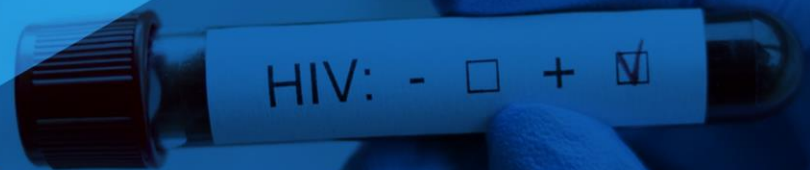


Tbilisi, Georgia

November, 2022

CRRC POLICY
BULLETIN

NUDGING HIV SELF TESTING IN GEORGIA 2022



ABOUT CRRC GEORGIA

CRRC-Georgia is a non-governmental, non-profit research organization, which collects, analyzes and publishes policy relevant data on social, economic and political trends in Georgia. CRRC-Georgia, together with CRRC-Armenia and CRRC-Azerbaijan, constitutes a network of research centers with the common goal of strengthening social science research and public policy analysis in the South Caucasus.

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DISCLAIMER

The project Behavioral insights for low uptake of HIV testing in Georgia is implemented by the United Nations Development Programme (UNDP) through the Challenge Fund, with the financial support of the Ministry of Foreign Affairs of the Czech Republic. The content of this material does not necessarily represent the official views of the Ministry of Foreign Affairs of the Czech Republic, or of the United Nations, including UNDP, or UN Member States.

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ABSTRACT

HIV transmission is increasingly common in Georgia. While there is a concentrated epidemic among young key populations and particularly men who have sex with men, heterosexual forms of transmission are also on the rise in the country. Simultaneously, testing is associated with significant stigma among the population of Georgia, particularly given challenges around privacy in the country. This study reports the results of three iterative randomized control trials aimed at addressing this challenge. The first looked at which message was most likely to lead to interest in and actual orders of HIV self-tests. The second trial increased the salience of key messages tested. The third trial attempted to make the HIV self-test order process simpler, using the top messages from the previous two trials. In total the messages were viewed several hundred thousand times, by at least one in five Georgians aged 18-34. Overall, the study finds that the most effective message offered participants the opportunity to participate in an iPhone raffle. The trial of a simplified order platform, reducing the need for provision of information, suggests significant increases in order rates. At an overall cost of 2.66 USD per order, the methods used within these trials were substantially less expensive than most other past efforts at promoting HIV self-testing internationally.

INTRODUCTION

Georgia has made significant progress on the HIV pandemic yet has significant ground to gain in terms of the share of people living with HIV which are aware of their HIV status. The UNAIDS Fast Track 90-90-90 goals set three targets for a country for HIV prevention and control:

- 90% of all people living with HIV will know their HIV status;
- 90% of all people with diagnosed HIV infection will receive sustained treatment, and;
- 90% of all people receiving treatment will have viral load suppression.

UNAIDS data suggests that Georgia is on track with the 2nd and 3rd goals, with 91% of people diagnosed with HIV receiving sustained treatment and 97% of people receiving treatment having viral load suppression. Yet, an estimated 36% of people living with HIV are unaware of their HIV status.¹

Given the above challenge, HIV testing is critical. Standing in the way of addressing this challenge is significant stigma against people with HIV. Roughly half the public report (49%) they would not

¹ UNAIDS, 2020, *Country progress report – Georgia*. Available at: https://www.unaids.org/sites/default/files/country/documents/GEO_2020_countryreport.pdf

buy vegetables from someone if they knew they had HIV, according to data from 2019, and 40% report that they do not think HIV positive children should be able to attend school with HIV negative children.²

Young people are particularly unlikely to be aware of issues around HIV. Only 11% of young people aged 15-24 have comprehensive knowledge about HIV prevention. In this age group only 33% knows where to get tested for HIV, and 60% have discriminatory attitudes towards people living with HIV.³ At the same time, HIV is increasingly being transmitted through heterosexual means in Georgia, making transmission an issue for larger shares of the population than traditional key populations.⁴

In support of making progress on this social challenge, CRRC Georgia, Caritas Czech Republic, UNDP Georgia, and Tanadghoma, with the financial support of UNDP Czechia, carried out a series of randomized control trials and developed an HIV self-testing service that aimed at encouraging young people to take HIV self-tests through providing an anonymous and sensitive HIV self-testing service. To carry out the research, Caritas Czech Republic and CRRC Georgia partnered with Tanadghoma (who operate selftest.ge together with their partners Equality Movement and Georgian Harm Reduction Network) to provide HIV self-testing for young people in Georgia. As part of this process, Tanadghoma expanded its online self-testing platform. The platform enables individuals in key risk groups to order HIV self-tests. For the current study, Tanadghoma expanded the platform to enable young people outside of key risk groups to order a self-test. Through the platform's staff, the self-test is then delivered via courier to a location the participant selects. Aside from the above, the project also provided free peer counseling on taking and using the test as well as free appointments with doctors on how to use the test as well as next steps to take after taking the test, depending on the results. To provide these services in a manner that was sensitive to the needs of youth, a protocol for the sensitive provision of services was also developed, with peer advisors and doctors trained on the provision of services.

This brief provides the results of this randomized control trial. The next section describes the study's methodology. Findings are provided in the subsequent section. The study ends with conclusions and recommendations.

² Ibid.

³ UNICEF, 2018. Multiple Indicator Cluster Survey. Available at:

<https://www.unicef.org/georgia/reports/2018-georgia-mics-multiple-indicator-cluster-survey>

⁴ Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA) of Georgia, Forthcoming. Georgia HIV/AIDS National Strategic Plan 2023-2025.

METHODOLOGY

This study used a set of three randomized control trials to address the research questions described in the previous section. This section of the report provides a description of the methodology used in the study, first briefly describing what a randomized control trial is, then proceeding to describe the messages tested and the sample for the study.

Randomized control trials

A randomized control trial tests different interventions against a control group, which does not receive any intervention or a baseline intervention. This method is considered the scientific gold standard across disciplines for identifying whether an intervention is effective or not. Through randomizing which intervention a person receives, the researcher can be certain that on average the only difference between the different groups is that one received the intervention (or treatment) and the other(s) did not.

For the present study, randomization took place using Facebook's A/B testing tool. Advertisements were placed into the tool and left running with approximately 250 USD per message for a one-month period for each study, during the summer of 2022. Aside from collecting data that Facebook provides directly, the study also makes use of the number of orders received from the study self-test.ge platform.

