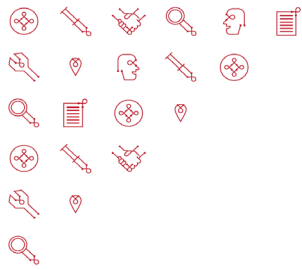


Policy Paper on Strengthening HIV Self-testing in the WHO European Region





Introduction

HIV self-testing was first proposed in 1986 at the very early stage of the HIV pandemic, recognising that it is an HIV screening method that provides individuals with privacy, autonomy, and convenience, addressing barriers to traditional testing services, such as stigma, discrimination, and logistical constraints. However, the first kits available for sample collection were only introduced ten years later, and the first rapid diagnostic HIV tests, also fit for self-testing, were introduced 16 years later in 2012.

HIV self-testing is a process in which people collect their own oral fluid or blood sample using a simple HIV rapid diagnostic test and interpret the result themselves.

Early detection facilitated by HIV self-testing enables timely access to treatment and support services, ultimately reducing the burden of HIV and AIDS and improving health outcomes for affected individuals and communities. The importance of HIV self-testing is recognized in various political commitments at both international and national levels. The United Nations Sustainable Development Goals – SDG 3 – aim to ensure healthy lives and well-being for all, with a specific target on communicable diseases – Target 3.3 – including “ending the AIDS epidemic”¹, supported by the Global AIDS Strategy Targets², where testing and early diagnosis is a crucial element to ending the AIDS pandemic. Additionally, the World Health Organization (WHO) has issued guidelines endorsing HIV self-testing as an effective strategy for expanding testing coverage and reaching underserved populations. Self-testing for HIV has been recommended by WHO since 2016 as an “additional HIV testing approach”³ and since 2019 as a “strongly recommended approach”⁴ to HIV testing. Nowadays, self-testing for HIV constitutes the third vital component of the differentiated approach to HIV testing (next to facility-based testing and community-based testing).

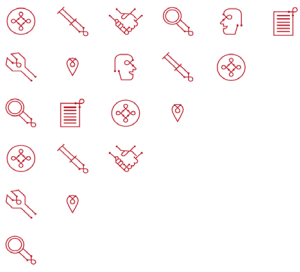
Over the past few years, the use of HIV self-testing has increased globally, helping countries achieve national and global targets and objectives such as the 95-95-95 UNAIDS 2025 AIDS targets. When compared

¹ WHO. *SDG Target 3.3 Communicable diseases*. Available at: https://www.who.int/data/gho/data/themes/topics/sdg-target-3_3-communicable-diseases

² UNAIDS. *Global AIDS Strategy 2021-2026 – End Inequalities. End AIDS*. Available at: <https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026>

³ WHO. *Guidelines on HIV self-testing and partner notification*. December 2016, p. xvii. Available at: <https://www.paho.org/en/documents/guidelines-hiv-self-testing-and-partner-notification-supplement-consolidated-guidelines>

⁴ WHO. *Consolidated guidelines on HIV testing services*. 2019, p. 100. Available at: <https://www.who.int/publications/i/item/978-92-4-155058-1>



to the standard facility-based HIV testing, the WHO points out in its systematic review, that the proportion of people diagnosed and linked to care through HIV self-testing is comparable to those through facility-based HIV testing.⁵ The uptake of HIV self-testing has increased in recent years especially among key populations. Furthermore, according to the WHO review, misuse, adverse events and social harms often associated with HIV self-testing were rare (and comparable to standard facility-based HIV testing services).

Main challenges identified by the communities and civil society organisations (CSOs)

Communities and CSOs play a crucial role in advancing HIV testing initiatives, including HIV self-testing. Despite their efforts, they face specific challenges in implementing HIV self-testing initiatives. These challenges include:

Inconsistent Legal Frameworks: Legal and policy barriers that vary widely among countries. In some jurisdictions, HIV self-testing is either illegal or lacks a clear legal framework, hindering its implementation.

Non-Inclusion in National HIV Plans: National HIV response guidelines often overlook self-testing protocols, leading to inconsistent implementation across countries.

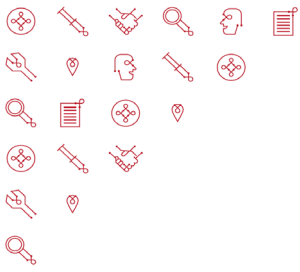
Lack of Availability of HIV Self-Testing Kits: Distribution of HIV self-testing kits is inadequately addressed in many national legal systems, resulting in limited accessibility. In 6 out of the 28 WHO European region countries involved in this project, HIV self-test kits can only be purchased online or from local CSOs. Moreover, in 4 countries, HIV self-testing kits are not available for purchase through any vendor, exacerbating access barriers.

High Cost of HIV Self-Testing Kits: Even when available, HIV self-testing kits are often not covered by national health insurance schemes, making them prohibitively expensive for many individuals. With an average cost ranging between 20 and 30 €, the practical accessibility of HIV self-testing kits is compromised, further widening disparities in testing access.

Recommendations

Harmonize Legal Frameworks: Advocate for the harmonization of legal frameworks across countries to facilitate the provision of community HIV testing services, including self-testing. Collaborate with policymakers and stakeholders to develop clear and supportive legal guidelines for implementing HIV self-testing initiatives.

⁵ WHO. *Consolidated guidelines on HIV testing services*. 2019, p. 106. Available at: <https://www.who.int/publications/i/item/978-92-4-155058-1>



Incorporate HIV Self-Testing in National HIV Plan: Lobby for the inclusion of HIV self-testing protocols in national HIV response guidelines to ensure consistent implementation and integration into existing testing programmes. Advocate for the adoption of a differentiated approach to HIV testing that recognizes the importance of HIV self-testing as a complementary strategy. It is imperative that all national guidelines incorporate a differentiated approach to HIV testing, including HIV self-testing, to ensure comprehensive and standardized testing strategies.

Enhance Distribution Channels: Work towards improving the availability of HIV self-testing kits by establishing diverse distribution channels, including pharmacies, online platforms, and local CSOs. Collaborate with governmental and non-governmental partners to address regulatory barriers and expand access to HIV self-testing kits for all populations.

Address Affordability Concerns: Advocate for the inclusion of HIV self-testing kits in national health insurance schemes or explore alternative funding mechanisms to subsidize costs for individuals. Negotiate with manufacturers and suppliers to lower the price of HIV self-testing kits, making them more affordable and accessible to a broader range of populations.

Conclusion

HIV self-testing offers a transformative approach to HIV testing, empowering individuals and expanding access to testing services. HIV self-testing has been acknowledged as capable of reaching people who may not otherwise test for HIV. In line with WHO recommendations, HIV self-testing should be offered as part of the differentiated approach to HIV testing. When implementing HIV self-testing into the national HIV response, linkage to appropriate post-testing services is critical to achieve its full benefits. By addressing the above identified challenges and implementing the recommended strategies, communities and CSOs can enhance the effectiveness and accessibility of HIV self-testing initiatives, ultimately contributing to the global effort to end the AIDS pandemic.