (STBBIs), for example, by including resources related to syphilis, hepatitis C, and chlamydia/gonorrhoea, or more intentionally integrating services like HIV PrEP navigation for those who test negative. However, it should be noted there are no other self-testing technologies available in Canada for other STBBIs.

Sustainable funding: Funding for these initiatives was short-term, creating a situation where activities ramped up, built demand, and achieved substantial reach, only to experience a "funding cliff" upon the end of funding—and considerable uncertainty for partners in the lead up to funding expiring. Stable, multi-year funding is necessary so that momentum and community trust are not lost.

Key Takeaways

HIVST presents an additional testing option with which 2S/LGBTQIA+ communities demonstrate high interest, uptake, and satisfaction. Many different strategies can be used to distribute HIVST to 2S/LGBTQIA+ community members, including online mail-order programs, in-person distribution via partners, and in-person distribution via community events. Different strategies can reach different segments of the broader 2S/LGBTQIA+ community, with the use of multiple strategies demonstrating success in reaching broader audiences. Evidence gathered from previously delivered programs demonstrate many successes, while providing opportunities to enhance future distribution efforts. However, additional, sustainable funding is required to adequately support future initiatives to maximize impact.

Appendix A: Individuals reached by province, ethnicity, gender, and sexuality[2]

Participants Mailed HIVST by Province

	Individuals		HIVST distributed	
	n	%	n	%
AB	1,005	10.2%	3,146	10.3%
BC	1,452	14.7%	4,402	14.5%
MB	370	3.7%	1,161	3.8%
NB	297	3.0%	910	3.0%
NL	168	1.7%	528	1.7%
NS	456	4.6%	1,457	4.8%
ON	3,493	35.3%	10,889	35.8%
PE	47	0.5%	135	0.4%
QC	2,302	23.3%	6,903	22.7%
SK	265	2.7%	825	2.7%
Territories	27	0.3%	89	0.3%

Participants Mailed HIVST by Ethnicity

	n	%
African	258	3.5%
Arab, West Asian	351	4.8%
Black	379	5.2%
Caribbean	252	3.5%
East Asian	286	3.9%
Hispanic	175	2.4%
Indigenous	788	10.8%
Latin American	449	6.2%
South Asian	428	5.9%
Southeast Asian	560	7.7%
White	3,864	53.0%

[2] Totals for each variable may not equal the total number of individuals reached and kits distributed due to demographic information being unavailable for some recipients, for example, due to participants deciding not to complete optional demographic questionnaires or partners not providing demographic information to CBRC.

Participants Mailed HIVST by Gender

	n	%
Agender	66	0.9%
Genderfluid	209	2.8%
Genderqueer	221	3.0%
Man	5,907	79.1%
Non-binary	408	5.5%
Trans man	118	1.6%
Trans woman	147	2.0%
Woman	584	7.8%
Another gender	151	2.0%

Participants Mailed HIVST by Sexuality

	n	%
Asexual	106	1.4%
Bi (bisexual)	1,931	25.9%
Flexible	275	3.7%
Gay	4,242	56.8%
Heteroflexible	182	2.4%
Homoflexible	209	2.8%
Lesbian	70	0.9%
Pansexual	407	5.4%
Queer	559	7.5%
Questioning	180	2.4%
Straight	626	8.4%
Another sexual orientation	138	1.8%

Participants Distributed to In-person by Province

	n	%
AB	4,443	21.2%
BC	920	4.4%
MB	539	2.6%
NB	135	0.6%
NL	212	1.0%
NS	1,059	5.1%
ON	11,718	56.0%
PE	1,173	5.6%
QC	351	1.7%
SK	123	0.6%
Territories	253	1.2%

Participants Distributed to In-person by Ethnicity

	n	%
Arab, West Asian	228	1.9%
Black	4,965	40.9%
East Asian	550	4.5%
Indigenous	1,788	14.7%
Latin American	660	5.4%
South Asian	315	2.6%
White	3,638	30.0%

Participants Distributed to In-person by Gender

	n	%
Man	5,387	45.8%
Non-binary	1,224	10.4%
Trans man	513	4.4%
Trans woman	1,075	9.1%
Woman	3,555	30.2%

Appendix B: Data collection methodology

Program	Data Collection Methodology
Test@Home and MyTest	Participants ordered HIVST through an online form and were invited to complete an optional demographics survey immediately after ordering. Four to six weeks after mailing the HIVST, participants were sent an optional evaluation survey.
Medicine Bundle	Participants ordered HIVST through an online form and were invited to complete an optional demographics survey immediately after ordering.
Test Now at Pride	CBRC staff members completed a post-event reporting survey on the number of people and number of HIVST distributed. To ensure low barrier access to a high volume of people, collection of sociodemographic data was not obtained.
Test Now: Community Edition	Community partners completed a monthly reporting survey on the number of people and number of HIVST distributed. To ensure low barrier access, collection of sociodemographic data was obtained only if feasible. Community partners provided this data, or estimates, to CBRC. Additional qualitative evaluation activities were conducted by select community partners.

Appendix C: Partners

This program was supported by a variety of partners. This included the funder, the Public Health Agency of Canada, REACH Nexus, who helped source HIVST kits, CATIE and CAAN, who supported knowledge mobilization efforts, and Grindr and Grindr4Equality who provided generous free advertising support for the MyTest initiative.

In addition to this, CBRC could not have delivered this program without the support of a wide network of community distribution partners, including:

2Spirit Organising Committee of Bawating

Acadia Students Union

Annapolis Royal Pride

Black CAP

Black Gay Men's Network of Ontario

Calgary Outlink Centre for Gender and Sexual Diversity

Campus Collective Centre, University of Lethbridge

CHEW Project YEG

Chroma New Brunswick

Club 200

Edmonton Two-Spirit Society

Evolution Wonderlounge

Fruit Loop Society of Alberta

Fyrefly Institute

GetaKit

Goliaths / Texas Lounge

Good Neighbour Community Market

Halifax Sexual Health Centre

Health Initiative for Men (HIM)

Jake Fulton

Jonathon Herriot

Lavender Club YYC

Nauticus Events

Northern Healthy Connections Society

Northern Mosaic Network

OutLoud St. Albert

OUTReach Southern Alberta Society

PEERS Alliance

Planned Parenthood Newfoundland & Labrador

Sexual Health Centre
Pride Centre of Edmonton
Quadrangle NL
Queer Hockey Nova Scotia
Queer Yukon
R.O.C.K. Missions (Reach Out Chatham-Kent)
Rainbow Resource Centre
South Shore Sexual Health
Southern Alberta Pride Society
Specialty Pharma Solutions
Street Cats YYC
The 519
Turning Point Society
Ubuntu-Mobilizing Central Alberta
UNtoxicated Queers
Water Warriors YEG
Wholehealth Pharmacy Fashion District
Wholehealth Pharmacy St. Lawrence
YouthCo

Public Health Agency of Canada
Agence de la santé publique du Canada