

# Insights into the barriers and facilitators of HIV and STI testing interventions for black African and black Caribbean migrants in the UK

Khanna R<sup>1,2</sup>, Gobin M<sup>1</sup>

<sup>1</sup>University of Bristol, <sup>2</sup>University of Manchester



The University of Manchester

## 1. BACKGROUND AND AIMS

- UK Health Security Agency (UKHSA) data<sup>1</sup>: stable HIV and STI prevalence in black Africans (BA) and black Caribbeans (BC), despite large declines in other populations.
- GOV UK<sup>2</sup>: HIV/STI testing among 'high-risk' populations such as BA and BC is an essential part of effective health prevention strategies, preventing delayed diagnosis, reducing transmission rates and improving patient outcomes.
- BA and BC show lower utilisation rates of testing services compared to other target communities due to barriers to testing stemming from social, cultural and structural contexts e.g., discrimination, fear of HIV-positive status, poverty, unemployment
- Offering insights to inform and support the development and effectiveness of tailored HIV/STI testing interventions on BA and BC is therefore crucial.

### CURRENT LITERATURE DOES NOT:

- Describe the range of HIV/STI testing interventions implemented and their uptake in BA and BC.
- Identify and analyse the facilitators and barriers that influence HIV/STI testing uptake in BA and BC.

### STUDY AIM:

*“Systematically examine interventions aimed at improving HIV/STI testing for BA and BC in the UK, identifying the facilitators and barriers of testing behaviours to inform future testing strategies.”*

## 2. METHODS

- The reporting of this review adhered to PRISMA guidelines.
- Search strategy:** 5 databases used (EMBASE, MEDLINE, PubMed, SCOPUS, Web of Science), alongside a PICO framework. Snowball and register searches identified grey literature.
- Selection process:** inclusion/exclusion informed by PICO (Figure 1, Figure 2)

<b>Population</b>	Adult migrants (18+ years) from Africa/the Caribbean residing in the UK
<b>Intervention</b>	Interventions to improve HIV/STI testing after 2008, with sample size n ≥ 25
<b>Comparison/Control</b>	No comparison group needed, however standard of care was considered
<b>Outcome</b>	Increased rates of HIV/STI testing

Figure 1: PICO framework used to generate this review.

- Data extraction:** study data extracted and tabulated for comparison of study intervention
- Data synthesis:** Facilitators and barriers were identified using thematic analysis.
- Quality assessment and Risk of Bias:** conducted by STROBE and/or CASP checklists, and ROBINS-I tool respectively.

