## WEPEC206

HIV Self-esting - Where Do We Stand?: A Review of HIV Self-testing Policies in 45 Countries <u>Joseph Elizabeth</u><sup>1</sup>, Barr-DiChiara Magdalena<sup>2</sup>, Neuman Melissa<sup>3</sup>, Babbar Shaili<sup>1</sup>, Quinn Caitlin<sup>2</sup>, Jamil Muhammad<sup>2</sup>, Baggaley Rachel<sup>2</sup>, Johnson Cheryl<sup>2</sup>

<sup>1</sup>New York University School of Medicine, New York, United States, <sup>2</sup>World Health Organization, Geneva, Switzerland, <sup>3</sup>London School of Hygiene and Tropical Medicine, MRC Tropical Epidemiology Group, London, United Kingdom

**Background:** HIV self-testing (HIVST) is a WHO-recommended approach for reaching those who may not otherwise test for HIV. According to global reporting from 130 countries, 77 countries have adopted HIVST policies, but only 38 were implementing HIVST. Here we assess HIVST policies across WHO HIV Priority Countries to understand gaps and opportunities.

**Methods:** We reviewed HIVST policies from WHO's 45 HIV Priority Countries, chosen based on overall need, burden, and gaps in HIV testing, treatment, and prevention. National HIVST policies were identified using WHO's national policy repository. Data were extracted on HIVST delivery channels, targeted populations, quality assurance, and linkage.

**Results:** 13 (29%) of 45 countries had national policies supporting HIVST. All were published in last three years and most were in Africa (n = 11/13, 85%). Of 11 policies from Africa, 7 were from Eastern and Southern Africa and 4 from West and Central Africa. All policies emphasized that reactive HIVST results must be confirmed with an additional test, and nearly all (n = 11/13, 85%) emphasized linkage to appropriate services after both reactive and non-reactive results. All countries specifying delivery approaches (n = 7/13, 54%) allowed for both directly assisted and unassisted HIVST, though in 2 countries assisted approaches were recommended for adolescents under 18 years. 6 countries (n = 6/13, 46%) provided information on age of consent.

Among countries mentioning HIVST distribution channels (n = 8/13, 62%), all suggested at least 1 delivery channel besides healthcare facilities, including community or workplace distribution or sale online or in pharmacies. 5 (38%) suggested secondary HIVST distribution to reach sexual partners or peers. Only 5 (38%) countries provided detailed quality assurance measures. All 5 recommended monitoring and evaluation tools, including national registers, reporting indicators, and surveys; and required that HIVST be WHO prequalified and validated in-country.

**Conclusions and Recommendations:** Though HIVST is a WHO-recommended testing strategy, fewer than one-third of WHO HIV Priority Countries have HIVST policies. Priority countries, particularly outside sub-Saharan Africa, should be supported to develop HIVST guidance, including methods for reaching underserved populations and promoting quality assurance.