

Informing HIV self-testing services in Malawi using discrete choice experiments

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Background

HIV self-testing (HIVST) is an inherently flexible testing method that has potential to reach underserved populations and respond to variation in user preferences. We used discrete choice experiments (DCEs) to determine strength of user preferences for HIVST delivery and linkage to care.







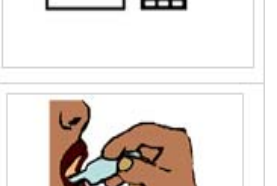


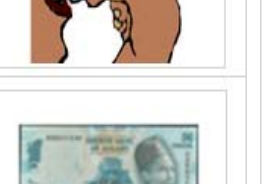


Objectives

To determine relative preferences for delivery of HIVST kits and linkage to further testing and ART initiation.

Methods

Formative research, including a literature review, individual interviews and piloting, informed the DCE design. The DCEs, using an unlabelled fractional factorial design, were nested in baseline household surveys as part of a cluster randomised trial under UNITAID/PSI Self-Testing Africa (STAR). The DCE was administered to randomly selected household members (age ≥ 16 years), with allocation to either a DCE on a) delivery of HIVST kits (n=707) or b) linkage to care (n=551).

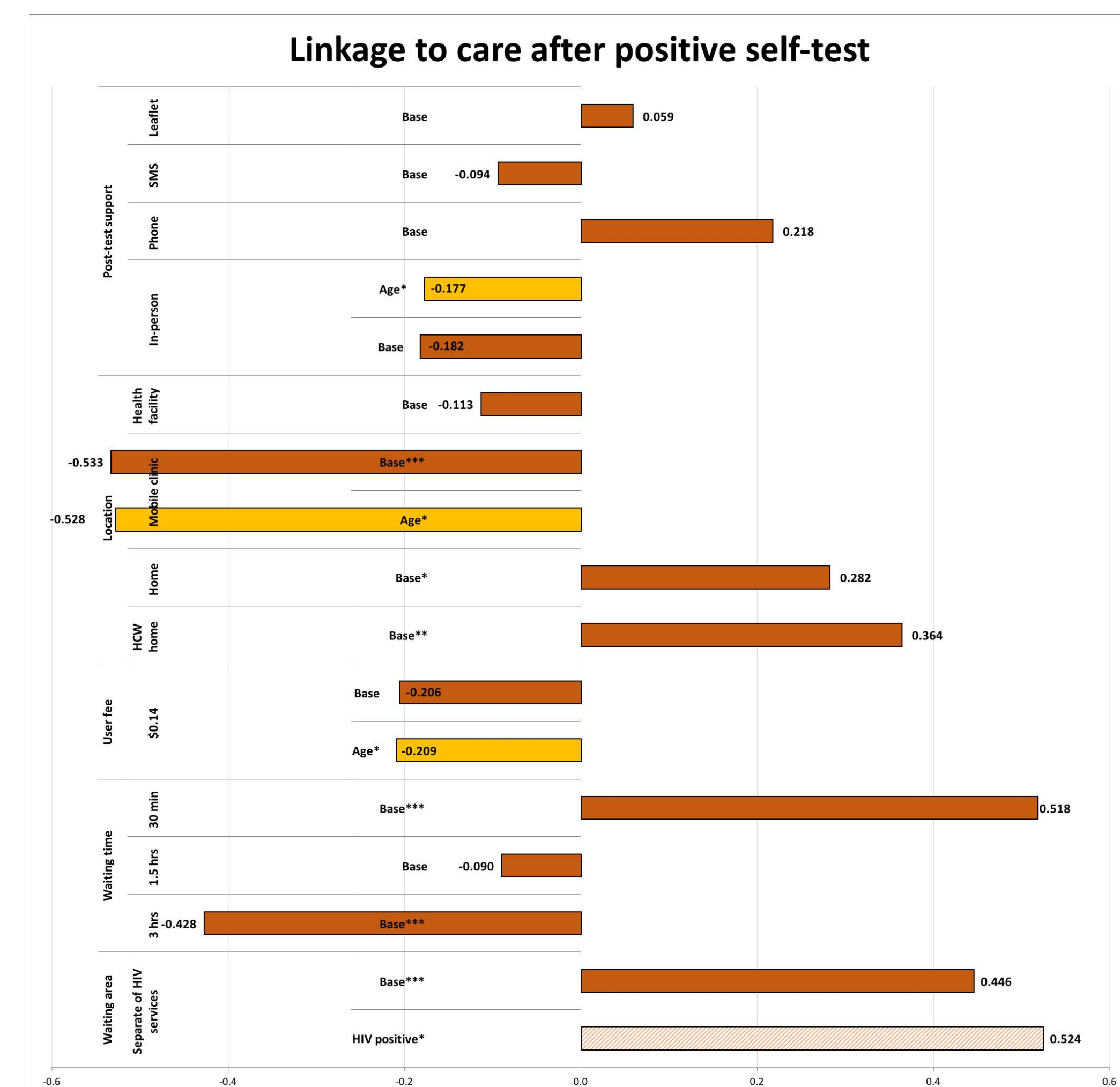
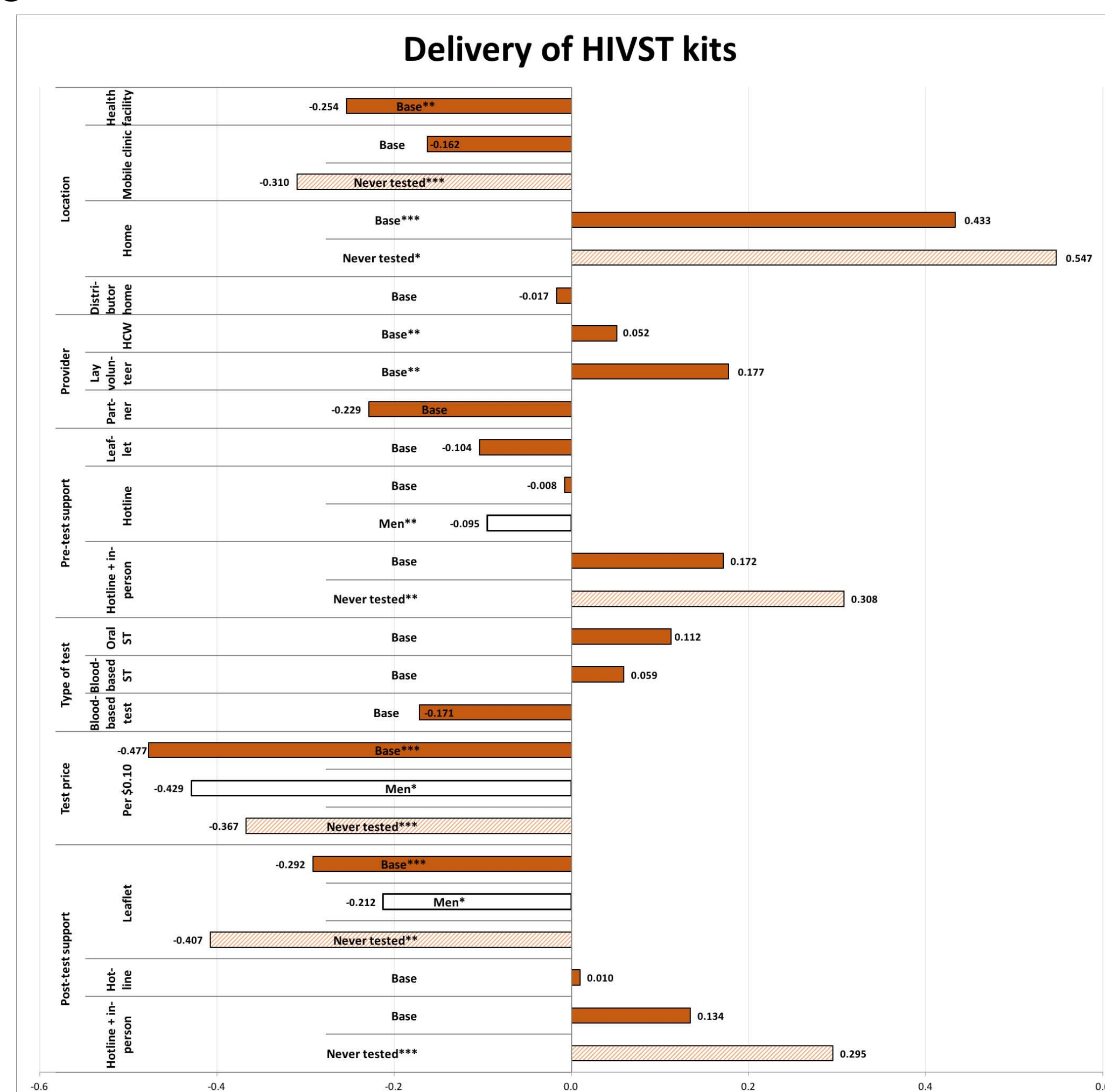
Figure 1. DCE scenario

Chochitika	Njira ina yoyamba Alternative 1	Njira ina yachiwiri Alternative 2	Palibe Opt out
Malo otengera			
Ogawa			
Thandizo musanayezetse			
Mtundu wakayezedwe			
Mtengo			
Thandizo mutayezetsa kale			

Participants were given six repeated choice bundles of services, preceded with demonstration of use of OraQuick ADVANCE® Rapid HIV-1/2 Antibody Test Kits. DCE data were analysed using a multinomial logistic model, with attributes interacted with age, sex and prior HIV testing or HIV status.

Results

Figure 2. Relative utilities for HIVST services



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

Conclusion

HIVST distribution

- Home delivery was preferred to distribution through health facilities or mobile clinics.
- There were stronger preferences for lay distributors as providers compared to health care workers and intimate partners.
- Participants were indifferent between pre-test support, but were averse to instruction leaflets as the only form of post-test support. Non-testers preferred more extensive support.
- Low prices were disincentives, but less for men and non-testers.

Linkage to care

- Upon a positive self-test, neither post-test support nor user fees were significant barriers to linkage
- Participants preferred to link at home or the home of health care workers compared to health facilities or mobile clinics.
- There were positive preferences for a short waiting time and separate waiting room for HIV services.