Messages

The study tested four different messages overall. The messages tested are provided below. The control message informed participants of a simple and free means of obtaining an HIV self-test. The first treatment message attempted to assuage participants of the fear of a positive result. The second treatment message focused on confidentiality. The third message included an additional message that attempted to encourage participants to order an HIV self-test through promising to include them in a raffle for an iPhone 13 if they ordered an HIV self-test. The messages described below were transformed into short animations by Forset, a design and community building NGO in Georgia. The videos used to visualize the messages below are available from CRRC-Georgia's YouTube page.⁵

⁵ Video 1: <https://www.youtube.com/watch?v=4Jp12Nzyw54>

Video 2: <https://www.youtube.com/watch?v=VYYOrQ6LEq8>

Video 3: <https://www.youtube.com/watch?v=bz1TnRiMFmU>

Figure 1: Messages tested

Condition	Description
<p>Control</p>	<p>Do you know your HIV status?</p> <p>A UN initiative in Georgia enables young people aged 18-34 to get tested free of charge.</p> <p>Click on this link, fill out a simple form, and an HIV test will be delivered to you, free of charge.</p> <p>The HIV tests are quick and easy to use.</p> <p>Inside the package, you'll find an HIV self-test, instructions on how to use it, and where you can find out more information about the results.</p>
<p>Treatment 1: Fear of a positive result</p>	<p>Do you know your HIV status?</p> <p>Many people think that HIV is only a problem for men who have sex with men and drug users, but recent research shows that the most people getting HIV in Georgia are heterosexuals.</p> <p>With modern medicine and early detection, HIV is completely treatable – you can live a completely normal life and the risk of passing the virus on to anyone else is minimal.</p> <p>A new UN initiative in Georgia enables young people aged 18-34 to get tested free of charge.</p> <p>Click on this link, fill out a simple form, and an HIV test will be delivered to you, free of charge.</p> <p>The HIV tests are quick and easy to use.</p> <p>Inside the package, you'll find an HIV self-test, instructions on how to use it, and where you can find out more information about the results.</p> <p>Through this link you can reach trained professionals that are sensitive to the needs of young people and are available to help you use the self-test and understand the results.</p>

<p>Treatment 2: Confidentiality</p>	<p>Do you know your HIV status?</p> <p>A new UN initiative in Georgia enables young people aged 18-34 to get tested free of charge, completely confidentially and anonymously.</p> <p>Click on this link, fill out a simple form, and an HIV test will be delivered to you, free of charge.</p> <p>The test is in a discreet package so no one knows what's inside, including the person delivering it.</p> <p>The HIV tests are quick and easy to use.</p> <p>Inside the package, you'll find an HIV self-test, instructions on how to use it, and where you can find out more information about the results.</p> <p>Through this link you can reach trained professionals that are sensitive to the needs of young people and are available to help you use the self-test and understand the results.</p> <p>You don't even need to provide your name to meet with one. All you need to do is fill out this simple form.</p>
<p>Treatment 3: Lottery</p>	<p>Do you know your HIV status?</p> <p>Young people (18-34) who get tested in the next three months, through clicking on this link, will be entered into a lottery draw to win a new iPhone 13.</p> <p>A UN initiative in Georgia enables young people aged 18-34 to get tested free of charge.</p> <p>Click on this link, fill out a simple form, and an HIV test will be delivered to you, free of charge.</p> <p>The HIV tests are quick and easy to use.</p> <p>Inside the package, you'll find an HIV self-test, instructions on how to use it, and where you can find out more information about the results.</p> <p>Through this link you can reach trained professionals that are sensitive to the needs of young people and are available to help you use the self-test and understand the results.</p> <p>All you need to do is fill out this simple form for a chance to win a new iPhone 13.</p>

Iterations of the study

The study included three different randomized control trials. In the first randomized control trial, simple Facebook posts containing the above messages as visualized in the animations were put on Facebook. In the second randomized control trial, text summarizing the key message of each video in one sentence was provided on the Facebook post. In the third randomized control trial, only the second and third treatment messages were tested as they had outperformed the other messages in previous studies. In the third iteration of the study, however, the inputs required to order the actual test on the self-test.ge platform were minimized to a minimum set of information needed to provide a participant with an HIV self-test.

Sample

As noted above, the data collected within the study came primarily from Facebook, with randomization taking place using its A/B testing tool. Ultimately, the study included at least 19% of the Georgian people aged 18-35 in Batumi, Kutaisi, and Tbilisi, the target population of the study. The study likely included a larger share of the population, but because the study was conducted over three separate A/B tests, only the minimum threshold for participation is possible to identify.

Figure 2: Sample characteristics

Young people in Georgia 20-34	698074
Share of 18–35-year-olds using internet	92%
Share of 18–35-year-olds using Facebook if online	95%
Share of 18–35-year-olds using Facebook	87%
Population of Kutaisi, Batumi, and Tbilisi	1507000
Share of population of country in Batumi, Kutaisi, and Tbilisi	41%
Estimate of youth in Batumi, Kutaisi, and Tbilisi	283663
Estimate of youth using Facebook	247921
Users reached RCT 1	47908
Users reached RCT 2	38456
Users reached RCT 3	54368
Share of population of interest reached overall RCT 1	17%
Share of population of interest reached overall RCT 2	14%
Share of population of interest reached overall RCT 3	19%
Share of Facebook using population reached RCT 1	19%
Share of Facebook using population reached RCT 2	16%
Share of Facebook using population reached RCT 3	22%

Data analysis

The key metrics in the current study include:

- Clickthrough rate (number of people clicking on the advertisement divided by number of people who saw the advertisement);
- Clickthrough per impression (the same statistic as above, but normalized on a per impression basis);
- Cost per click (USD cost to achieve 1 user clicking the web-page);
- HIV Self-test order (number of orders by message seen);
- Conversion cost (cost of getting one person to order an HIV self-test).

In general, the sample size for the current study makes the use of inferential statistics less informative than smaller sample settings, because almost any finding will be statistically significant. As a result, this report primarily makes use of descriptive statistics. In cases where a finding was potentially statistically insignificant, regression analysis was conducted to test whether an observed difference was statistically significant.

