

Service Providers Perception of a Home-based Intervention to Test and Start (HITS) in rural KwaZulu-Natal, South Africa

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BACKGROUND

Men are missing from the HIV treatment cascade in South Africa, contributing to higher HIV cause-specific mortality in men and onward transmission to their female partners. Home-based Intervention to Test and Start (HITS), a factorial design randomised controlled trial (#NCT03757104) was designed to assess the effectiveness of financial micro-incentives (R50[\$3] food vouchers) and/or a male-targeted tablet-based counselling application (*Empowering People through Informed Choice for HIV* [EPIC-HIV]) to support home-based testing and linking men to care in rural South Africa. The use of a once-off voucher increased the uptake of home-based testing by more than 50%. We report on service providers' (fieldworkers and clinical staff) perceptions of HITS study.

METHODS

Ten in-depth interviews and one group discussion were conducted with a purposive sample of fieldworkers who offered home-based HIV testing [n=10] and clinical staff [n=4] providing HIV treatment and prevention services between August 2018 and February 2019. Transcripts were coded and categorised using NVIVO while identified themes were thematically analysed.

RESULTS

Service providers reported that the intervention was delivered as planned and the voucher acted as a powerful '*catalyst*' for, whilst EPIC-HIV information "*nudged*" men towards, HIV testing and linkage to care. However, they were concerned that some participants with prior knowledge of their HIV status tested because of the voucher; sustainability of voucher provision; and poor linkage to care in men. Participants in non-financial arms resented missing out on the voucher and fieldworkers sometimes felt exhausted explaining why certain participants and communities were ineligible for vouchers. They felt the training received was adequate, but the time allocated was too short to absorb the information before implementation.

CONCLUSIONS

Home-based HIV service delivery and financial incentives have been advocated as tools to improve HIV outcomes and the HITS trial demonstrated that provision of a small once-off voucher substantially increased the uptake of HIV testing. Fieldworkers and clinicians interviewed in this

sample felt that whilst the vouchers had acted as a powerful catalyst for HIV testing, they were unsure whether such a strategy would be sustainable in the long term.