

Scaling What Works: New series explores how hepatitis C self-testing can be tailored to reach underserved populations and link diagnosis to cure for national programmes.

The World Health Organisation and Population Services International in partnership with Unitaid have launched a new series examining how hepatitis C self-testing can be tailored to reach underserved populations and link diagnosis to cure for national programmes.

Since 2021, the World Health Organisation has [recommended HCV self-testing as an additional approach to hepatitis C testing services](#). However, countries have had limited evidence on how HCV self-testing can be delivered in different epidemic and health-system contexts, whom it can reach, what it costs, and how people with reactive self-test results can be connected to confirmatory testing and treatment. This new collection helps address this evidence gap by examining what happens when HCV self-testing moves from recommendation to implementation within in real-world health systems. It documents experiences across five countries, encompassing diverse epidemiological contexts, populations and service delivery models of care. Much of this work was generated through the [Unitaid-funded STAR initiative](#), building on partnerships and implementation expertise developed through the scale-up of HIV self-testing and extending these approaches into HCV.

The implementation studies illustrate how different delivery models can serve different purposes. In [Vietnam](#), facility-based, community-based, online and secondary-distribution models are compared in terms of whom they reached, linkage to care and cost. Community and secondary distribution reached particularly high proportions of first-time testers, while linkage to confirmatory testing and treatment was high across models. In [India](#), household distribution through community health workers substantially expanded testing beyond the limited reach of standard services in urban informal settlements, although differences in uptake by delivery model and gender underscore the importance of tailoring implementation to local communities.

Studies from [Cameroon](#) and [Nigeria](#) examine the integration of HCV self-testing into HIV treatment clinics, chronic-disease services and community-based platforms. Both demonstrate high acceptability and strong progression to confirmatory testing and treatment when self-testing is supported by active follow-up and clear referral pathways

In [South Africa](#), assisted self-testing delivered through mobile harm-reduction services reached people who inject drugs with an exceptionally high burden of HCV. However, centralised and

restrictive treatment pathways prevented most of those diagnosed from progressing to treatment. A [cross-country analysis](#) compares disengagement following a reactive self-test in Cameroon, Nigeria and South Africa, highlighting how service design and health-system context shape outcomes after testing.

Two accompanying opinion pieces consider the wider implications of this evidence. [Bajis and colleagues](#) draw together lessons for national HCV elimination programmes, arguing for the strategic targeting of HCV self-testing, its integration into established HIV, harm-reduction, primary-care and community platforms, and pragmatic monitoring of linkage using routine programme data and simple digital tools. They also call for greater product diversity, clearer user messaging and flexible support options to make self-testing more affordable and accessible.

[Scheibe and colleagues](#) examine the South African findings in greater depth, asking what HCV self-testing can contribute for people who inject drugs. They argue that HCV self-testing can provide an empowering and low-barrier entry point to care, but cannot compensate for inadequate access to confirmatory testing, treatment and comprehensive harm-reduction services. Its introduction should therefore strengthen, not substitute for, investment in decentralised, adequately financed and person-centred HCV services.

Together, the collection provides new evidence on how HCV self-testing is being implemented in practice and the questions national programmes must consider when deciding where and how to introduce it. Collectively, they move beyond the question of whether HCV self-testing is feasible and acceptable.

It examines where self-testing should be positioned, which populations different models reach, what support users require, what delivery costs and, critically, whether a reactive result leads to confirmatory diagnosis and treatment. These findings provide practical guidance for national programmes seeking to incorporate HCV self-testing into broader elimination strategies.