HIV Self-Testing: Money Matters

To the Editor—We read with interest the recent review by Napierala Mavedzenge et al [1], which highlights human immunodeficiency virus (HIV) self-testing as a possible approach to increase HIV testing and contribute toward universal access to treatment and care. Widespread support among potential end users, across multiple settings, is a factor favoring uptake of HIV self-testing. In a recent study of the accuracy and user acceptability of an oral fluid–based rapid test kit in Singapore, which involved 994 subjects (200 known HIV-positive patients and 794 at-risk participants with unknown HIV status) in an observed setting [2], we found that 868 (87.4%) participants would purchase over-the-counter self-test kits if available. After conducting self-tests, 939 (94.9%) would recommend the test kit to others.

Our study highlighted test cost as a potential significant barrier to accessing HIV self-tests, even in an economically developed setting, where only 277 (28%) of respondents would pay at least US$15 for the test kit [2]. Similarly, in a study of 108 men who have sex with men in Seattle, 13% would only use a self-test if it was free, and only 42% would pay US $20 or more for a self-test [3]. Cost barriers to self-test access are likely to be greater in developing countries. In research settings, the most widely available HIV oral fluid–based self-tests cost US $11–$17 when purchased in high volumes [4]. The current online retail price for the first US Food and Drug Administration–approved over-the-counter HIV self-test is approximately US$40 [5]. Cost issues could severely limit access to HIV self-testing across all settings, especially among economically disadvantaged, marginalized populations—often the populations most in need of increased HIV testing. For HIV self-testing to be truly a tool for public health advancement and not solely the domain of the wealthy “worried well,”
public health policy planners and researchers will need to factor cost into the calculations.

Notes

Financial support. M.-T. T. has received institutional funding through the National Medical Research Council Exploratory/Developmental (grant EDG10nov070).

Potential conflicts of interest. Both authors: No potential conflicts.

Both authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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Clinical Infectious Diseases 2013;57:771–2

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DOI: 10.1093/cid/cit361