

Implementing HIV Self-Testing in Mexico: feasibility, acceptability, and reach beyond traditional testing services

Prevención del VIH / ITS

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Introducción. HIV diagnosis remains a major barrier to achieving the 95–95–95 targets in Mexico. We assessed the feasibility, acceptability, and reach of a digitally promoted HIV self-testing (HIVST) strategy primarily targeting men who have sex with men (MSM) through dating applications and social media in two Mexican states. **Materiales y métodos.** A digital campaign offered free HIVST kits through MSM dating applications and social media in two Mexican states. Participants could collect kits at community-based organizations, special events or receive home delivery by courier within 48–72 hours. Linkage-to-care and counseling options included chatbots, telecounseling, WhatsApp-based counseling, and informational videos. Individuals requesting an HIVST kit were invited to complete a pre-order questionnaire and a post-order questionnaire assessing the self-testing experience and test results. **Resultados.** From November 2025 to August 2026, 3,874 HIVST orders were placed. Most requested home delivery (72.5%), while 23.0% collected kits at community-based sites and 4.5% at special events. Mean age was 29.7 years (SD 7.9), with 25.1% aged 18–24 years. Most participants were cisgender men (87.0%); 65.3% identified as gay, 16.1% as heterosexual, and 15.7% as bisexual. Nearly one-third (32.3%) lived outside metropolitan areas. Grindr was the main recruitment channel (62.4%), followed by friend recommendations (11.0%) and X (8.8%). Overall, 26.6% reported condomless sex in the previous 72 hours and 30.0% were first-time HIV testers. Of 3,059 delivered kits, 27.0% completed the post-order questionnaire. Sixty-three respondents (7.9%) reported a reactive HIVST result, corresponding to 2.1% of all delivered kits. Additionally, 26.8% reported a history of chemsex. Among respondents, 49.8% used instructional videos and 22.2% used telecounseling; 97.7% reported HIVST was easy to use and 99.8% would recommend the service. **Conclusiones.** Digitally promoted HIVST was feasible and highly acceptable, reaching first-time testers, people outside metropolitan areas, and individuals who may not engage with traditional MSM-targeted services. The substantial HIVST reactivity observed among respondents highlights the strategy's potential to reach people with undiagnosed HIV. However, low post-order questionnaire completion underscores the need to strengthen post-delivery engagement, confirmatory testing, and linkage to care.