

<p>Policies and/or Guidelines¹: 1</p> <p>Strategic model mix and decentralisation</p> <p><i>National dHTS policies and guidelines have been developed, are aligned to international normative guidance, and promote a strategic mix of facility- and community-based testing modalities and approaches.</i></p>	<p>National dHTS policies and/or guidelines have not been updated in the past 5 years</p> <p>Or</p> <p>National dHTS policies and/or guidelines do not recommend both voluntary testing & counseling (VCT) and provider-initiated testing & counseling (PICT)</p> <p>Or</p> <p>National dHTS policies and/or guidelines recommend VCT and PICT but do not recommend <u>any</u> of the following:</p> <ul style="list-style-type: none"> • HIV self-testing (HIVST) • Index testing of biological children • Index testing of partners • Social network-based HIV testing (SNS) 	<p>National dHTS policies and/or guidelines recommend voluntary testing & counseling (VCT), provider-initiated testing & counseling (PICT) and one of the following:</p> <ul style="list-style-type: none"> • HIV self-testing (HIVST) • Index testing of biological children • Index testing of partners • Social network-based HIV testing (SNS) • And specify the age of consent for HTS 	<p>National dHTS policies and/or guidelines recommend voluntary testing & counseling (VCT), provider-initiated testing & counseling (PICT) and two of the following:</p> <ul style="list-style-type: none"> • HIV self-testing (HIVST) • Index testing of biological children • Index testing of partners • Social network-based HIV testing services (SNS) <p>And specify the age of consent for HTS</p> <p>And provide for trained lay people to conduct HTS</p>	<p>National dHTS policies and/or guidelines recommend voluntary testing & counseling (VCT), provider-initiated testing & counseling (PICT) and three of the following:</p> <ul style="list-style-type: none"> • HIV self-testing (HIVST) • Index testing of biological children • Index testing of partners • Social network-based HIV testing services (SNS) <p>And specify the age of consent for HTS</p> <p>And provide for trained lay people to conduct HTS</p>	<p>National dHTS policies and/or guidelines recommend voluntary testing & counseling (VCT), provider-initiated testing & counseling (PICT) and all four of the following:</p> <ul style="list-style-type: none"> • HIV self-testing (HIVST) • Index testing of biological children • Index testing of partners • Social network-based HIV testing services (SNS) <p>And specify the age of consent for HTS</p> <p>And provide for trained lay people to conduct HTS</p>
<p>Policies and/or Guidelines: 2</p> <p>Optimizing HIV Testing</p> <p><i>National policies and guidelines recommend normative guidance on HIV rapid testing algorithms, active case finding, and prioritized groups for repeat testing,</i></p>	<p>National policies and/or guidelines include < 2 of the normative guidance recommendations described below</p>	<p>National policies and/or guidelines include <u>2-3</u> of the normative guidance recommendations described below</p>	<p>National policies and/or guidelines include <u>4</u> of the normative guidance recommendations described below, including the use of three serial validated rapid diagnostic tests (RDTs) to confirm HIV positive status</p>	<p>National policies and/or guidelines include <u>5-6</u> of the normative guidance recommendations described below, including the use of three serial validated RDTs to confirm HIV positive status</p>	<p>National policies and/or guidelines include <u>all 7</u> of the normative guidance recommendations described below</p>
<p>Normative Guidance Recommendations:</p> <p>1. national testing algorithms that consist of three serial validated rapid diagnostic tests to confirm HIV positive status.</p>					

¹ The term “policies and/or guidelines” is used to recognize that different countries include national normative guidance in different types of documents. For the purposes of self-staging, these can be in standalone documents, combined with other guidance, and termed either “policies” “guidance” “guidelines” or equivalent as long as they are finalized and official.

