TITLE

Acceptability, feasibility, and preference for HIV self-testing in Zimbabwe

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Background: Access to and demand for HIV testing services (HTS) remains inadequate. HIV self-testing (HIVST) may substantially scale-up acceptability and access to testing, addressing many barriers to provider-delivered testing (PDHTS) strategies. We compared the offer of HIVST versus PDHTS in Zimbabwe to examine preferred testing method and characteristics of testers by method.

Methods: Outreach teams visited rural and peri-urban communities in advance to promote testing using either PDHTS or HIVST, and inform them of community testing dates. Individuals ≥18 years presenting for testing who had a mobile phone and provided consent were enrolled. A baseline questionnaire was administered and participant phone numbers were registered for follow-up. Those opting for HIVST received a self-test with validated instructions, and were contacted after 2 weeks to complete a telephone questionnaire about their experience.

Results: 1000 participants were recruited, 500 from rural and 500 from urban areas. Mean age was 33 years (range 18-74) and 52% were male. 17% of participants had never accessed HTS. Overall, 695 (70%) participants opted for HIVST. Those who self-tested were more likely to be < 35 years (p=0.02), more educated (p< 0.01), have ≥1 sexual partners in the past 3 months (p=0.01), and less likely to have used a condom at last sex (p=0.06). 622 (89%) self-testers completed a telephone questionnaire. Of these, 32 (5%) had not yet used the test. Primary reasons were being busy/traveling (44%) and fear of results (19%). The Table shows telephone questionnaire results, by rural/urban setting.

Characteristic	Total (N=590) N(%)	Rural (N=307) N(%)	Urban (N=283) N(%)	p-value
Self-test not at all hard to use	564 (96%)	299 (97%)	265 (94%)	0.03
Tested with someone else present	169 (29%)	82 (27%)	87 (31%)	0.28
Tested with a sexual partner	120 (12%)	64 (13%)	56 (11%)	0.44
Reported an HIV-positive test result	47 (8%)	15 (5%)	32 (11%)	0.01
Comfortable learning test result without a provider present	540 (92%)	289 (94%)	251 (89%)	0.02
Would want next test to be a self-test	510 (86%)	276 (90%)	234 (83%)	0.01
Would recommend self-testing to others	586 (99%)	306 (100%)	280 (99%)	0.47
Of those testing HIV+ (n=47), attended post-test HIV services within 2 weeks	25 (53%)	8 (53%)	17 (53%)	0.99

[Post-test telephone questionnaire data among 590 participants who used the self-test, stratified by rural/urban setting]

Conclusions: Results suggest that HIVST is highly acceptable, and preferred by the large majority over PDHTS. HIVST may encourage testing among couples, younger people, and potentially those at higher risk. Importantly, half testing positive via HIVST had linked to post-test services by the time of follow-up, similar to available linkage data from PDHTS. HIVST represents a promising alternative for increasing knowledge of HIV status in Zimbabwe.