FINDINGS

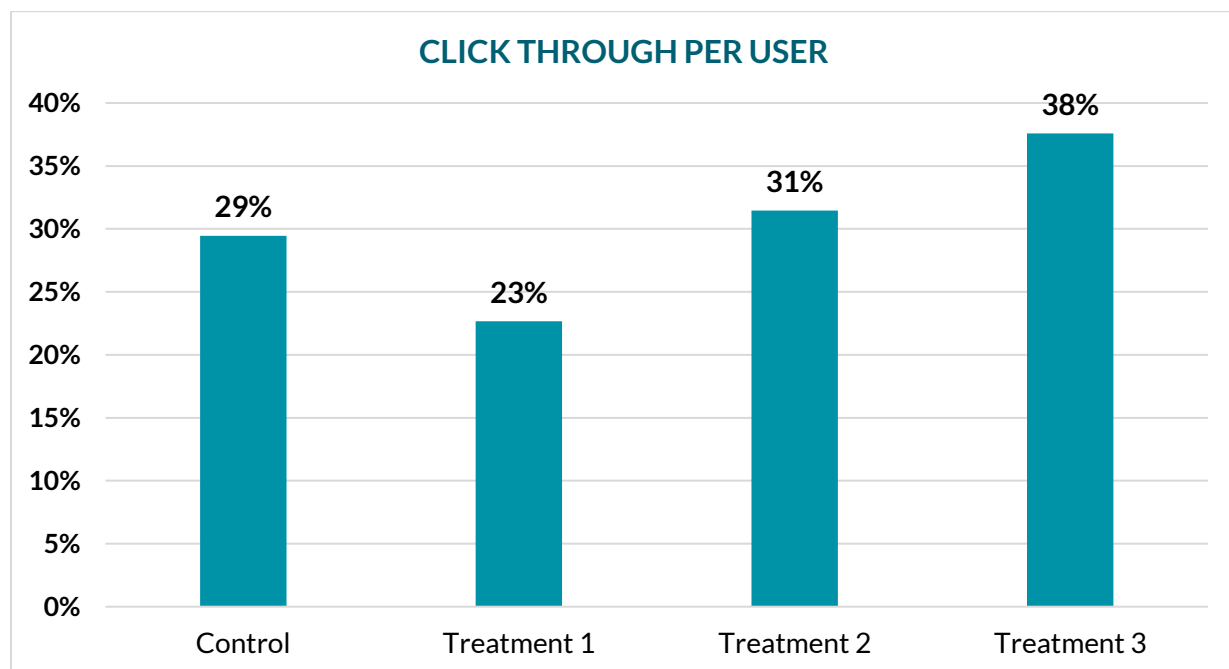
Overall, the findings of the study lead to the conclusion that the iPhone 13 raffle in combination with a simple and easy to use web site that collects a minimum of information is most effective at generating HIV self-test orders. This section lays out the findings of each study, in turn providing evidence that supports this conclusion.

Experiment 1

As noted in the methodology section, the first study reached an estimated 17% of the youth in Tbilisi, Batumi, and Kutaisi, including 19% of the youth using Facebook in these areas. The results of the first experiment lead to the conclusion that the iPhone 13 message was the most effective across all metrics tracked, with the exception of the number of orders, for which there were few overall.

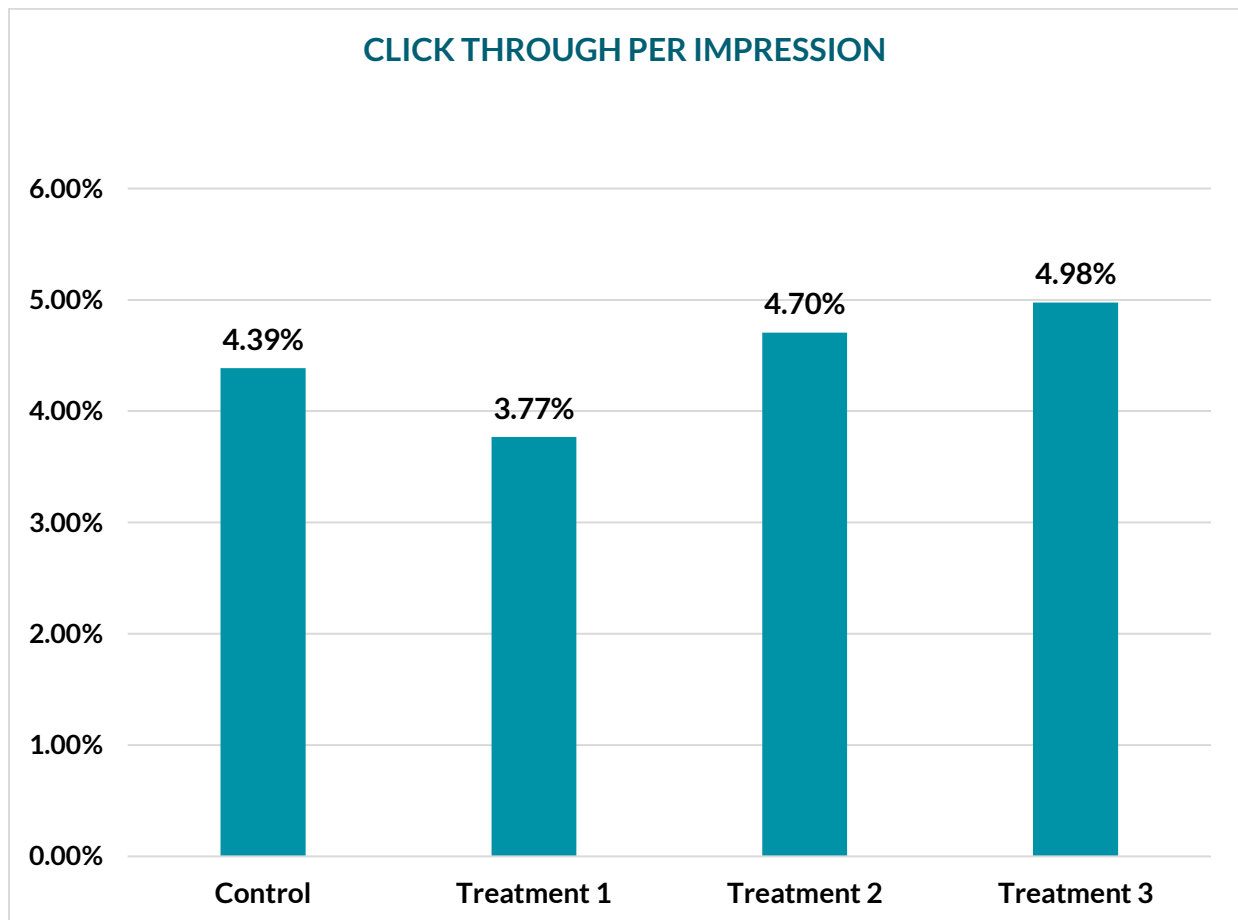
The first metric which the study made use of was clickthrough. Overall, the control message received a 29% click through, the first message a 23% click through, the second message a 31% clickthrough, and the third message, a 38% clickthrough rate. This in turn translates to a negative six-point effect for the second message, a two-point effect for the third message and a nine-percentage point effect for the third message (i.e. the iPhone 13 raffle).

