

Is an Unassisted Pharmacy-based HIV Self-Testing Strategy in Mozambique Sufficient?

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BACKGROUND

- HIV prevalence in Mozambique is 13%, with a co testing of 31% and 19% among reproductive aged women and men, respectively¹.
- Between May and December 2019, an HIV self-te pilot was implemented in Zambézia Province involand private pharmacies (8 urban, 6 rural).
- Clients were able to purchase up to two oral fluid-b tests at a subsidized price of 50Mzn (0.80 USD).
- The study assessed the acceptability and use of this participating pharmacies.

METHODS

- To assess acceptability of HIVST among pharmacy were conducted as follows:
 - Pharmacy clients, independently of purchase of (Months 1 and 3 of pilot)
 - Pharmacy clients who purchased a self-test and contacted (Month 3-6 of pilot)
- To assess the use of HIVST among pharmacy clients administered to pharmacy clients who purchased a se agreed to be contacted.
- To assess uptake of HIVST kit purchase and link facility, the study team evaluated routine data collect facility-based and evaluation specific pharmacy-base
- Descriptive analysis was performed, and Chi-square covariates comparing clients who purchased versus



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ving 14 public ased HIV self-		a HIVST (n=260)	bought a HIVST (n=103)	(n=303)	
ased HIV self-		n (%)	n (%)	n (%)	P-value
ased HIV self-	Ever tested for HIV				0.487
ased HIV self-	No	43 (17%)	14 (14%)	57 (16%)	
	Yes	217 (83%)	89 (86%)	306 (84%	
s strategy in all	Ever heard about HIV self-testing				<0.001
	No	211 (81%)	51 (50%)	262 (72%)	
	Yes Advantages of HIVST*	49 (19%)	52 (51%)	101 (28%)	
	Maintains confidentiality	204 (78%)	87 (84%)	291 (80%)	0 196
	Simple/ ne need of health provider	110 (150/)		104 (510()	0.004
	Simple/ no need of nealth provider	110 (45%)	00 (04%)	184 (51%)	0.001
lients, surveys	Result is fast	89 (34%)	44 (43%)	133 (37%)	0.13
self-test	To be able to test with my partner	35 (13%)	26 (12%)	47 (13%)	0.643
	Disadvantages of HIVST*				
agreed to be	No counseling nearby	75 (29%)	36 (35%)	111 (31%)	0.255
	Fear of test result	65 (25%)	22 (21%)	87 (24%)	0.464
	Doubts on the quality of the test	28 (11%)	9 (9%)	37 (10%)	0.564
, a survey was elf-test and	Fear of somebody discovering	28 (11%)	3 (3%)	31 (9%)	0.016
	Don't know how to use it	17 (7%)	5 (5%)	22 (6%)	0.544
	Too expensive	18 (7%)	2 (2%)	20 (6%)	0.061
	Not able to read the instructions	4 (2%)	2 (2%)	6 (2%)	0.786
age to health	Opinion on price of the test	, ,	x y		0.034
ted from health d registers.	Very cheap	22 (8%)	7 (7%)	29 (8%)	
	Cheap	22 (8%)	9 (9%)	31 (9%)	
	Acceptable price	142 (55%)	73 (71%)	215 (59%)	
tests done for	Expensive	73 (28%)	14 (14%)	87 (24%)	
not.	Preferred place to get a HIVST	07 (27%)	21 (220/)	101 (220/)	0.066
	Public riealth lacinty	O(20/)	24 (2370)	121(3370)	
	Filvale clinic	9 (370)	0 (0 /0)	15 (476)	
	Private/public pharmacy	145 (59%)	70 (68%)	215 (59%)	
	Other	8 (3%)	3 (3%)	11 (3%)	
	finger-prick self-test)				0.231
	Oral	141 (54%)	67 (65%)	208 (57%)	
	Finger-prick	103 (40%)	30 (29%)	133 (37%)	
	Either	15 (6%)	5 (5%)	20 (6%)	
to health	References: ¹ Ministério da Saude (MISAU), Instituto Nacion <i>Inquérito de Indicadores de Imunização, Malári</i> Mozambique. Rockville, Maryland, EUA: INS, II	al de Estatíst <i>a e HIV/SIDA</i> NE, and ICF.	ica (INE), and <i>Em Moçambiq</i>	ICF Internatior <i>Jue 2015</i> . Map	nal (ICFI), outo;

• Thanks to OraSure Technologies Inc. for kindly donating the HIVST's used in the study

RESULTS

Acceptability (n=363)

- (Table 1).

Use of test (among those who purchased)/ Feasibility (n=83)

HIVST Uptake/ Distribution

Linkage to health facility

persons.

- need to be explored.

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• Median age = 29 years [IQR 23-37], 66% male, 60% married and 64% had a \geq 12th grade education level.

• Persons who bought an HIVST had higher level of education, and higher self-reported Portuguese reading skills.

• 84% was previously tested for HIV (83% male; 88% female).

• The most frequently reported advantage of HIVST was confidentiality, while the main reported disadvantages were lack of counseling and fear of test result (Table 1).

• About a third preferred to get the self-test at a public health facility

78(94%) performed the HIV self-tes.t

• 9 (11%) reported it was their first time getting HIV tested.

• 53 (68%) performed the test alone; 17 (22%) performed the test with assistance of a family member.

• Self-reported easiness of test instructions and test performance was 31% and 41%, respectively.

• 29 (37%) felt they needed additional information or counseling.

• 45 (58%) revealed their HIVST result in survey response, and of these 10 (24%) reported being linked to a health facility (Figure 1).

• 1,153 adults purchased 1,356 tests

• 70% male

• 43% <30 years of age

• Two-thirds of the tests were sold in the 8 urban pharmacies

• 3 clients with a positive self-test result had registry of confirmatory testing at one of the health facilities in Zambézia

CONCLUSIONS

• HIVST at public/private pharmacies was successfully implemented, reaching primarily males and younger

• The cost, although low, may still be a barrier.

• Although many users found the test easy to perform, a perceived lack of counseling may also limit uptake, suggesting a need for additional counseling support (when requested) for clients purchasing an HIVST.

Strategies to improve post-HIVST linkage to health facilities