

User Costs for HIV Testing in Rural Malawi

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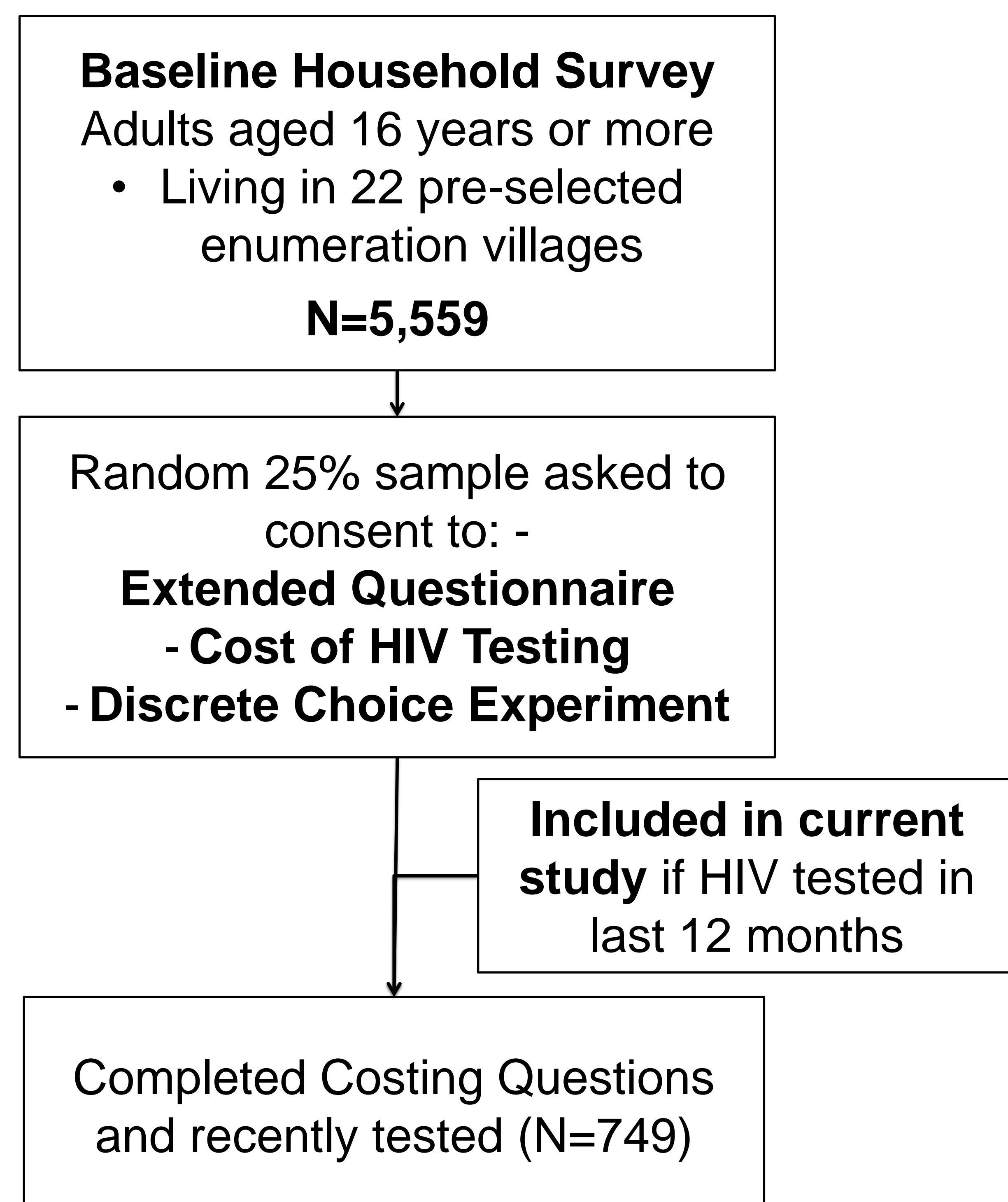
Introduction

- Only 50% of people living with HIV in sub-Saharan Africa know their HIV status, impeding efforts to increase coverage of treatment
- Key barriers to testing include direct and indirect costs and lack of convenience

Aim:

To analyse the extent to which costs and their drivers influence access and demand for HIV testing among rural Malawian communities.

