

WHO recommendations on self-care interventions

Self-collection of samples for sexually transmitted infections (STIs)



What is self care?

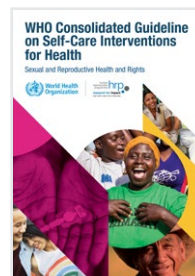
WHO's definition of self care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health-care provider.

What are self-care interventions?

Self-care interventions are evidence-based, quality drugs, devices, diagnostics and/or digital products which can be provided fully or partially outside of formal health services and can be used with or without the direct supervision of health care personnel.

WHO consolidated guidelines on self-care interventions

- Worldwide, an estimated shortage of 18 million health workers is anticipated by 2030.
- At least 400 million people worldwide lack access to the most essential health services.
- During humanitarian emergencies, including pandemics, routine health services are disrupted and existing health systems can be over-stretched.



For select health services, incorporating self care can be an innovative strategy to strengthen primary health care, increase universal health coverage (UHC) and help ensure continuity of health services which may otherwise be disrupted due to health emergencies. WHO published global normative guidance on self-care interventions, with the first volume focusing on sexual and reproductive health and rights (SRHR). Each recommendation is based on extensive consultations and a review of existing evidence.

Prevention and control of sexually transmitted infections (STIs)

- More than 30 different bacteria, viruses and parasites are known to be transmitted through sexual contact, including vaginal, anal, and oral sex. Some sexually transmitted infections (STIs) can also be transmitted from mother to child during pregnancy and childbirth.
- Certain STIs, such as chlamydia, gonorrhoea, syphilis, and trichomoniasis, are curable. Viral STIs, such as herpes simplex virus (HSV) and human papillomavirus (HPV), can cause long-lasting infection, but symptoms or associated disease can be reduced or prevented through treatment.
- Prevention of STIs is essential, for example through correct and consistent condom use and HPV and Hepatitis B vaccination.
- Most STIs occur without symptoms, which means you might only know whether a person has the infection if they are tested.
- Left untreated, some STIs can have serious consequences, through conditions such as infertility and ectopic pregnancy (eg, chlamydia and gonorrhoea) and cervical cancer (HPV). Certain STIs can also increase the risk of HIV acquisition by two- to three-fold.
- If more people know their status, they can receive timely treatment, reduce adverse health consequences, and prevent the further spread of STIs.

Current challenges to health systems to test for and treat STIs


- The largest global burden of STIs occurs in low- and middle-income countries where there may be limited or no access to appropriate, affordable, quality STI testing and treatment services.
- Around the world, specific populations with the highest rates of STIs (including young people, mobile populations, sex workers, men who have sex with men, transgender persons) often do not have access to adequate health services.
- Even when quality services are available, many factors prevent these groups and others from seeking STI testing from a health-care provider or clinic, such as concerns about autonomy, inconvenience, stigma and lack of privacy.

More than 1 million STIs are acquired every day worldwide. In 2016, WHO estimated 376 million new infections occurred with one of the four curable STIs alone.





SELF-COLLECTION OF SAMPLES CAN IMPROVE DELIVERY OF STI TESTING SERVICES

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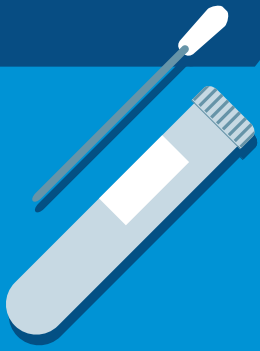
For STIs, there are now **kits which allow people to collect their own samples** to be tested.



Self-collection of samples for STIs

Self-collection of samples (SCS) occurs when individuals take a specimen themselves, either at a health-care facility or elsewhere (including at home), and give it to their health-care provider or send it to a laboratory for testing. The health-care provider or laboratory then returns the result to the individual. In the case of positive test result, the individual is linked with treatment and support.





WHO recommends that self-collection of samples for gonorrhoea and chlamydia should be made available as an additional approach to deliver STI testing services.

WHO recommends that self-collection of samples for syphilis and trichomoniasis may be considered as an additional approach to deliver STI testing services.

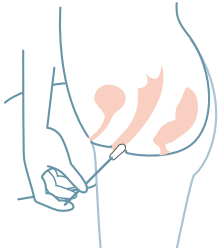
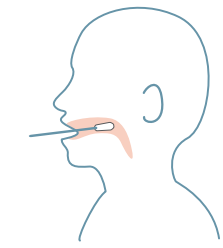
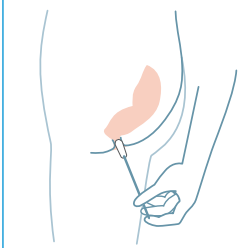
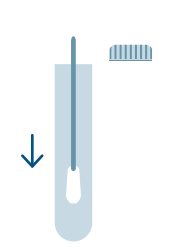

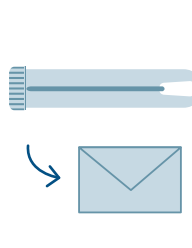
Self-collection of samples for STIs

For STIs, there are now kits which allow people to collect their own samples to be tested. These methods include: urine samples, vaginal swabs, and pharyngeal and anorectal swabs.

