

Supplementary File 4 : Characteristics of studies included in the scoping review

First Author & Year	Country	Study Aim	Sample description	Setting	Sample size	Acceptability %	Sampling device	Study Design	Main Outcomes
Bakiewicz, 2020	Tanzania	To investigate the feasibility and acceptability of HPV self-sampling among Tanzanian women who attended a patient-initiated cervical cancer screening compared to provider-based HPV sampling	25-60 years old Urban women who attended a patient-initiated cervical cancer screening programme	Health facility	21	N/A	careHPV brush	Qualitative	The majority of women preferred HPVSS over provider-based sampling, however, women experienced difficulties along the process of sample collection with cervical brushes breaking inside the vaginas of some women. To be feasible the majority of women needed the presence of a Nurse to ask questions during the process of self-sampling even if they had written instructions provided
Berner , 2	Cameroon	To assess acceptability and preference for self-HPV compared with traditional physician-sampled Pap tests in a low-resource country	25-65 years old Urban women recruited through a cervical cancer screening campaign	Health facility	217	57%	flocked swab	Cross-sectional	The majority of women perceive HPVSS to be acceptable. However, most patients preferred Physician sampling compared to HPVSS. The majority had greater confidence in the capacity of the nurse or clinician to collect the specimen.
Crofts, 2015	Cameroon	To assess the acceptance of HPV self-sampling in Cameroonian women following an educational intervention on HPV and cervical cancer.	30-65 year old Urban women invited for cervical cancer screening	Health facility	540	84.40%	flocked swab	Cross-sectional	Participants expressed a high level of acceptance of HPV self-sampling as a screening method. Acceptability of the test was high, regardless of educational level, professional activity, age, and knowledge of HPV and cervical cancer. Most participants felt

									confident that the screening was properly performed, whether by themselves or by a physician
Katanga, 2021	Tanzania	To compare HPV detection by careHPV in self-collected and provider-collected cervical samples and to assess the acceptability of self-collection techniques.	25-60 year old Urban women attending routine cervical cancer screening	Health facility	464	79.80%	Evalyn brush	Cross-sectional	There was good concordance between self-collected samples and provider collected. In addition, the women preferred self-collection as the screening method, although a high proportion expressed concerns about whether they could collect the sample correctly.
Kohler, 2019	Botswana	To assess the acceptability and preferences of HPV screening with self-sampling and mobile phone results delivery among women living with HIV in Botswana, as an alternative to traditional speculum screening.	25 years and older HIV positive Urban women attending outpatient HIV clinic	Health facility	104	95%	flocked Swab	Cross-sectional	Self-sampling was acceptable among WLWH, more women preferred to self-sample at a clinic instead of at home. Despite finding the swab easy to use and the instructions very clear, for future screening most women preferred a speculum examination. Low self-efficacy and trust in the provider were the main reasons for women preferring speculum examination in the future. Communicating results over the phone were feasible. Convenient, fast, and preferred over collecting them in person
Lee, 2021	Malawi	To assess participants' experience and acceptability of a community-based screen-and-treat pilot program with VIA and	25-50 years Rural women who had never been diagnosed with cervical cancer	Community	408	N/A	none used	Qualitative	HPVSS was an acceptable screening alternative for the study participants. Women reported that HPVSS would be an ideal alternative to a speculum examination for women limited

		thermocoagulation and attitudes towards HPV self-sampling.							by stigmatisation and cultural barriers. However, women raised concerns about not being able to collect a sample correctly and not having a healthcare provider in their presence during self-collection
Ogilvie, 2013	Uganda	To examine the feasibility of a community-based screening program using (HPV) self-sampling in a low-income country with a high burden of cervical cancer	Urban women invited for cervical cancer screening	Community	205	94%	swab	Cross-sectional	HPVSS was highly acceptable by women in this study. Most women who tested positive were followed up for treatment. HPVSS could potentially allow for effective recruitment to screening programs in limited-resource settings
Saidu, 2019	South Africa	To explore women's perceptions and acceptance of self-collection of samples for cervical screening and their willingness to do so, in a low-resource setting in South Africa (SA).	30-65 years HIV positive and HIV negative women recruited from a referral colposcopy clinic and a primary care site	Health facility	822	93.09%	dacron swab	Mixed Methods	Acceptability for self-sampling was high. This was corroborated by the FGD participants, who found self-sampling easier, more comfortable, and less embarrassing than clinician-sampling. However, many women preferred a clinician who collected specimens despite having a positive attitude towards self-sampling. Most women expressed a preference for doing self-sampling at the health facility rather than at home

