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

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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.
  - 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.
• 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.
• 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.

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.

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.

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