Methods: Design Schema



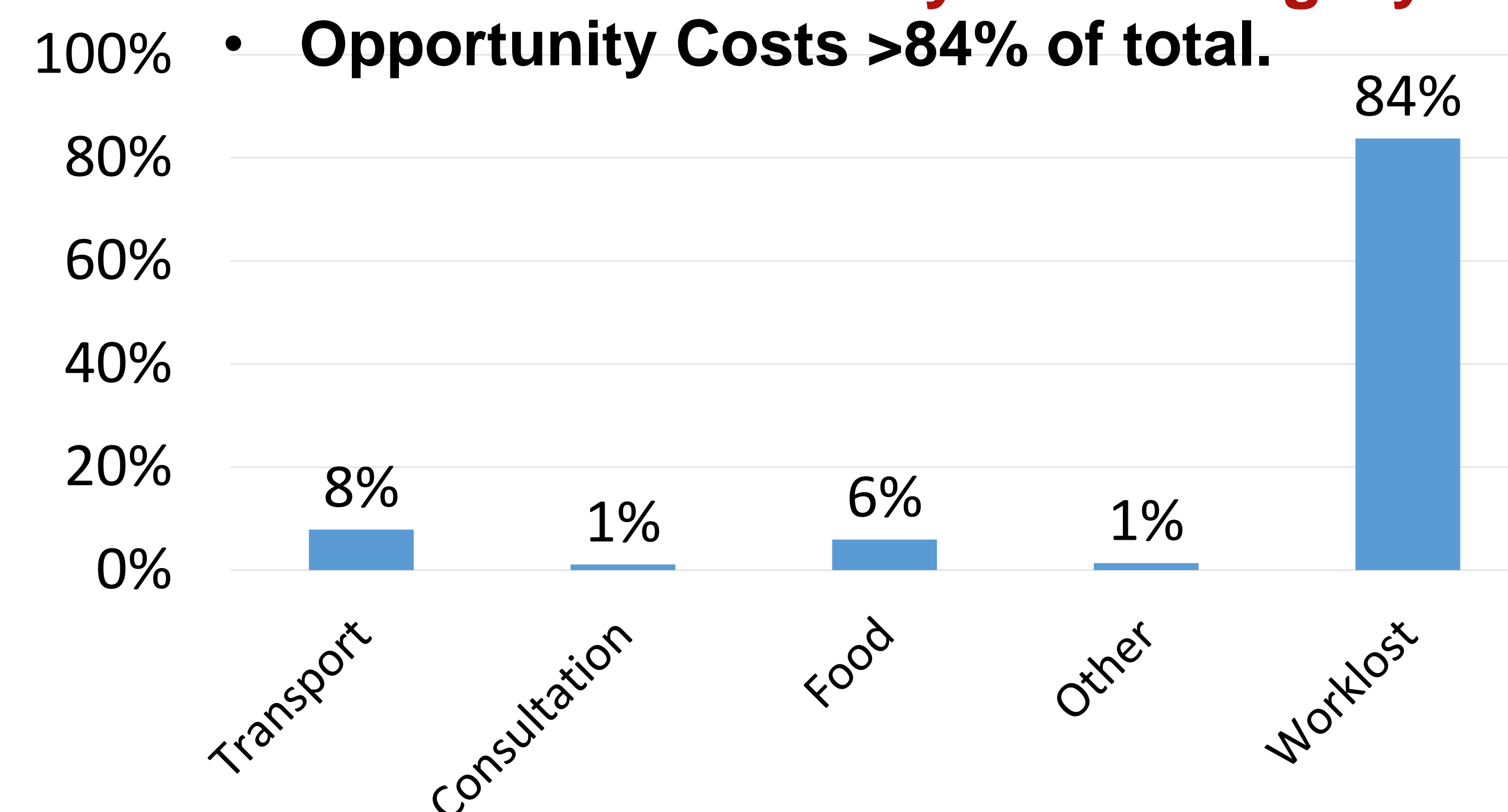
Results

USD\$ costs reported by category and gender

Cost (USD\$) Composition	Men (USD)	Women (USD)
Transport	0.26	0.16
Consultation	0.03	0.03
Child Care	0.06	0.01
Meal	0.18	0.13
Other	0.06	0.02
Work Lost	3.28	1.50
Total	3.86	1.86

- Median cost for many categories was zero
 - Testing usually accessed opportunistically or via provider-initiated services while attending care
- Mean cost of accessing HIV testing was \$2.40
 - \$3.86 for men & \$1.86 for women
- Reported user costs ~154% of average daily earnings
- Both **user and service characteristics** were important drivers of these costs

% of Total Costs incurred by cost-category



Multivariate (Tobit) Model of Cost Drivers

Variables	Tobit Model
Sex (Female)	-0.687**
Attended Secondary school	0.976*
Completed Secondary school	2.494***
Number of Children	0.173**
Community HIV testing service	-2.268***
Test Duration (Hours)	0.213***
Reason for facility Visit	0.545**
Wealth	0.0864***
Constant	4.572***
Observations	746

*** p<0.01, ** p<0.05, * p<0.1

Conclusions

- Opportunity costs of conventional HIV testing are high compared to daily consumption in rural Malawi
- Men report higher user costs relative to women
 - May in part explain their lower coverage of HIV testing and ARV treatment at national level
 - Opportunity & transportation costs can render "free" services unaffordable (Kemp 2007)
- Reducing indirect economic barriers to testing -- including HIV self testing --- should be a key component of testing strategies targeting men

Key references

- UNAIDS (2014)
- Maheswaran, H. Petrou, S. et al. (2016)
- Kemp, J.R. et al. (2007)