Figure 3: Clickthrough rate



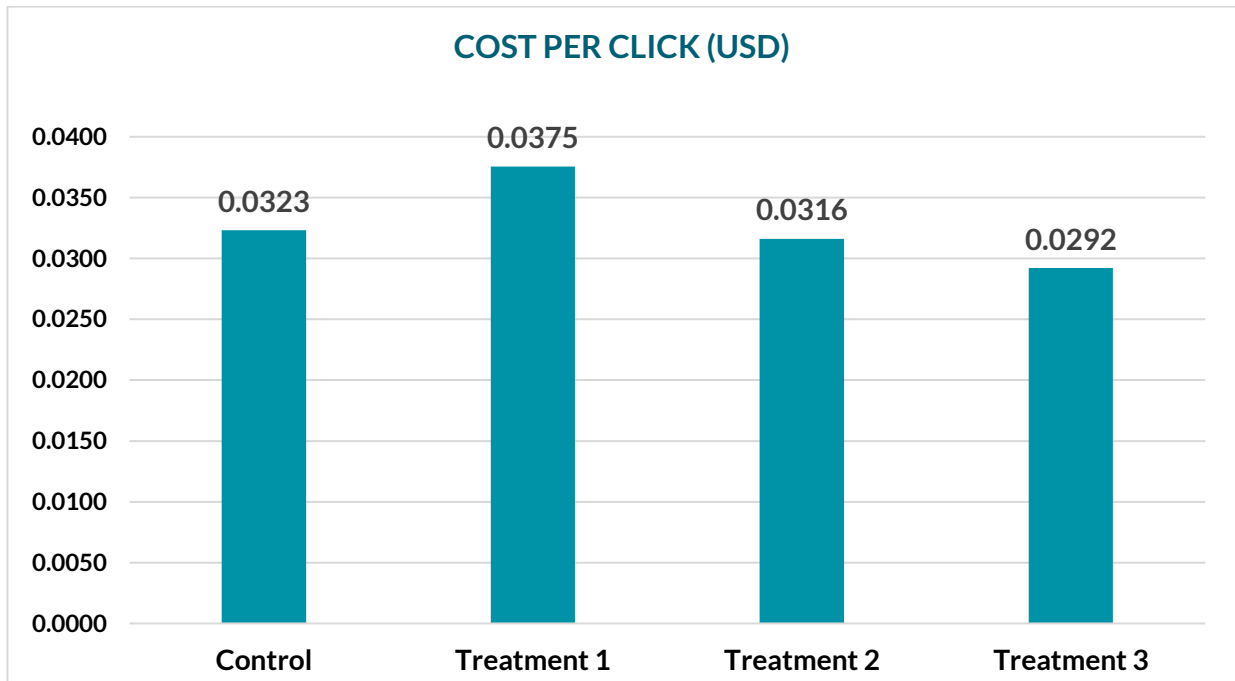
The second statistic which the study enables an examination of was clickthrough per impression. This metric is useful, because users tend to see the message, they are assigned on Facebook several times. When the figures are converted into click through per impression, the same broad patterns are present, though the relative differences between messages shift slightly. The first treatment message remains relatively weak, while the second and third treatments continue to outperform the control message.

Figure 4: Clickthrough per impression



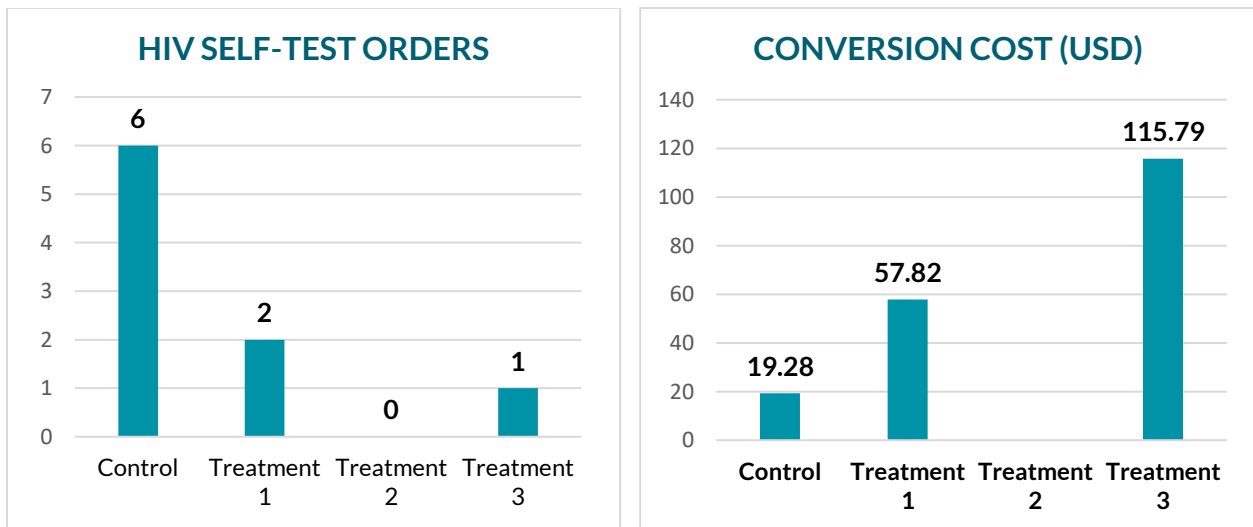
Aside from the above, the cost per clickthrough was also calculated. The data indicate that the control message cost \$0.0323 per click to the landing page. By comparison, the cost rose to \$0.0375 (14% more expensive than the control) per click for the first treatment. The cost per click declined to \$0.0316 (2% cheaper than the control) for the third message, and \$0.0292 for the third message (10% cheaper than the control).

Figure 5: Cost per click



During the first round of the study, despite the thousands of click throughs, few individuals ordered HIV self-tests. In this regard, the control group received the most orders, and correspondingly had the lowest cost per order (at 19.28 USD).

