Views on HIV self-test kit distribution strategies targeting female sex workers: Qualitative findings from Zimbabwe

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Background
HIV self-testing (HIVST) may be a suitable strategy to increase HIV testing uptake and frequency among female sex workers (FSW). Optimal ways of distributing test kits to FSW are unclear. We qualitatively explored views on HIVST and distribution methods, amongst FSW and potential self-test kit distributors.

Methods
Focus group discussions (FGD) were held among FSW and peer educators (PE), condom-promoting hairdressers and community female condom sales agents ("Care Promoters"), ≥18 years. Discussions were transcribed and analysed thematically.

Results
From September 2016 to January 2017, 15 FGD were conducted across Zimbabwe with 7-10 participants each: 6 each among FSW (n=54) and PE (n=55); 2 among hairdressers (n=16); and 1 among Care Promoters (n=7).

Though knowledge of HIVST was limited, FSW felt it provides increased privacy and convenience. Most were against PE and hairdressers distributing kits, preferring healthcare workers from dedicated FSW clinics to do so and provide HIVST information. Preference for on-site self-testing at these clinics was expressed. Provision of HIVST vouchers for distribution to other FSW was suggested; some PE agreed, proposing they do pre-test HIV counselling alongside.

PE reported HIVST may empower FSW and provide opportunities to test clients/partners. Most were interested in distributing self-test kits if trained, though some preferred clinic distribution. Like FSW, they felt hairdressers should not be distributors.

Hairdressers showed willingness to distribute kits to FSW even at their households; conversely, FSW and PE views were mixed regarding door-to-door distribution, partly due to low prospects of linkage to post-test services. Some thought Care Promoters were better

positioned as they already distribute condoms to FSW. Hairdressers expressed a need to be incentivized, seeing self-test kit distribution as an opportunity for additional income.

Care Promoters felt HIVST may increase testing among FSW. They expressed willingness to distribute kits, and like FSW, proposed a voucher system, redeemable at clinics.

Conclusion

Though all potential distributors demonstrated willingness, FSW and PE preferred HIVST distribution through FSW clinics where support and post-test services are easily accessible. Distribution of HIVST vouchers also emerged as a potential strategy. These findings will inform scale-up of HIVST distribution targeting FSWs in Zimbabwe.