HIV self-testing strategy

The result of a single rapid diagnostic test (RDT) is not sufficient to make an HIV-positive diagnosis. HIVST requires self-testers with a reactive (positive) result to receive further testing from a trained provider using a validated national testing algorithm.

All self-testers with a non-reactive test result should retest if they might have been exposed to HIV in the preceding six weeks, or are at high ongoing HIV risk.

HIVST is not recommended for people taking anti-retroviral drugs, as this may cause a false non-reactive result.

Any person who is uncertain about how to correctly perform the self-test, or interpret the self-test result, should be encouraged to access facility- or community-based HIV testing.

Recommendation

HIV self-testing should be offered as an additional approach to HIV testing services.

[STRONG RECOMMENDATION, MODERATE QUALITY OF EVIDENCE.]

For full WHO guidelines on HIV self-testing and partner notification: supplement to consolidated guidelines on HIV testing services see: http://www.who.int/hiv/topics/vct/en/
Effective and safe

Key evidence has found that HIVST, when compared to standard HIV testing:

- More than doubles uptake of HIV testing among men who have sex with men and male partners of pregnant or post-partum women.
- Increases uptake of couples HIV testing among male partners of pregnant or post-partum women.
- Nearly doubles frequency of HIV testing among men who have sex with men1.
- Can result in identifying an equivalent or greater proportion of HIV-positive people.
- Does not increase HIV risk behaviours (such as condomless anal intercourse) or the number of bacterial sexually transmitted infections (STIs).
- Does not decrease uptake or frequency of testing for STIs.
- Can perform as well as an HIV RDT used and interpreted by a trained health worker.
- Can achieve acceptable sensitivity (80–100%) and specificity (95.1–100%), especially using products that meet quality, safety and performance standards.

Considerations for success

For successful implementation of HIVST, programmes should consider:

- Quality-assured products. Any HIV RDT for self-testing, either oral or blood, which is procured or used for HIVST should be approved by the relevant regulatory authority or the results of an international regulatory review.
- Policy and regulatory frameworks. Adapt, develop and harmonize existing national policies on HIV testing to incorporate HIVST, such as:
  - Laws permitting the sale, distribution, advertisement and use of quality-assured RDTs for HIVST;
  - Age of consent to self-test;
  - Human rights laws, policies and regulations to protect individuals and address misuse of HIVST if and when it occurs;
  - National policies on how to confirm an individual’s HIV status following HIVST;
  - Quality assurance and post-market surveillance systems for RDTs used for HIVST.

Information, support and linkage. Regardless of approach, self-testers must be provided with clear information on how to correctly perform the test, interpret the result, as well as where and how to access stigma-free HIV testing, HIV prevention, treatment, care and support services. In particular, it is critical self-testers understand that:

  - A reactive self-test result is not an HIV-positive diagnosis and requires further testing and confirmation. If a self-test result is confirmed, users must be provided with information on where and how to access treatment and care.

  - A non-reactive self-test result is assumed negative. Users should be advised to retest if at high on-going HIV risk, or if potential exposure to HIV occurred in the preceding six weeks, and referred to a relevant HIV prevention service, such as post-exposure prophylaxis, pre-exposure prophylaxis (PrEP), or voluntary male medical circumcision (VMMC).

- Monitoring and reporting systems. Monitoring HIVST uptake by population, HIV positivity and linkage to services is important to evaluate the effectiveness of self-testing, and report on and address any related social harm.

**HIVST service delivery approaches**

There are many possible public and private sector HIVST approaches. Programmes should evaluate their existing HIV testing approaches and determine where and how to implement HIVST so that it is complementary and addresses gaps in current coverage.

---

1 WHO recommends men who have sex with men have an HIV test every three to six month, depending on their risk behaviour.