Mahande, 2021	Tanzania	To assess the feasibility and acceptability of HPV self-sampling in Arusha region, northern Tanzania	25-55 years Urban & Rural women invited for cervical cancer screening	Community/Health facility	350	99.70%	careHPV brush	Cross-sectional	96.3 of the study participants fully understood the self-collection procedure, 17% of the participants reported being afraid before the self-sampling procedure. A few (2.3%) faced challenges during the self-sampling procedure. About 99.7% of the women reported that they preferred self-sampling and would advise a friend or colleague to perform self-sampling
Manguro, 2019	Kenya	To assess women's preference for self vs clinician-collection of genital specimens for detection of hrHPV for primary cervical cancer screening and preference between the Viba cytobrush and the Evalyn cytobrush collection devices	30-44 years Urban sex workers recruited from major sex work venues in Mombasa.	Health facility	199	32%	Evalyn brush and Viba brush	Cross-sectional	The majority of women preferred collection by a clinician and were concerned about performing the self-sampling properly. Women preferred the Evalyn brush due to its comfort and fear of hurting themselves with the Viba brush.
Mitchell, 2011	Uganda	To assess women's willingness to collect their samples for HPV testing as the first part of a screening program for cervical cancer in Uganda	30-65 years Urban women invited for cervical cancer screening	Community	300	80.60%	none used	Cross-sectional	The majority of women were willing to collect their samples for HPV. Having a self-sampling kit delivered at their homes, perceived risk of HPV and the prospects of undergoing a pelvic exam if they test positive for HPV increased willingness to self-collect. Some women were concerned about failing to collect a sample properly as well as the

									lack of lacking privacy in their homes
Mitchell, 2017	Uganda	To describe knowledge and intentions of WHIV towards HPV self-collection for cervical cancer screening, and to report on factors related to HPV positivity among women who participated in testing.	30-69 years Urban WHIV attending a routine appointment HIV care invited for cervical cancer screening	Health facility	87	98.80%	not specified	Cross-sectional	Acceptability for HPV self-collection was very high, Despite the high acceptability, the majority of women did not think it was necessary to be screened for cervical cancer. Similarly, the perceived risk of HPV was low. Most women preferred to have a sampling kit dropped at home
Modibbo, 2017	Nigeria	To compare the uptake of home-based, self-collection with clinic-based, health professionals' collection of cervicovaginal samples for HPV DNA tests for cervical cancer screening in a semi-urban area in Abuja, Nigeria.	Rural/Urban women invited for cervical cancer screening	Community	400	83.20%	flocked swab	Randomised control trial	The uptake of screening in the self-sampling arm was higher than the hospital-based screening using a clinician collected sample. Most of the women found the self-sampling device easy to use and would prefer self-sampling as a future screening option than hospital sampling.
Mremi, 2021	Tanzania	To determine if self-collection of vaginal samples for HPV testing was acceptable and feasible in rural Tanzania	25-60 years Rural women invited for cervical cancer screening	Health facility	1108	94%	evalyn brush	Cross-sectional	The majority of the women accepted self-sampling and were able to conduct the procedure. There was low self-efficacy among some women and others experienced symptoms like bleeding during self-sampling.

									However, the majority would recommend HPV self-sampling for future screening. The use of text messaging was feasible and most women who tested HPV positive attended follow-up after text messaging reminder
Nakalembe, 2020	Uganda	To evaluate the feasibility and acceptability of a cervical cancer screening program based on self-collection of vaginal samples for HPV testing	25-60 years, Rural women invited to attend a health fair dedicated to cervical cancer screening.	Community	1902	81%	cervical brush	Cross-sectional	Almost all the participants (99%) felt that self-sampling offered privacy and 81% were very comfortable with the procedure. 98% of the women were willing to perform self-sampling HPV testing in the future and they would recommend self-sampling to a friend or colleague. Community mobilisation penetrated the community very well and there was great interest in screening among women.
Obiri Yeboah, 2017	Ghana	To determine the acceptability, feasibility and performance of alternative self-collected vaginal samples for HPV detection among Ghanaian women	33-55 years Urban women attending HIV and outpatient clinics	Health facility	191	78%	careHPV brush	case-control study	Self-sampling was acceptable and feasible most women prefer self-sampling compared to provider collected specimens. There was a good agreement between self-sampled specimens and clinician collected specimens for detecting high-risk HPV. Most women feel that the provision of self-sampling will increase their likelihood of accessing cervical cancer screening

Oketch, 2019	Kenya	To examine women's perspectives and experience with HPV self-sampling	25-65 years Rural women participating in a cervical cancer screening programme	Community/Health facility	120	N/A	careHPV brush	Qualitative	Most women expressed feelings of privacy and less pain with self-collection compared to clinician collection. Some of the drivers for self-sampling included its ability to bring screening services to their doorstep as opposed to walking long distances to health facilities. Peer or partner/spousal support was seen as a motivation for increasing screening uptake.
Sossauer, 2014	Cameroon	To evaluate whether an educational intervention would improve women's knowledge and confidence in the Self-HPV method.	25-65 years Urban women eligible for cervical cancer screening	Health facility	302	96.70%	none used	Randomised control trial	Acceptability of self-sampling was generally high among the participants and most participants were willing to repeat self-sampling for future cervical cancer screening and would recommend self-sampling to a colleague or family member. The health facility was the preferred venue for self-sampling for both control and intervention groups. Contradicting church doctrines and beliefs, the need to seek spousal approval before participating in the self-sampling was noted as a barrier.
Rositch, 2012	Kenya	To assess women's knowledge of HPV and cervical cancer, and characterize their attitudes towards potential screening and prevention strategies.	25-34 years Urban women participating in an HIV discordant couples cohort	Health facility	409	82%	none used	Cross-sectional	The majority of the women reported that they would be comfortable to self-sample at home, however, the majority of women had concerns over collecting the samples properly.