Figure 6: HIV self-test orders and conversion costs



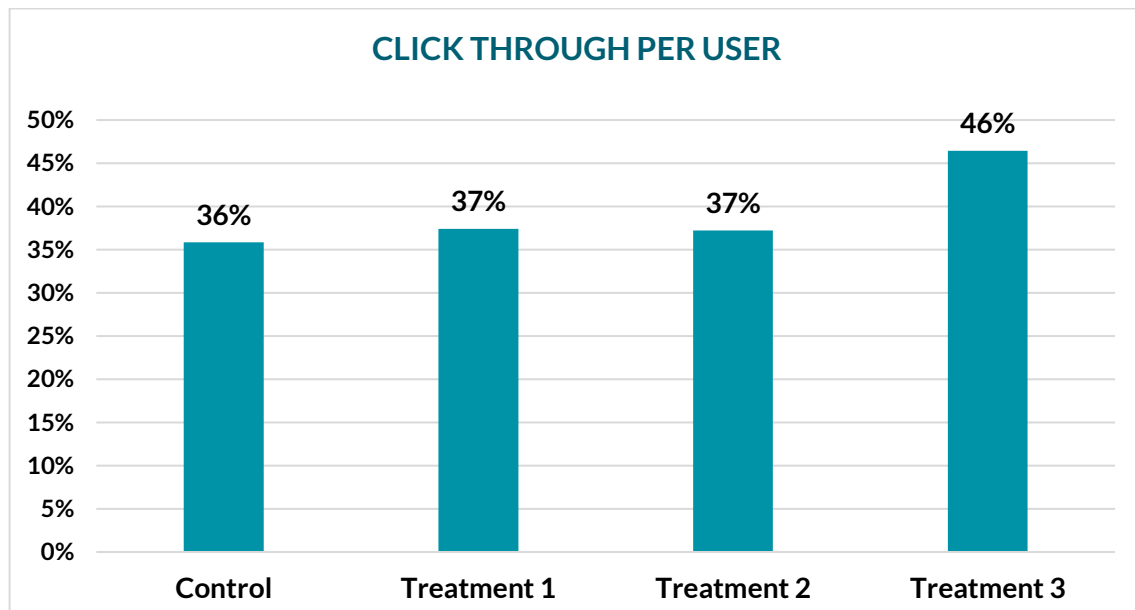
Based on the above data, the most promising messages appear to be the message around confidentiality and the iPhone 13 lottery. In contrast, the message which attempted to assuage fears of a positive result had a negative impact on clickthrough rates.

RCT 2: Additional information

Based on the above data and analysis, a new randomized control trial was conducted on Facebook, with the same setup as the previously described analysis. However, project partners suspected that the study participants were not fully watching the videos and people's attention was not fully drawn from the videos placed on the Facebook post. As a result, the key message of each video was placed on each of the four Facebook posts, and the same study was conducted anew. The results did not result in substantially different results, but did confirm the above findings. For this study, the advertisements reached 14% of the total youth population in Batumi, Kutaisi, and Tbilisi, including an estimated 16% of the Facebook using youth population.

During the second wave of the study, the iPhone 13 lottery message performed significantly better than the other messages in terms of clickthrough, with an increase in the click through rate of 10 percentage points overall. This compares to one percentage point increases in the clickthrough rates for the first and second treatment.

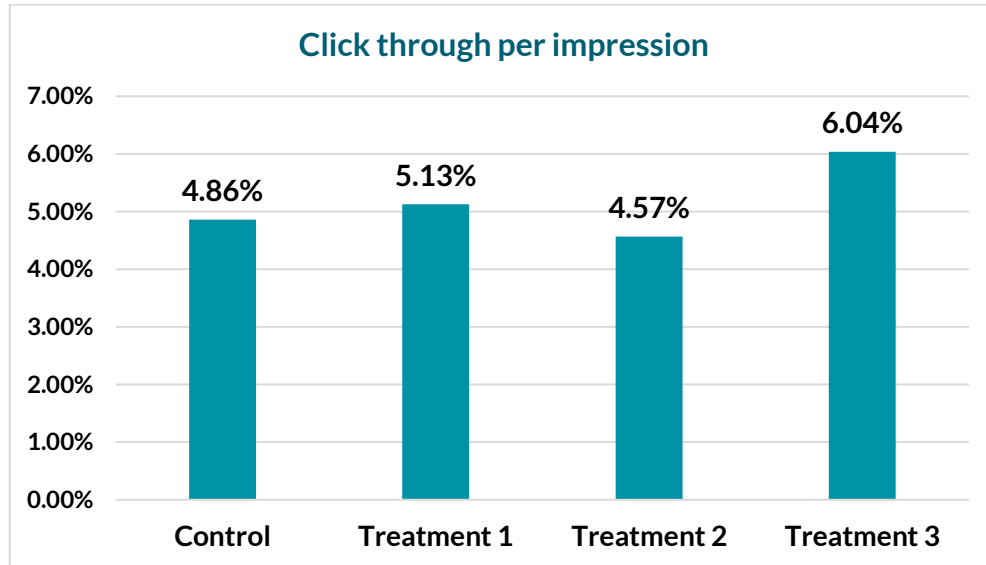
Figure 7: RCT 2 Clickthrough rate



The pattern is quite similar when the data are adjusted for clickthrough per impression, though less stark. While the click through rate per impression was 4.86% for the control message, there was a 6.04% clickthrough rate for the message about the iPhone 13 lottery. The data suggest that the second treatment message performed modestly worse than control when considered on a per

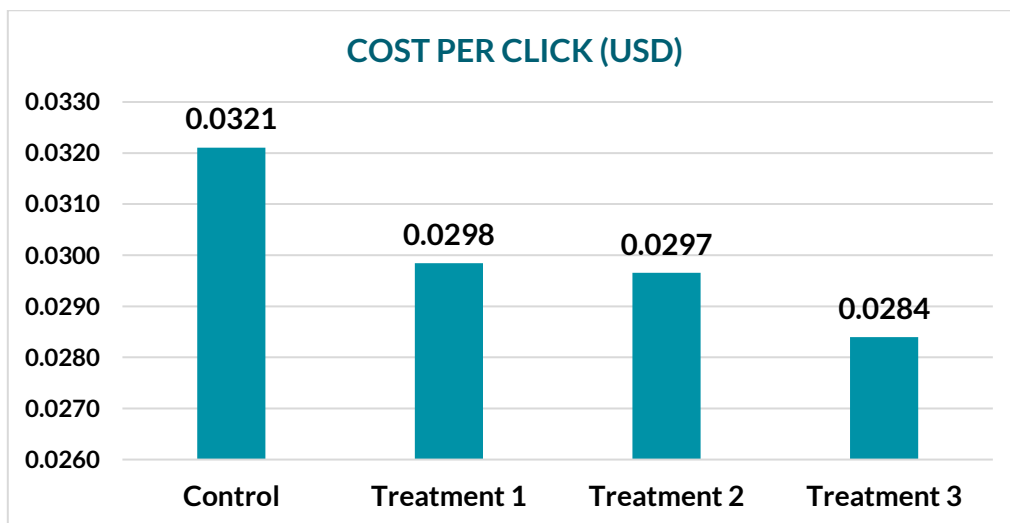
impression basis and the first treatment message performed modestly better than the control on a per impression basis.

