**Background**

Gay, bisexual and other men who have sex with men (GBMSM) in Kenya experience structural and social barriers to HIV testing and counseling (HTC), and have a high burden of undiagnosed HIV.

Since July 2015, immediate ART has been offered to GBMSM at the government sub-County Hospital in Malindi (Coastal Kenya), supported by the National AIDS & STI Control Programme and USAID.

Mobilizations were done through GBMSM peers from a local GBMSM-led community group called "Amkeni".

**Objectives**

To compare HIV prevalence and time to immediate ART initiation among newly diagnosed GBMSM who were mobilised either for clinic-based HTC or for OST, using trained lay counsellors.

**Methods**

**Recruitment for HTC**

- During 6 months (July-Dec 2015), 5 GBMSM peers mobilised 20-30 GBMSM per week for HTC.
- HTC following National testing guidelines was performed by a qualified GBMSM counsellor.
- HIV-positive men were linked to care and immediate ART; HIV-negative men received counselling, condoms, and lube, and were invited to re-test after 3 months.

**OST Procedures**

**Recruitment for OST**

- Six GBMSM peers underwent training on basic counselling skills, use of OST, and importance of confirmatory testing. Confidentiality issues were stressed.
- During 3 months (March–June 2016), 4-5 OST kits per week were extended by each GBMSM lay counsellor.
- Close supervision and daily feedback were given.
- Irrespective of OST result, all GBMSM who self tested were asked to report for confirmatory HTC at the clinic.

**Results**

<table>
<thead>
<tr>
<th>HTC</th>
<th>OST</th>
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<tr>
<td>690 GBMSM mobilised</td>
<td>337 OST kits extended to GBMSM</td>
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<tr>
<td>690 GBMSM tested</td>
<td>333 (99.1%) GBMSM returned for confirmatory testing</td>
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<tr>
<td>Median age 27 years (IQR: 22-33 years)</td>
<td>Median age 26 years (IQR: 23-32 years)</td>
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<tr>
<td>24 GBMSM (3.5%) newly diagnosed</td>
<td>29 GBMSM (8.7%) confirmed HIV-positive</td>
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<tr>
<td>20 GBMSM (83.3%) started ART after a median of 5 days (IQR: 3-14 days)</td>
<td>24 GBMSM (82.8%) started ART on the day of HIV confirmation</td>
</tr>
</tbody>
</table>

**Conclusions**

- Compared with clinic-based HTC, OST found a higher proportion of undiagnosed HIV (8.7% vs. 3.5%, P<0.001).
- Men who underwent OST had high rates of confirmatory testing, and tended to accept immediate ART treatment.
- Peer-led OST followed by confirmatory testing and immediate ART if positive was feasible in coastal Kenya.
- OST appeared an acceptable strategy to engage GBMSM for repeat HIV testing and linkage to care if indicated.

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