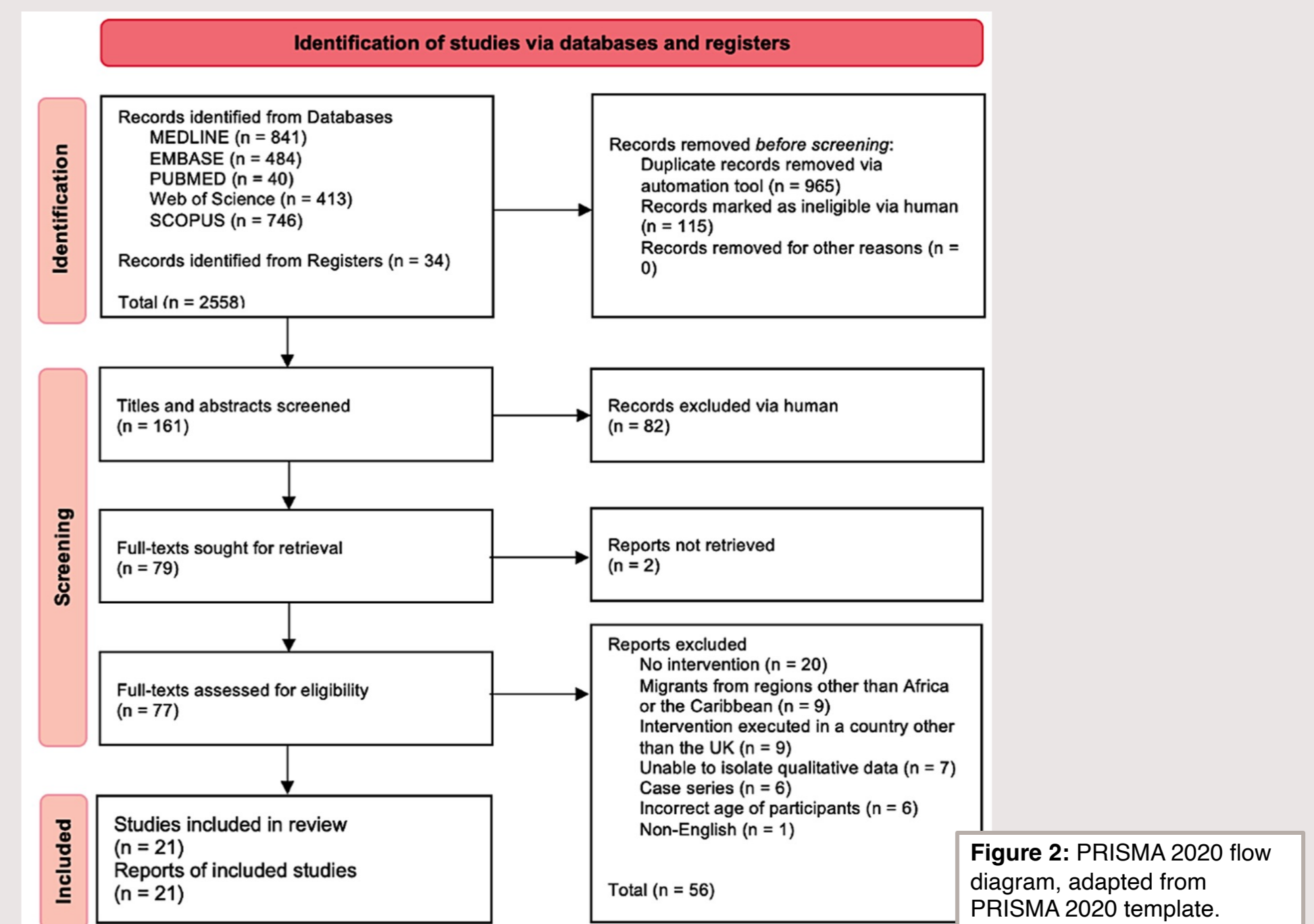


Figure 2: PRISMA 2020 flow diagram, adapted from PRISMA 2020 template.

## 3. RESULTS

- 21 studies were included all covered HIV testing only; 17 studies included only BA; 12 studies implemented ≥ 2 intervention approaches.
- Intervention types:** provision of testing type, technological advancements, educational measures, and clinical decision-making tools.
- 6 studies were first-time pilots and 16 were conference abstracts.
- Facilitators and barriers to testing were categorised into three broad themes and 9 subthemes (Figure 3).