Figure 8: RCT clickthrough per impression



The data suggest that on a cost basis, the third treatment message is again most effective at \$0.0284 (12% cheaper than the control) per click compared with \$0.0321 per click in the control message. By comparison, the other two treatment messages had costs of \$0.0298 (7% cheaper than the control) and \$0.0297 (8% cheaper than the control) per click, outperforming the control message.

Figure 9: RCT 2 cost per click



Despite the above messages all having relatively strong performance, this wave of the RCT resulted in a single HIV self-test order (in the third treatment group), at a cost of \$112.19.

RCT 3: Simpler order forms

Given that the above did not succeed in increasing the order rates, the project team turned to the hypothesis that rather than the messages being problematic, which showed significant numbers of individuals clicking through, the somewhat complicated order form was likely at fault. As a result, the landing page was simplified, and a bare minimum of information required for ordering a self-test was placed immediately on the landing page for ordering. This proved to be successful, substantially increasing order rates.

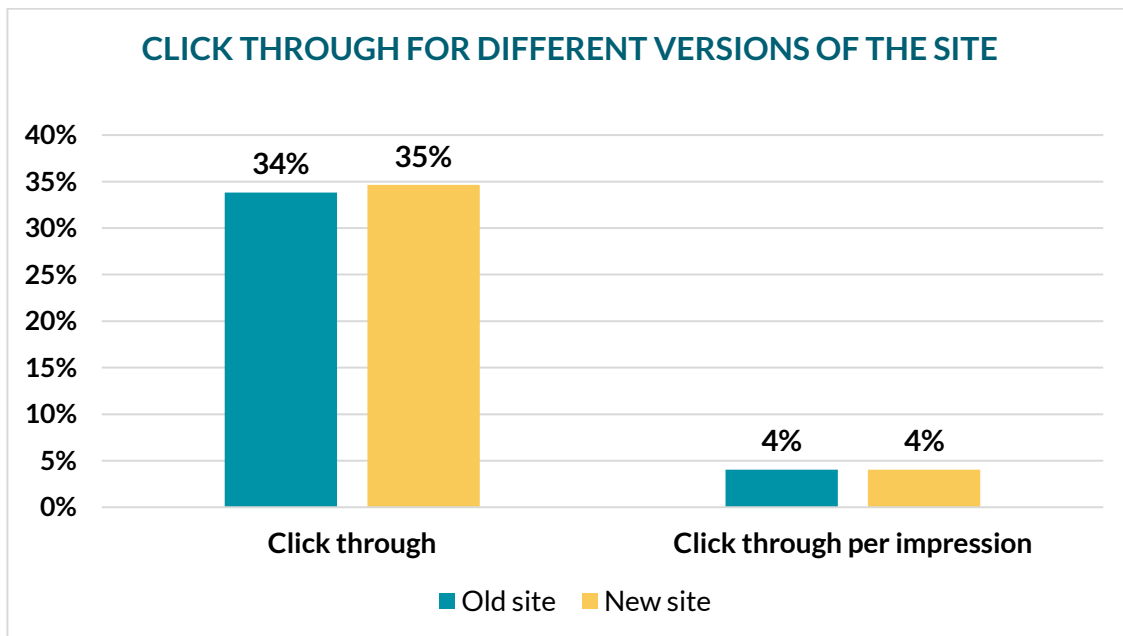
The RCT described in this section reached approximately 19% of the youth population of the three cities included in the study, including 22% of the Facebook using youth population. As noted in the methodology section, the third RCT conducted within this study only looked at the second (confidentiality) and third treatment (iPhone 13 raffle) messages as they had performed strongest over the course of the study and limitations around how many messages could be tested using Facebook's A/B testing tool (a maximum of five posts could be tested while eight would have been needed to continue using all messages).

Order form improvements

The results suggest that the previously difficult and high information landing pages were a significant barrier to self-test orders. While in the previous rounds of RCT, a total of nine tests were ordered, in the current round, 70 were. The data suggest that this primarily stems from the simplified order form.

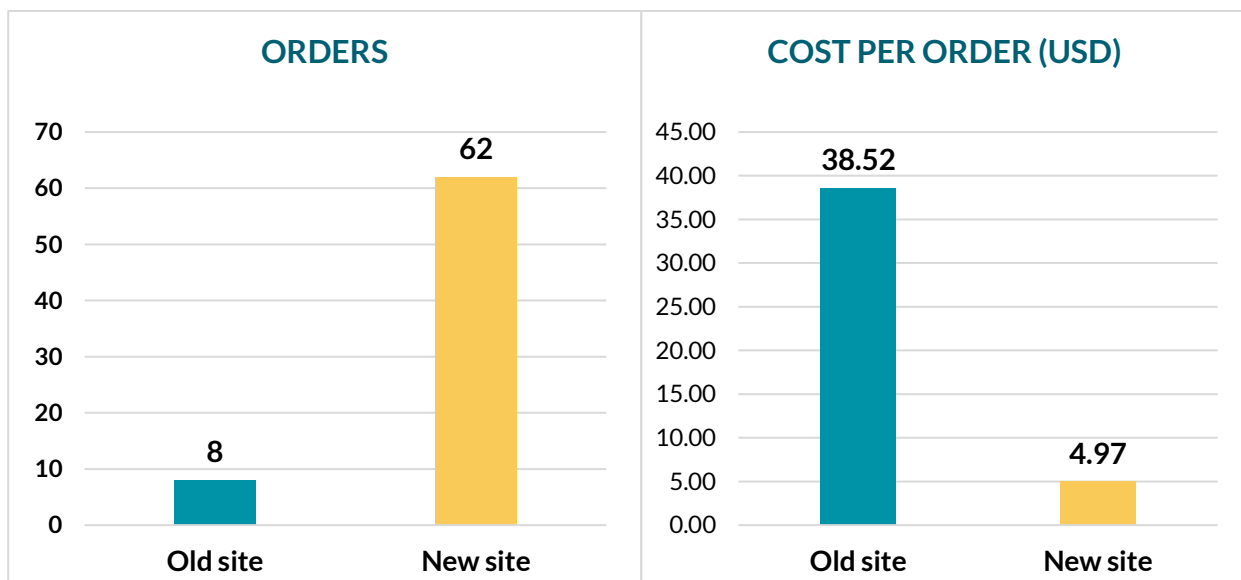
When the data are compared considering the two different landing pages, there are roughly similar levels of click through as well as clickthrough per impression. This suggests that the randomization effectively worked in ensuring that the URL being different did not have a substantial effect on the ordering behavior of participants.

