Conclusions: None of the authors have conflicts of interest to declare.

**BACKGROUND**

- Globally, an estimated 40% of people living with HIV were unaware of their status in 2015.
- Late HIV diagnosis increases risk of illness, disability, death, and new HIV infections. Cities are heavily impacted by HIV and, by necessity, have served as first responders to the epidemic.
- Recommendations are needed to accelerate access HIV self-testing as part of the Fast-Track Cities initiative that now includes more than 75 high HIV burden priority cities worldwide.

**METHODS**

- IAPAC and ASLM convened an expert Advisory Panel from Africa, Asia, Europe, South America, and North America.
- The US Centers for Disease Control and Prevention systematically searched for 2000-2016 articles from electronic databases (MEDLINE, EMBASE, CINAHL, and PubMed) using multiple search terms in two areas: (i) HIV descriptors and (ii) self, home or rapid testing (SS42 citations).
- Using the scientific literature and policy context, the recommendations were drafted by the co-chairs and technical writing team, and reviewed by the Advisory Panel.

**RESULTS**

The Advisory Panel developed nine recommendations for Fast-Track Cities and their stakeholders:

1. Support access to HIV self-tests for use at home and/or in assisted HIV self-testing settings.
2. Ensure access to quality-assured, affordable HIV self-tests for everyone, with a focus on vulnerable populations.
3. Lower the price of HIV self-test kits through price reductions, market diversification, pooled procurement, price transparency, market forecasting and subsidized pricing or for free.
4. Accelerate regulatory and supply chain processes by identifying and addressing obstacles.
5. Support monitoring and evaluation measures to assess individual barriers to HIV self-testing.
6. Develop communication, educational and marketing efforts designed to encourage HIV self-testing.
7. Optimize service delivery to facilitate self-referral after HIV self-testing.
8. Remove government barriers and administrative obstacles to improve access to HIV self-testing.
9. Monitor expansion of HIV self-testing as part of achieving 90–90–90 targets.

**CONCLUSIONS**

- Without concerted action, changing HIV policy and regulations to reflect new scientific discoveries may take years with serious negative public health consequences.
- Access to HIV self-testing will require strong commitment, smart programming, and concerted programmatic adaptation.
- The HIV self-testing recommendations will assist cities to realize the potential of HIV self-testing to achieve the 90-90-90 targets and the end of AIDS as a public health threat.

**Table 1. Available HIV Rapid Diagnostic Tests for Self-Testing with Approval from Regulatory Authorities**

<table>
<thead>
<tr>
<th>Assay name description</th>
<th>Type</th>
<th>Sample</th>
<th>Sensitivity (%)</th>
<th>Specificity (%)</th>
<th>Approval status</th>
<th>Approximate price per test (US$)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autotest: VIH (Autotest France)</td>
<td>IgG antibody test</td>
<td>Fingerstick</td>
<td>98.00</td>
<td>98.00</td>
<td>CE marked</td>
<td>$40–46 to consumers; $36 for NGOs and distributors</td>
</tr>
<tr>
<td>RAPID TEST HIV¹ self-test (BioSure Ltd, United Kingdom)</td>
<td>IgG antibody test</td>
<td>Fingerstick</td>
<td>98.00</td>
<td>98.00</td>
<td>CE marked</td>
<td>$40–46 to consumers; $36 for NGOs and distributors</td>
</tr>
<tr>
<td>INSTI self test (Biolytical Laboratories, Canada)</td>
<td>IgM and IgG antibody test</td>
<td>Fingerstick</td>
<td>100.00</td>
<td>100.00</td>
<td>CE marked</td>
<td>$40–46 to consumers; $36 for NGOs and distributors</td>
</tr>
</tbody>
</table>

*Pricing ranges according to a number of factors including volume and setting. Prices in Table are illustrative and may not reflect current rates, contact the manufacturer for more accurate quotes.

**Box 2. Window Period and HIV Self-Testing**

The window period is a source of some confusion for providers and individuals alike. No HIV test can detect HIV immediately after infection—it takes time for the virus to replicate and for the body to develop antibodies to the virus.

- The time between a potential exposure to HIV infection and the time when an HIV test will give an accurate result is known as the window period of detection. This is the time taken by the body to produce antibodies in sufficient quantity to be detectable.
- The window period varies from person to person and also depends on the type of HIV test, as some tests detect antibodies earlier than others. Depending on the tests and the individual, this can take from around 21 days to around three months when most people (99%) will be antibody positive after they are infected—no other words, a negative result may not be accurate and three months after infection.

**Understanding the Window Period**

During the window period, a person can be infected with HIV and be very infectious but still test HIV negative as they have not yet produced detectable antibodies to HIV.

While the window period is important for definitively excluding infection, it does not mean that people should wait 3 months to take a test, as the HIV self-tests can detect infection in some people within a matter of weeks.

People need to consider their individual risks for HIV exposure and how often they would like to test themselves. Other factors to consider include the nature of the exposure, the necessity, have served as first responders to the epidemic. Without concerted action, changing HIV policy and regulations to reflect new scientific discoveries may take years with serious negative public health consequences.