Improving gender equity in HIV testing and care through gender-responsive HIV self-testing

Authors: Liz Corbett, Marc D’Elbee, Carla Lopez, Moses Kumwenda, Melissa Neuman, Euphemia Sibanda, Musonda Simwinga, Miriam Taegtmeyer, Fern Terris-Prestholt

There is a gender gap in coverage of HIV testing and care across sub-Saharan Africa. This gap stems from challenges faced by standard-of-care HIV testing and linkage to care models in meeting the gender-differentiated needs of women and men along the HIV treatment cascade.

HIV self-testing (HIVST) products have the opportunity to address these gender-specific needs and close the gender gap in HIV testing and care in order to meet 90-90-90 targets. However, more research is needed on how HIVST can be delivered to maximize uptake and linkage to care by both women and men. The HIV Self-Testing Africa (HIV STAR) project is conducting a series of impact evaluations on community-based distribution of HIVST kits across Malawi, Zambia and Zimbabwe. The project is being implemented from September 2015 to August 2017 by the London School of Hygiene and Tropical Medicine, Population Services International, and the World Health Organization. Results from this study will be used to inform global normative guidance on HIVST.

As part of HIV STAR, we will be conducting an intercountry gender analysis of HIVST delivery and linkage to care models using mixed method approaches. Formative qualitative research will be used to understand gender dynamics around HIV testing and care and how this informs gender-specific preferences for HIVST. Discrete Choice Experiments will quantify the magnitude of gender-specific preferences for HIVST delivery and linkage to care attributes and examine predictors of these preferences. The impact evaluations will explore sex-disaggregated patterns around uptake of HIVST and linkage to care and their relationship to gender-related issues such as IPV and intrahousehold decision-making.

Recommendations from this study will be used to inform the ways in which public health policy makers and practitioners can design gender-responsive HIVST delivery and linkage to care models. The ultimate aim is to improve gender equity in HIV testing and care, both in terms of access to these services as well as subsequent social, economic, and health impacts experienced by women and men.