<p><i>and recommend integrating HTS into other services</i></p>	<ol style="list-style-type: none"> 2. verification testing prior to ART initiation for newly identified clients. 3. dual HIV/syphilis testing for priority groups such as pregnant and breastfeeding women and members of key populations (KP); 4. early infant diagnosis testing algorithms. 5. recommendations for repeat testing (with consent) for groups at high risk of HIV acquisition such as sexually active individuals, key and priority populations, and clients re-engaging in care. 6. integration of HTS with prevention services including PrEP and/or VMMC. 7. integration of HTS into other services such as family planning, STI services, TB services, MCH, NCD services, emergency services etc 				
<p>Policies and/or Guidelines 3: Linkage</p> <p><i>National policies and guidelines have adopted international normative guidance on post-test linkage to treatment (for those testing positive) and prevention (for those testing negative)</i></p>	<p>National policies/guidelines have NOT adopted international normative guidance on post-test linkage to treatment (for those testing positive) and prevention (for those testing negative).</p>	<p>National policies/guidelines have adopted international normative guidance on post-test linkage to treatment for individuals testing positive for HIV</p> <p>But they are still in draft form and/or they have not yet been implemented</p>	<p>National policies/guidelines have adopted international normative guidance on post-test linkage to treatment for individuals testing positive for HIV</p> <p>And specify standards for the time to linkage to ART for those testing positive</p> <p>But there are no standards for linking high risk HIV negative individuals to prevention services</p>	<p>National policies/guidelines have adopted international normative guidance on post-test linkage to treatment (for those testing positive) and prevention (for those testing negative).</p> <p>And include:</p> <ul style="list-style-type: none"> • Standards for the time to linkage to ART for those testing positive • Recommended approaches to risk assessment for those testing negative and clear definitions of who is considered at high risk for HIV acquisition and in need of prevention services 	<p>National policies/guidelines have adopted international normative guidance on post-test linkage to treatment (for those testing positive) and prevention (for those testing negative).</p> <p>And include:</p> <ul style="list-style-type: none"> • Standards for the time to linkage to ART for those testing positive • Recommended approaches to risk assessment for those testing negative and clear definitions of who is considered at high risk for HIV acquisition and in need of prevention services • Standards for the time to linkage to prevention services
<p>Transparent, evidence-based financing and resource allocation</p> <p><i>National HTS financing processes are transparent and grounded in evidence</i></p>	<p>National HTS financing processes include none of the following:</p> <ul style="list-style-type: none"> • Clear articulation and evidence-based justification of HTS resource needs, i.e., a quantified funding gap 		<p>National HTS financing processes include <u>one</u> of the following:</p> <ul style="list-style-type: none"> • Clear articulation and evidence-based justification of HTS resource needs, i.e., a quantified funding gap based on national priorities 	<p>National HTS financing processes include <u>two</u> of the following:</p> <ul style="list-style-type: none"> • Clear articulation and evidence-based justification of HTS resource needs, i.e., a quantified funding gap based on national priorities 	<p>National HTS financing processes include <u>all three</u> of the following:</p> <ul style="list-style-type: none"> • Clear articulation and evidence-based justification of HTS resource needs, i.e., a quantified funding gap based on national priorities