Figure 10: Clickthrough rates for different versions of the site



The simplified landing page received 62 self-test orders, while the old landing page received 8 orders. This is a 0.2% higher order rate overall for the new landing page, which is statistically significant. On a cost per order basis, this translates to moving the cost per order from 38.52 USD to 4.97 USD per order. This is equivalent to a 775% improvement in the performance of the advertisement.

Figure 11: Orders and cost per order by version of the site



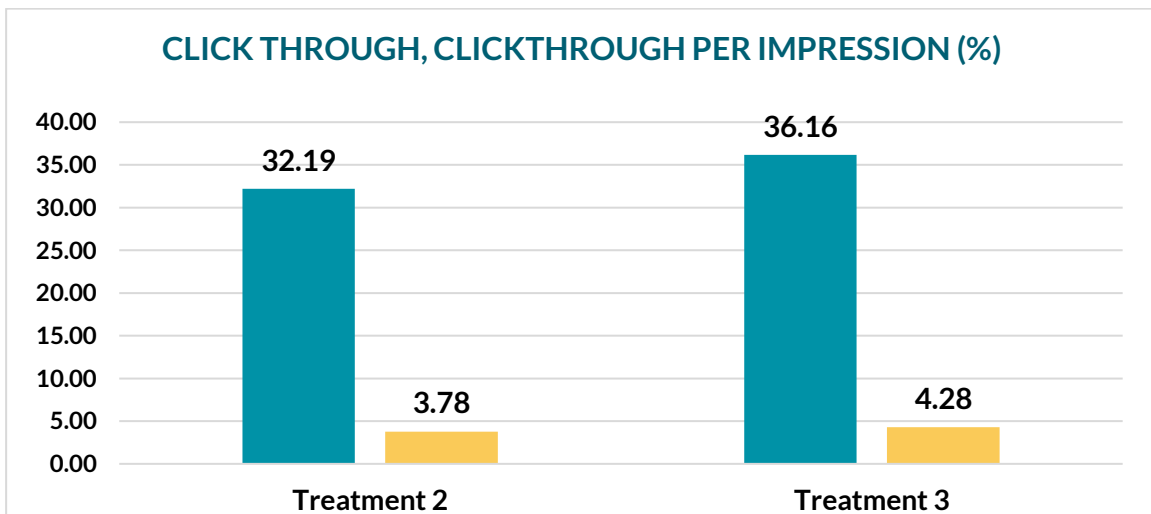
Overall, the data clearly show that the simplified landing page is substantially more effective than the more complicated landing page which the project started out with.

Messages

In the current round of experimentation, the study only used the third and fourth messages to understand, due to limitations in the number of messages which can be tested within Facebook's A/B testing tool in combination with the fact that the landing page link was also randomized using the A/B testing tool. In the current trial, the results across the board suggest that the iPhone 13 giveaway was the most effective message.

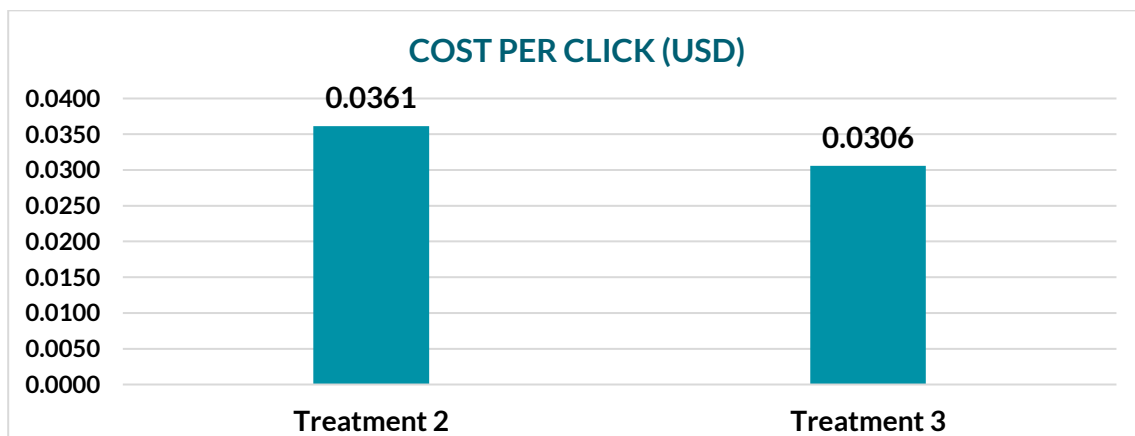
The data re-affirm the findings of the previous experiments. The iPhone 13 giveaway had a four percentage point effect on increasing clickthrough overall. On a per impression basis, this effect declines to 0.5 percentage points, but is nonetheless significant.

Figure 12: RCT 3 Clickthrough and clickthrough per impression



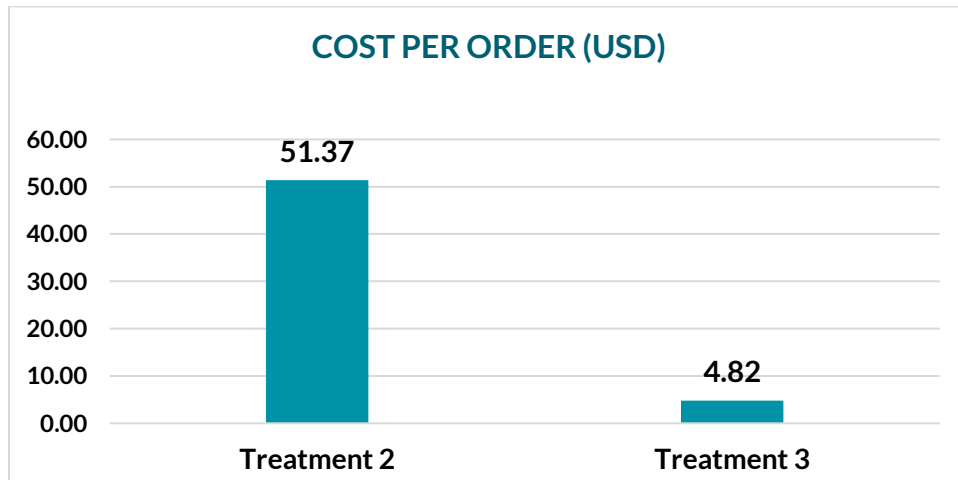
On a cost per click basis, the results also suggest that the iPhone giveaway was less expensive at \$0.0306 compared with \$0.0361, approximately 15% less expensive.

