HIV self-testing as a strategy to improve testing access among MSM and TSM in rural Switzerland

Aids-Hilfe Schweiz
Aide Suisse contre le Sida
Aiuto Aids Svizzero

Marc Eggenberger[1] **Florent Jouinot**[1] **Florian Vock**[1]

[1]Swiss AIDS Federation, Zurich, Switzerland

Background

HIV testing is a central component of prevention among men having sex with men (MSM) and trans people having sex with men (TSM). In Switzerland, HIV tests are widely available, but uptake remains uneven. Existing VCT centers often reach recurring users, while individuals in rural areas or those facing practical or social barriers remain less engaged. HIV self-testing initiatives to reduce these barriers have shown promising results in other settings (Hecht et al. 2021).
In Switzerland, 3rd generation HIV self-tests have been approved in 2018 (BAG 2018), however their use or impact has not been evaluated. We therefore pose the research question

How can the targeted distribution of HIV self-testing kits inform broader HIV prevention strategies in Switzerland?

to assess the role of free HIV self-testing in reaching MSM and TSM in Switzerland, focusing on first-time testers, barriers to testing, behavioural aspects, and community feedback.

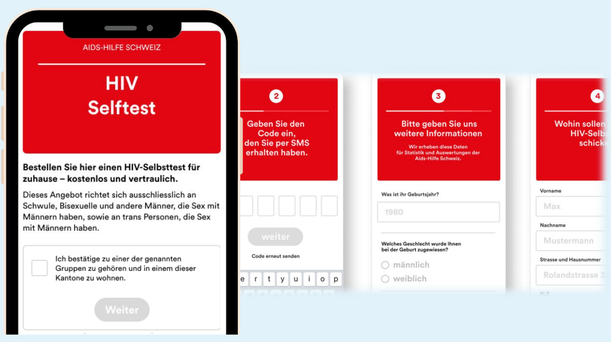

Figure 1: Web-based ordering process

Project Description

In November 2024, the Swiss AIDS Federation launched a project to provide free HIV self-tests, particularly for MSM/TSM testing for the first time or infrequently. Ordered anonymously over a web form (Fig.1), free HIV self-tests are delivered to a chosen address. Each delivery is accompanied by an information flyer with contact information of their nearest testing and counselling center. During the order process, clients can sign up for testing reminders.

Community response

"Everything was super clear and easy to order and very discreet. Thank you very much!"

„Grazie di cuore, davvero una bella iniziativa e generosa. Ci dovrebbero essere più iniziative sanitarie così in Svizzera."

Feedback from participants

Contact Card:

Marc Eggenberger
(they/them)

Project Manager GBMSM

marc.eggenberger@aids.ch
+41 44 447 11 38

Swiss AIDS Federation
Freilagerstrasse 32
8047 Zürich, Switzerland

www.aids.ch

Method

The implementation of a nationwide pilot of free HIV self-test distribution (November 2024 to November 2025) was promoted via gay sex apps Grindr and Sniffies and was evaluated on responses on a pre-order survey and post-order survey.

From 1 505 orders, 1 344 anonymized pre-order survey responses were included after data cleaning. Repeat orders (every 6 months) were excluded.

1 344

orders included in the analysis

Pre-Order Survey

Most HIV self-test kit orders came from cisgender men aged 25-44, mainly identifying as gay or bisexual, over half living in rural areas (60%).
Many had tested within the last year (64%). About a quarter have already had a test, but their last one was more than 12 months ago (minimal recommendation), while 1 in 10 had never tested.

11.2%

First-time HIV testers

The program was used by majority gay (69%) and bisexual (22%) identifying cisgender men. Most use condoms (67%) to protect from HIV. 11% answered to not use any HIV protection strategy at all.

TABLE 1: Pre-order survey

	Quantity (%)
Age group, yrs	
<18	1 (<1)
18-24	162 (12)
25-34	476 (35)
35-44	384 (29)
45-54	197 (15)
55-64	104 (8)
65+	20 (1)
Canton	
Rural cantons	801 (60)
Urban cantons	543 (40)
Current gender identity	
Woman	6 (<1)
Man	1,309 (97)
Non-binary person	22 (2)
Other	7 (<1)
HIV Protection Strategy, usually	
Condoms	896 (67)
HIV PrEP	214 (16)
Side	80 (6)
None	154 (11)
Sexual partners last 12 months (*mult.*)	
Cis woman	163 (12)
Cis man	1,233 (92)
Trans woman	64 (5)
Trans man	66 (5)
Non-binary person	84 (6)
Other	82 (6)
Sexual orientation (identity)	
Homosexual	925 (69)
Bisexual	297 (22)
Pansexual	39 (3)
Heterosexual	26 (2)
No answer	46 (3)
Other	11 (<1)
Time since last HIV test	
1 month	49 (4)
3 months	261 (19)
12 months	549 (41)
5 years	271 (20)
over 5 years	63 (5)
Never	151 (11)
Total number of orders	1,344 (100)

Post-Order Survey

33.2% of participants filled in the post-order survey. The main reasons for ordering were due to perceived HIV risk, the offer being free and privacy concerns.

