

TITLE

“Not without us...”: views on the introduction of HIV self-testing among health care workers providing integrated HIV and sexual and reproductive health services

PRESENTER

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Background: HIV self-testing (HIVST) has potential to increase uptake of HIV testing. Its success depends on various stakeholders' support, including health care workers (HCW). In preparation for adoption and scale-up of HIVST in Zimbabwe we explored HCW views on HIVST.

Methods: Between December 2015 and January 2016, focus group discussions (FGDs) were held with HCWs providing integrated HIV and sexual & reproductive health services at two Population Services International (PSI) Clinics in Harare and Chitungwiza. Discussions were audio-recorded, transcribed, translated and analysed thematically.

Results: Four FGDs were held with 10-13 HCWs each, including 18 nurses, 15 Counsellors, 4 lab technicians, and 6 administrative staff (total=43). HCW had mixed feelings about HIVST. While they generally believed that HIVST can increase testing uptake among men, well-to-do clients and those living in hard-to-reach areas, a recurrent theme was that HIVST poses a threat to HCW jobs. All cadres believed that jobs of HCW who primarily provided counselling were most threatened. HCWs providing other clinical duties (family planning, cervical cancer screening and ART) were perceived to be safer. HCWs had mixed views on whether self-testing would lead to optimised linkage to post-test services. Additionally, it was perceived that while HIVST might be cheaper, this was likely further justification for job losses. The potential for social harms (domestic violence, suicide, and forced-testing) was widely discussed. HCW described fear that devices showing negative results could be "traded" and used to deceive partners of HIV-positive individuals. A good HIVST program was viewed as one which worked with existing health delivery structures and centred on continued HCWs involvement, including co-counselling before and after testing, and storage of kits by HCWs - thought important due to fears that kits could find their way into uncontrolled informal markets. Educating the community about HIVST was highly recommended.

Conclusions: The potential for HIVST to increase testing uptake, and to be cost-effective, is appreciated by HCWs. There is need to educate HCWs on how HIVST can enhance rather than compete with their roles, with less testing of HIV-negatives HCWs can focus on care, support and retention of HIV-positives, leading to better targeting of resources.