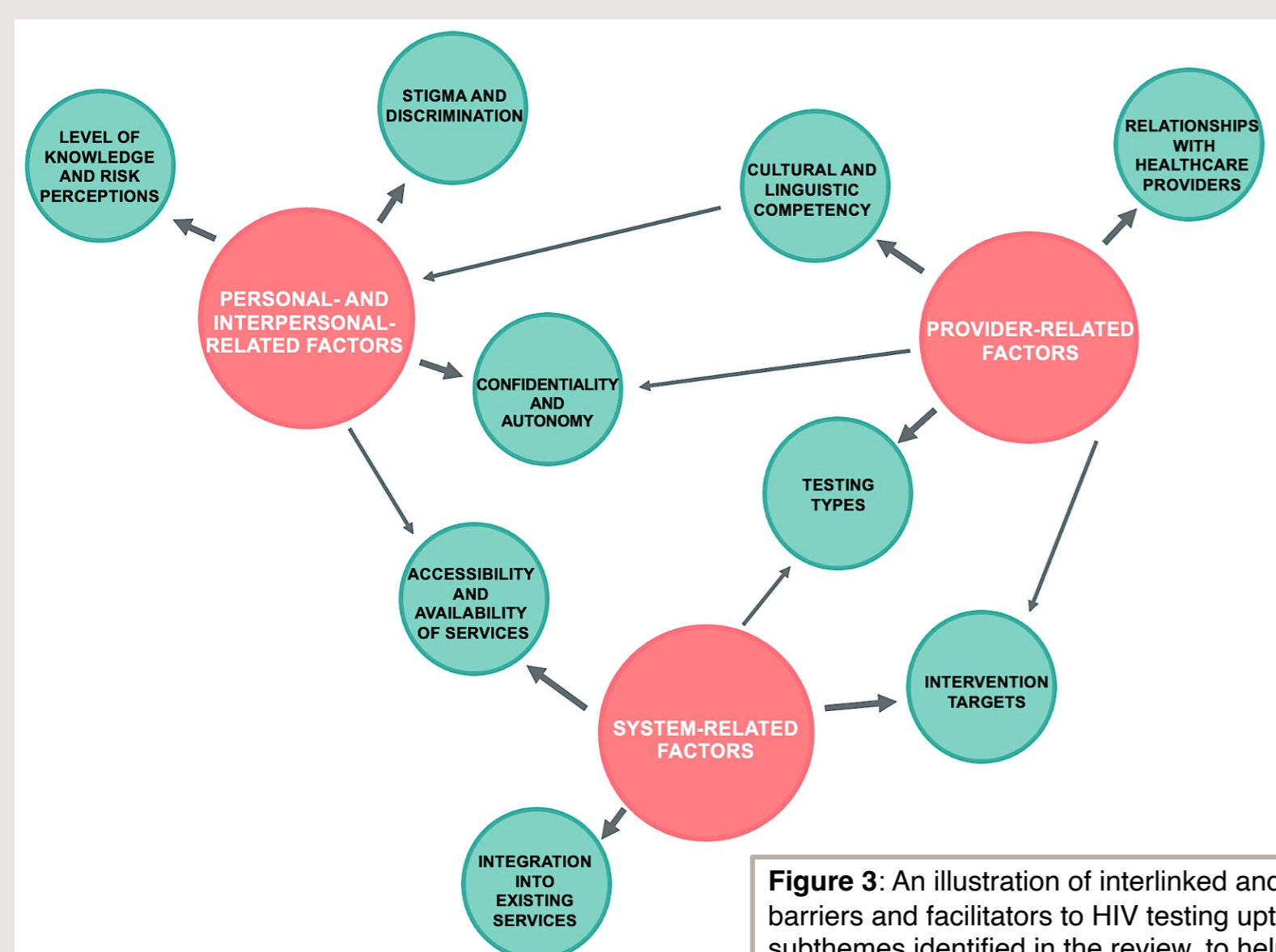


Figure 3: An illustration of interlinked and multifactorial nature of the barriers and facilitators to HIV testing uptake using themes and subthemes identified in the review, to help acknowledge the overlap.

### Personal and interpersonal-related

- ✓ Home-based self-sampling + online support networks + informative text messages: removed stigma, increased confidence in testing, retained confidentiality and autonomy
- ✓ Point-of-care testing: private environment, interpersonal rapport
- ✗ Home-based self-testing: lack of professional discussions
- ✗ Targeted- and community-based testing: exacerbated stigma and negative treatment-seeking behaviour

### System-related

- ✓ Multi-faith settings + text messages: cultural and linguistic tailoring
- ✓ Point-of-care testing: assurance of immediate access to support interventions, traditional counselling
- ✗ Home-based- + rapid-testing: logistical challenges, high error rates, difficulties in communicating positive results
- ✗ Targeted testing: feelings of unease from professionals

### System-related

- ✓ National self-sampling services, free services, targeted testing + self-sampling vending machine: improved accessibility and availability
- ✓ Promotional text messages: increased testing and re-testing
- ✗ Promotion via online platforms: lack of Internet availability

## 4. DISCUSSION AND RECOMMENDATIONS

- Services need to be designed with explicit consideration of the facilitators and barriers to testing, utilising a multi-faceted approach to align with the needs and priorities of BA and BC as individuals.
- Co-design involving communities and healthcare providers is important for successful implementation.
- Regularly updating HIV testing interventions to match the changing social and environmental contexts in BA and BC communities ensures that they remain effective and relevant over time.

### Gaps in evidence:

- quality of evidence of conference abstracts prevents the dissemination of knowledge
- limited insights into BC and STI-specific testing interventions
- lack of replicability of standalone pilots reduces validity
- selection bias in studies through non-random recruitment and convenience sampling

References: <sup>1</sup> UKHSA. Sexually transmitted infections (STIs): annual data tables 2022 [Available from: <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>]. <sup>2</sup> HIV: testing. (2017, November 15). GOV.UK. <https://www.gov.uk/guidance/hiv-testing>

The review authors declare no conflict in findings.