**Table 1: HIV testing intervention types**  
**Voluntary testing and counselling**: Facility-based HIV testing and counselling.  
**Community based HIV testing**: Voluntary testing and counselling undertaken in a community setting such as in a van or in a commercial venue.   
**Home-based voluntary testing and counselling**: Testing undertaken in a domestic setting by a trained healthcare worker.   
**HIV self-sampling**: HIV testing whereby an individual takes their own sample and returns it to a lab which processes it and returns a result.   
**HIV self-testing** (HIVST): Testing where a person carries out an HIV rapid test on themselves. They take their own sample, process is and interpret their own result.   
**Supervised HIV self-testing**: HIVST conducted in the presence of a healthcare worker.

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| Table 2: Completed, ongoing and planned HIVST RCTs. | | | | | |
| Investigator | **Year** | **Population/ location** | **HIVST kit** | **Study Design** | **Outcomes** |
| LSHTM, UNITAID/PSI, UCL, LSTM, CRP, WHO. HIV Self-testing Africa (STAR). Multiple studies planned. | 2016-18 | General population, Malawi | OraQuick | Cluster Randomized Trial to SOC or HIVST or HIVST+ home HIV care initiation (n=5000) | Uptake of testing in each group  [12 mths]. Disclosure of a positive HIV result. ART initiation rates |
| MacPherson, Corbett, Choko, Wellcome Trust. ([43](#_ENREF_43)) | 2010-2012 | General population, Malawi | OraQuick | Cluster Randomized Trial community areas (n=14, pop 16, 660) to facility-based HIV care or home HIV care. HIV-ST promoted in all clusters. | Uptake HIV-ST high (76%), 75.8% shared results with counselors.  Positive HIVST reporting to CHW was higher in home HIV care cluster compared to facility (6% vs 3.3%) as was ART initiation (2.2% vs 0.7%) |
| Merchant et al, Rhode Island Hospital | 2015-16 | Young Adult MSM Rhode Island, US | OraQuick | Randomized to ST or blood based SS or standard of care (n=450 total) | Uptake of testing in each group  [12 mths] |
| MacGowan et al. The eSTAMP Study, CDC/Emory | 2015-16 | Internet-recruited MSM, US | OraQuick & Sure Check | Randomized to 4 ST (2 oral, 2 blood) or standard of care (n=3200 total) | Frequency of testing (12 mths). Linkage to care. Risk behaviour. Testing of partners and social networks |
| The FORTH Study, Kirby Institute, Australia ([42](#_ENREF_42)) | 2013-15 | MSM, Australia | OraQuick | Randomized to 4 ST (all oral) or standard of care  (n=350) | Frequency of testing (12 months). STI test frequency, acceptability, use of tests |
| Thirumurthy, et al. University of North Carolina, Chapel Hill ([40](#_ENREF_40)). | June – October 2015 | Women in ANC or PPC in Kisumu, Kenya | OraQuick | Randomised to receive 2 HIVSTs or a referral voucher to attend testing in VCT clinic. | Male partner testing: 148 (51.7%) in SoC vs (90.8%) of HIVST group. Difference 39.1 (ci 32.4 to 45.8)  Couples testing: 95 (33.2%) in SoC vs 214 (75.4%) HIVST. Difference 42.1 (34.7 to 49.6).  Disclosure 145 (50.7) in SoC vs 255 (89.8) HIVST diff 39.1 (32.3 to 45.9)  1 case of IPV in each arm (women who felt at risk of IPV were excluded). |
| Stekler & Katz, University of Washington (NIH). The iTest Study ([41](#_ENREF_41)) | 2012-14 | MSM, Seattle, US | OraQuick | Randomized to ST (any number) or standard of care (n=230) | Number of HIV tests during follow-up (15 mth): 5.3 ST versus 3.6. STI diagnosis (5% ST versus 12%). CL AI at 12 months (21% ST versus 22%) and 15 months (29% ST versus 24%) |
| Rodger et al, SELPHI study | 2017-2020 | MSM, England and Wales, UK | BioSure | Randomisation A: from 10 000 MSM, 40% SoC, 60% one HIVST  Randomisation B: 3 000 eligible MSM. 50% receive SoC, 50% receive HIVST every 3 months. | Primary outcome: diagnosis of HIV infection confirmed through linkage to UK national HIV surveillance database of all diagnosed infections. Secondary outcomes include HIV and STI testing behaviours, sexual activity and cost effectiveness of HIV ST in increasing HIV diagnosis. |