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Background
HIV self-testing is a process whereby a person who wants to know his or her HIV status collects a specimen, performs the test and interprets the test result him/herself. The HIV Self-Testing Africa (STAR) project in Zambia utilised community-based distribution agents (CBDAs), voluntary medical male circumcision (VMMC) and health facility (HF) services to distribute HIVST kits. We present the costs per HIVST kit distributed and examine the key cost drivers in Zambia.

Objectives
To determine the unit costs per kit distributed using CBDA, VMMC, and HF distribution models.

Methods
We analysed project financial expenditure data between July 2016 and May 2017. All costs are presented in 2016 US$. Total and unit costs per kit distributed were estimated for CBDA, VMMC, and HF distribution.

Results
Over the lifespan of the project, 127,804 HIVST kits were distributed across 16 communities. The CBDA model distributed the vast majority of kits (83%), followed by HF (10%) and VMMC (7%) models. Personnel, HIVST prices and transport were the key cost drivers accounting for 49%, 24% and 12% of the total costs, respectively. The unit cost per HIVST kits distributed were $14.81 for CBDA, $11.90 for VMMC and $14.40 for the HF.

Conclusions
These data show that HIVST kits can be delivered affordably using supportive distribution models (CBDA and VMMC mobilisers). Marked variation between communities in the average cost per kit distributed (range $5.09 to $40.84 for CBDA model) underscores the need to explore and optimise economic efficiency. We anticipate cost savings through economies of scale when high volumes and larger populations are covered, and as distribution is integrated into routine service delivery systems. Further research will evaluate how distribution costs change as programmes mature and scale up.

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