WHO also recommends that HPV self-sampling should be made available as an additional approach to sampling in cervical cancer screening services for individuals aged 30–60 years.



Examples of how to use vaginal, pharyngeal, and rectal swab self-collection kits. A different swab is used for each sample.*

 <p>1A. Insert new swab into vagina. Gently rotate for 15-20 seconds. Use different swab for each sample</p>	 <p>1B. Insert new swab into mouth. Swab the throat and the tonsils. Use different swab for each sample</p>	 <p>1C. Insert new swab 2-3cm into rectum and rotate 360°. Use different swab for each sample</p>	 <p>2. Remove cap from test tube. Place swab in test tube. Put cap back tightly</p>	 <p>3. Discard wrapper and unused swab. Wash your hands</p>	 <p>4. Send the labeled tube to health-care provider or laboratory</p>
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Safe and effective - what the evidence tells us so far

- With the necessary information and training, people can collect their own samples correctly, and the results of the tests are as accurate as when they are collected by a health care provider.
- Research studies have shown that self-collection of samples can nearly triple the overall uptake of STI testing services.
- Increasing the number of people identified with an STI facilitates appropriate treatment as well as the prevention of the further spread of STIs.

* The types of samples shown here may not apply to all STIs, and collection of different sample types may also depend on the site(s) of exposure. Syphilis tests require blood samples, which can be collected through a finger prick. Urine samples are often used for STI testing among men. Pharyngeal and anorectal swab collection is primarily just used for chlamydia and gonorrhoea testing.



Considerations for success for self-collection of samples for STIs

- **Information and support** – Individuals must be provided with clear information on how to correctly take a sample, and what should be done with the sample. They must be able to receive appropriate follow-up: treatment and care if testing results are positive, and counselling if testing results are negative.
- **Health system resources** – Testing can be expensive and may not be available in all settings. Self-collection of samples will only be a viable strategy provided health-care and/or laboratory facilities are able to conduct and process tests, feasibly and affordably.
- **Policy and regulatory frameworks** – Relevant national sexual and reproductive health policies should be adapted, developed, and/or harmonized to consider self-collection of samples and appropriate treatment and case reporting for people testing positive.
- **Monitoring implementation** – The incorporation of self-collection into STI testing services should be monitored for uptake, use as intended, cost incurred by users, and to identify any related social harm.

Delivery of the self-collection service

Programmes should evaluate their existing approaches and consider incorporating self-collection kits using an approach that is complementary to, and that addresses gaps in current coverage. These could include:

- Community-based
- Health facility-based
- Pharmacy-based
- Workplace programmes
- Integrated as part of other health programmes such as, VCT, TB and reproductive health
- Internet-based purchases
- Vending machines and kiosks



Learn more:



Self-care interventions communications toolkit https://www.who.int/reproductivehealth/self-care-interventions/WHO-Self-Care-SRHR-Comms_Kit.pdf

References:

WHO Consolidated Guideline on Self-Care Interventions for Health Sexual and Reproductive Health and Rights

<https://apps.who.int/iris/bitstream/handle/10665/325480/9789241550550-eng.pdf?ua=1>

Self-collection of samples as an additional approach to deliver testing services for sexually transmitted infections: a systematic review and meta-analysis

<https://gh.bmj.com/content/bmjgh/4/2/e001349.full.pdf>

STIs Key Facts – WHO website

[https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis))

Fact sheet: Self-care health interventions

<https://www.who.int/news-room/fact-sheets/detail/self-care-health-interventions>

Sexually transmitted infections - Evidence brief

<https://apps.who.int/iris/bitstream/handle/10665/329888/WHO-RHR-19.22-eng.pdf?ua=1>

WHO recommends HIV self-testing - Policy brief

<https://apps.who.int/iris/bitstream/handle/10665/251549/WHO-HIV-2016.21-eng.pdf?sequence=1>

WHO policy brief, rapid dual test as first test in ANC

<https://www.who.int/publications-detail/dual-hiv-syphilis-rapid-diagnostic-test>

Global health sector strategy on sexually transmitted infections, 2016-2021

<https://apps.who.int/iris/bitstream/handle/10665/246296/WHO-RHR-16.09-eng.pdf?sequence=1>

