UNITAID·PSI
HIV SELF-TESTING AFRICA

Preferences for Models of HIV Self-Test Kit Distribution: Results from a Qualitative Study and Choice Experiment in a Rural Zimbabwean Community

AUTHORS:

E.L. Sibanda[1], G. Maringwa[1], N. Ruhode[1], C. Madanhire[1], M. Tumushime[1], C. Watadzaushe[1], M. d'Elbée[2], P. Indravudh[3], C. Johnson[4], K. Hatzold[5], M. Taegtmeyer[6], E. L. Corbett[3,7], F.M. Cowan[1,6] F. Terris-Prestholt[2]

1 Centre for Sexual Health and HIV/AIDS Research, Harare, Zimbabwe
2 London School of Hygiene and Tropical Medicine, London, United Kingdom
3 Malawi-Liverpool Wellcome Trust Clinical Research Programme, Blantyre, Malawi
4 World Health Organization, Geneva, Switzerland
5 Population Services International Zimbabwe, Harare, Zimbabwe
6 Liverpool School of Tropical Medicine, Liverpool, United Kingdom

Poster #
MOPED1114

BACKGROUND

- There is suboptimal uptake of HIV testing among certain groups such as men and young people
- HIV self-testing (HIVST) has been shown to increase uptake and frequency of testing, but optimal, cost-effective models of delivery are unclear
- We conducted a qualitative study and discrete choice experiment (DCE) to explore preferences for models of HIVST kit distribution in rural Zimbabwe.

METHODS

- Following door-to-door distribution of HIVST kits by community volunteers (CV) in Mazowe district, focus group discussions (FGD) were held to explore views on distribution models
- FGD were analysed thematically and used to identify distribution attributes that might be important for HIVST scale-up
- After piloting the pictorial and paper-based questionnaire, a DCE was used to estimate relative preferences for each attribute.
- DCEs are quantitative survey methods that elicit respondents' preferences for the attributes of goods or services. Respondents are presented with a series of choices for HIV testing services. By analysis of repeat choices the strength of preferences between the service characteristics can be quantified.
- Analysis used multinomial logit modelling.

RESULTS

- Between Apr-May 2016, we ran 8 gender-specific FGDs (n=81, 39 female)

- Participants favoured household HIVST distribution by CV because it reduced travel and time costs and was convenient.

> It's economic in terms of time. Let's say the hospital is far, you can just test at home

19-year old single woman

- Participants viewed distribution by nurses or community health workers less favourably because they were thought to be too busy or unable to cope with the physical demands of the task.

> Haa the nurses are rude, they shouldn't do it!

20-year old single man

> Most community health workers are pretty old so walking on a daily basis will be a bit challenging

24-year old married man

RESULTS continued

- CVs from the same village were preferred; because of existing relations they were considered more likely to relate well with locals.

- Most emphasized kits should not be sold because people would not afford them.

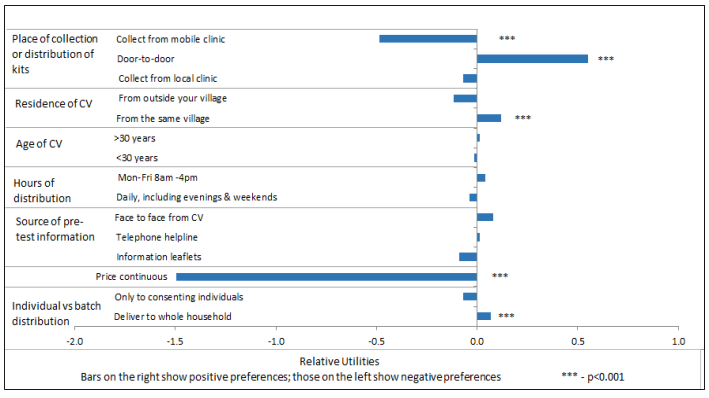
> People will not fork out money to buy a test kit. In my view they would rather go to a clinic where they can be tested for free

22-year old married woman

DCE results

- 296 participants were surveyed in the DCE. 168 (57%) were female and 134 (45%) were of the apostolic religion which is known to be against use of health services.
- Only 10% received a regular salary.
- Individuals who were unemployed and those of the apostolic religion were more likely to opt out of HIV testing altogether.

The figure below shows presented attributes and the relative strength of preferences for HIVST distribution.



- An optimum HIVST model is one where local CVs distribute kits door-to-door to households.
- Participants were strongly against selling of kits; even a small increase in price could offset some of the highly favoured attributes of HIVST.

CONCLUSIONS

- Door-to-door HIVST kit distribution is acceptable in rural communities
- The mixed methods study allowed us to determine which service-delivery attributes are important and the reasons thereof
- The relative strength of preferences can also guide planning and implementation priorities: kits should not be sold, they should be distributed door-to-door by volunteers from the same community and should be made available to all residents in the household.

CONTACT
Euphemia Sibanda
euphemia@ceshhar.co.zw
Phone: +263 4 333393
Website: http://hivstar.lshtm.ac.uk/