12.6%

reported contact with a center after using the test

12.6% reported contact with a counselling or testing center. Among those who sought contact, the most common reason was further other STI testing, followed by questions related to HIV self-testing and other services.

Preferred Counselling Location:

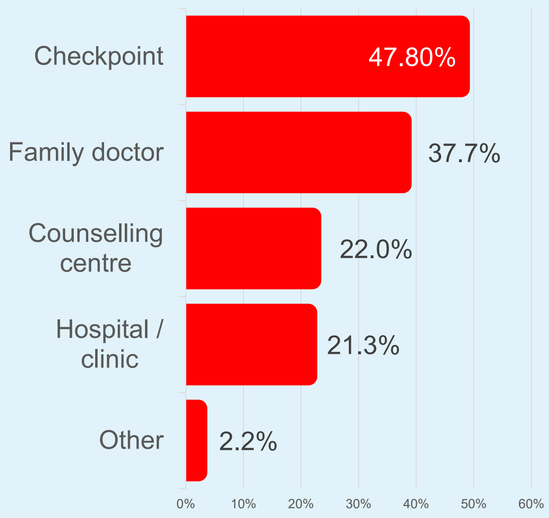

Figure 2: Distribution of responses to preferred counselling location

For counselling (Fig.2), the majority mentioned Checkpoints (47.8%), followed by their family doctor (37.7%). General counselling centers for sexual health and hospitals / clinics were each mentioned 1 in 5 times.

TABLE 2: Post-order survey

	Quantity (%)
HIV risk category (*mult.*)	
MSM	388 (87)
Multiple partners	277 (62)
STI history	29 (7)
Substance use	4 (<1)
None	17 (4)
Partners per month	
less than 1 per month	159 (36)
1-2 per month	177 (40)
3 or more per month	110 (25)
Reason for ordering self-test (*mult.*)	
HIV risk	314 (70)
Free test	291 (65)
Comfort	236 (53)
Privacy	212 (48)
Fear of meeting someone I know	47 (11)
Fear of prejudice	50 (11)
Too far / opening hours	47 (11)
Preferred Counselling Location (*mult.*)	
Checkpoint	213 (48)
Counselling centre	98 (22)
Family doctor	168 (38)
Hospital / clinic	95 (21)
Other	10 (2)
Knew where to go before ordering	
No	91 (20)
Contacting center for (n = 52)	
STI testing	30 (58)
Question related to HIVST	7 (13)
Other offers	15 (29)
Likert Scale Items, "Agree"	
I would recommend the HIV self-test	445 (99)
Helpfulness of instructions	435 (97)
I needed help to do the test	34 (8)
Ordering was uncomplicated	443 (99)
Source	
Grindr / Sniffies	394 (88)
Friend	18 (4)
Web	22 (5)
Total number of post-order surveys	446 (100)

Predictors

What predicts first-time testing? First-time testing was more likely among bi/pan participants (OR = 2.87, 95% CI: 1.95-4.21) and other (incl. hetero) men (OR = 3.59, 95% CI: 1.96-6.39) compared with gay men. Besides age (which is a cumulative effect) there were no other statistically significant predictors of first-time testing found.

2.9x

higher odds to be a first-time tester for bi/pan men vs. gay men.

In other words, **MSM who identify as gay were significantly more likely to have already been tested before ordering an HIV self-test**.

Discussion

Due to the anonymized design, it is not possible to track long-term engagement. However, testing routines do not develop overnight. Repeated visibility and use of such programs may help reduce fears and normalize testing over time. In addition, the option to sign up for testing reminders during the ordering process further supports linkage to care. The findings highlight the importance of contextless testing opportunities to reach individuals who are not accessed through community-coded offers.

To conclude, **HIV self-testing should be understood as a first entry point with lower barriers for MSM not identifying as gay** while acting as an additional strategy supporting engagement in care for gay, bi and queer men.

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