

## Successful implementation of HIV self-testing in rural Shiselweni, Swaziland

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### Introduction

Current healthcare worker-led HIV testing approaches are failing to reach all people in need, and groups such as men and young people are hard to reach. WHO recommends HIV self-testing (HIVST), however this has not previously been applied in Swaziland. Since 2008, decentralization by the Swaziland Ministry of Health has involved shifting provision of HIV and TB services into primary health care clinics throughout the country, with MSF providing support in the predominantly rural Shiselweni region. We aimed to assess the feasibility of HIVST as an innovative testing strategy in this setting.

### Methods

From May to Oct 2017, HIVST kits were provided through targeted testing strategies at nine government health facilities and community sites. In assisted HIVST, clients carry out testing in the presence of a health worker; in unassisted HIVST, clients take 1-2 test kits home. We provided HIVST education and information, established a toll-free phone line, and performed structured follow-up calls to monitor possible adverse events, guide clients on interpreting test results, and advise on HIV services. Frequency statistics and proportions were used to describe outcomes.

### Ethics

This research fulfilled the exemption criteria set by the MSF Ethics Review Board (ERB) for a posteriori analyses of routinely collected clinical data and thus did not require MSF ERB review. It was conducted with permission from Micaela Serafini, Medical Director, Operational Centre Geneva, MSF.

### Results

1462 people were reached through HIVST; 681 (47%) were male; median age was 29 (IQR 24-35) years. 1817 HIVST kits, averaging 1.2 per client, were distributed through six strategies. 810 (45%) were provided at workplaces, 582 (32%) and 191 (11%) at targeted event-based testing for young people and men, 64 (4%) in facilities for pregnant/lactating women, 41 (2%) at safe spaces for key populations, and 129 (7%) undefined. Overall, 1615 (89%) tests were unassisted and 202 (11%) assisted. Of the 1462 people who had direct contact with healthcare workers, 750 (51%) reported HIVST results, with 24 (3%) reporting a reactive result. Among those, 12 (50%) are known to have had a confirmatory follow-up test. All clients (12, 100%) had concordant HIVST and standard HIV rapid test results, and 11 (92%) were enrolled into HIV care. No adverse events were reported through 521 follow-up calls. The toll-free phone line was used 167 times, mainly to disclose results and was more often used by men (95 times, 57%).

### Conclusion

Implementation of HIVST was feasible within the public health sector in rural Swaziland. This pilot informed national health policy and HIVST was subsequently adopted as an additional national testing strategy in Swaziland.

**Conflicts of interest:** None declared.