Figure 13: RCT 3 Cost Per Click



On a cost per order basis, the results also suggest that the iPhone giveaway treatment was substantially more cost-effective, at 4.82 USD per order, compared with 51.37 USD per order for the second treatment message.

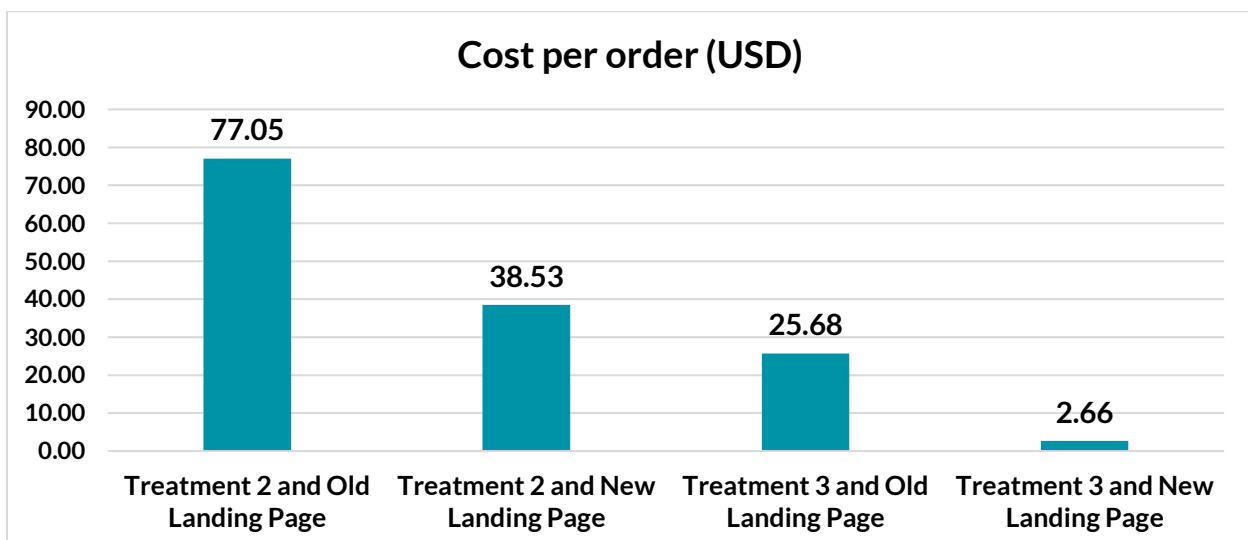
Figure 14: RCT 3 cost per order



Joint impact of iPhone 13 giveaway and improved landing page

The impact of the iPhone 13 giveaway and the improved landing page is substantial in terms of the cost per order. The data indicate that the cost of using the iPhone 13 message together with the new landing page leads to a cost per order of \$2.66. This compares with the second treatment message and the old landing page having a cost per order of \$77.05. This equates to a roughly 29 times cheaper price to encourage an individual to order a self-test.

Figure 15: Cost per order by message tested



Cost benefit analysis

While the data above clearly show that it is possible to achieve substantially improved outcomes in terms of clickthrough as well as actual orders of HIV self-tests, it is reasonable to ask, is this cost effective?

Using international comparisons, the data indicate that the intervention is highly cost-effective, with the lowest known cost per HIV test in the realm of \$2. At \$2.66 per self-test order, the data indicate that the project's costs were in line with the most effective programs in both low, middle, and high income countries.⁶

While the cost per order appears to be highly effective, scaling often entails significant additional costs. In this regard, conducting an always-on campaign using the HIV self-testing message would cost approximately 300 USD per month in advertising costs. Assuming a simplified self-test page as well as the use of the giveaway message, this would translate to approximately 113 self-test orders per month. Aside from advertising costs, iPhone lottery giveaway costs, the costs of administering the HIV self-testing service (a marginal expansion of current services), the costs of self-testing, and ad hoc spending on updated creative would also be required. Whether or not this would represent an advancement in costing above and beyond the current cost of HIV self-test customer acquisition is beyond the scope of the present research. Rather, calculations are presented to inform policy maker decision making on taking on the program or not. Nonetheless, the relatively low cost and high reach of the study does suggest that policy makers might consider expanding on the program.

⁶ Johnson C, Dalal S, Baggaley R, et al. Systematic review of HIV testing costs in high and low income settings. In: Consolidated Guidelines on HIV Testing Services: 5Cs: Consent, Confidentiality, Counselling, Correct Results and Connection 2015. Geneva: World Health Organization; 2015 Jul. ANNEX 5. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK316032/>

CONCLUSIONS

The above data and analysis lead to a range of conclusions and recommendations.

This study tested four messages overall. The results suggested that the first message tested, which attempted to assuage participants fears' of a positive HIV test result failed in doing so. Instead, they became more hesitant to find out about getting a free HIV self-test.

The second treatment message which the study tested explored looked to highlight the sensitive and confidential nature of the self-testing procedure. This message was relatively effective at getting individuals to order self-tests.

The third treatment message which the study explored offered to include individuals in an iPhone 13 raffle if they ordered a self-test. This message was ultimately the most effective, increasing clickthrough rates by nine percentage points – a very large effect in the context of a digital advertising campaign.

Despite the fact that all of the above messages had substantial clickthrough, they failed to induce individuals to order a self-test when the selftest.ge platform had a relatively complicated interface to engage with. When the interface was simplified significantly, the number of orders increased over seven fold, with a particularly large effect when combined with the iPhone 13 raffle.

This final iteration of the study in turn leads to a cost per order of USD 2.66 per self-test ordered, a cost which is comparable to the cheapest programs aimed at encouraging HIV self-testing globally which have been rigorously studied.

The above findings lead to a number of recommendations for policy makers when it comes to promoting HIV self-testing in Georgia:

- Consider providing HIV self-tests to people outside the young key populations;
- Consider providing these self-tests in a manner which increases the confidentiality of the process, and promote the measures used to increase confidentiality.
- Consider running a regular raffle of a desirable item to encourage wide-scale participation in HIV self-testing programs.