

Oral supervised HIV self-testing in Malawi is acceptable and accurate

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In this week's *PLoS Medicine*, Augustine Choko of the Malawi-Liverpool Wellcome Trust Clinical Research Programme, Malawi and colleagues assess the uptake and accuracy of home-based supervised oral HIV self-testing in Malawi, demonstrating the feasibility of this approach in a high-prevalence, low-income setting. Their findings indicate that there is strong community readiness to adopt self-testing alongside other HIV counseling and testing strategies in high HIV prevalence settings in urban Africa.

The authors say: "In settings where regular annual visits to every home by external VCT [voluntary counseling and testing] providers are not feasible, options based on self-testing may offer a more readily [sustainable approach](#) that can contribute towards Universal Access goals, provided that mechanisms can be identified to ensure that safety, accuracy, and post-test support are not unduly compromised."

In an accompanying Perspective, Rochelle Walensky and Ingrid Bassett (uninvolved in the study) of Massachusetts General Hospital, Boston, USA suggest that linkage to care must be demonstrated before the success of oral HIV self-testing can be determined.

Walensky and Bassett comment: "Beyond making care accessible, the next phase of self-testing feasibility studies must evaluate the completion of the care cascade from testing to treatment to demonstrate true self-testing success."

More information: Choko AT, Desmond N, Webb EL, Chavula K, Napierala-Mavedzenge S, et al. (2011) The Uptake and Accuracy of Oral Kits for HIV Self-Testing in High HIV Prevalence Setting: A Cross-Sectional Feasibility Study in Blantyre, Malawi. PLoS Med 8(10): e1001102. [doi:10.1371/journal.pmed.1001102](https://doi.org/10.1371/journal.pmed.1001102)

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