	<p>based on national priorities</p> <ul style="list-style-type: none"> • Transparent, evidence-based prioritization processes for use of available resources • Promotion of transparency from all funding partners re: their commitments to HTS 		<ul style="list-style-type: none"> • Transparent, evidence-based prioritization processes for use of available resources • Promotion of transparency from all funding partners re: their commitments to HTS 	<ul style="list-style-type: none"> • Transparent, evidence-based prioritization processes for use of available resources <p>Promotion of transparency from all funding partners re: their commitments to HTS</p>	<ul style="list-style-type: none"> • Transparent, evidence-based prioritization processes for use of available resources • Promotion of transparency from all funding partners re: their commitments to HTS
<p>SOPs</p> <p><i>National standard operating protocols (SOPs) for dHTS have been developed and clearly describe how to implement each model in the national guidelines</i></p>	<p>National SOPs for dHTS (e.g., the differentiated dHTS testing approaches included in national guidelines) do not exist and are not currently in development</p>	<p>National dHTS SOPs have not been developed, but materials originally developed by implementing partners or for stand-alone dHTS projects are currently in use</p>	<p>National dHTS SOPs are in development</p> <p>Or</p> <p>National dHTS SOPs have been developed but are available at <u>less than 50%</u> of testing sites</p> <p>Or</p> <p>National dHTS SOPs have been developed but there is no information about their availability at the site level</p>	<p>National dHTS SOPs have been developed for some but not all dHTS testing approaches implemented in the country</p> <p>These:</p> <ul style="list-style-type: none"> • Clearly describe how each dHTS testing approaches will be implemented including description of the “who, where, when, and what” of the DSD building blocks • Clearly describe roles and responsibilities of staff during HTS mobilization or, testing, and linkage to post-test services <p>And the SOPs are available at <u>50-75%</u> of testing sites</p>	<p>National dHTS SOPs have been developed for all dHTS testing approaches implemented in the country</p> <p>These:</p> <ul style="list-style-type: none"> • Clearly describe how each dHTS testing approaches will be implemented including description of the “who, where, when, and what” of the DSD building blocks • Clearly describe roles and responsibilities of staff during HTS mobilization, testing, and linkage to post-test services <p>And the SOPs are available at <u>more than 75%</u> of testing sites</p>
<p>National dHTS implementation and scale up plan</p>	<p>No national dHTS implementation and scale-up plan is currently in place and development has not begun</p>	<p>A national dHTS implementation and scale-up plan is under development</p>	<p>A national dHTS implementation and scale-up plan has been developed and approved by MOH leadership</p>	<p>A national dHTS implementation and scale-up plan has been developed and approved by MOH leadership</p>	<p>A national dHTS implementation and scale-up plan has been developed and approved by MOH leadership</p>

<p><i>A costed national dHTS implementation and scale up plan has been developed with input from key stakeholders, includes timelines and targets, and is being funded, implemented, and monitored</i></p>		<p>and planning includes meaningful involvement of key stakeholders²</p> <p>Or</p> <p>A scale-up plan has been developed but is not yet approved by MOH</p> <p>Or</p> <p>The scale-up plan does not include all nine of the following strategic choices described below</p>	<p>with input from key stakeholders</p> <p>And includes all nine of the strategic choices described below</p> <p>But the plan is not yet being implemented</p>	<p>with input from key stakeholders</p> <p>And includes all nine of the strategic choices described below</p> <p>And the plan is being implemented</p> <p>But the plan is not yet being regularly monitored (e.g., quarterly, annually)</p>	<p>with input from key stakeholders</p> <p>And includes all nine of the strategic choices described below</p> <p>And the plan is being implemented and regularly monitored (e.g., quarterly, annually)</p>
<p>Key strategic choices:</p> <ol style="list-style-type: none"> 1. Which HIV testing approaches are prioritized? 2. Which population groups prioritized for each HIV testing approach? 3. Where should each approach be implemented (e.g., geographic location, type of facility or community service delivery point)? 4. Coverage targets 5. Timeline for scale-up 6. Funding source(s) 7. Community engagement and demand creation strategies 8. Training plan 9. Plan for updating the M&E system 					

² In this context, key stakeholders include non-governmental organizations, communities, and specific populations relevant to the local HIV epidemic (particularly key and vulnerable populations, people living with HIV, and adolescents/young people)

<p>Meaningful engagement of community representatives</p> <p><i>There is effective, proactive, ongoing engagement of community representatives (including key and priority populations) in designing, planning, implementing, monitoring and evaluating dHTS demand creation and service delivery</i></p>	<p>Community representatives³ are not engaged in planning, implementation, monitoring or evaluating dHTS services</p>	<p>Community representatives are members of the national TWG on dHTS (or equivalent) and attended > 75% of TWG meetings in the past 12 months</p>	<p>In addition to meeting the criteria for the orange stage, community representatives are meaningfully engaged in dHTS demand creation (e.g., as peer educators, community liaisons, etc.) at > 75% of HTS sites</p>	<p>In addition to meeting the criteria for the yellow stage, community representatives are engaged in dHTS service provision (e.g., counseling, linkage, lay testers) at > 75% of HTS sites</p>	<p>In addition to meeting the criteria for the light green stage, community representatives are meaningfully engaged in the evaluation of dHTS, including participating in > 75% of meetings on M&E of dHTS and/or > 75% % of dHTS impact assessment exercises</p>
<p>Effective engagement and oversight of private sector dHTS</p> <p><i>National systems support engagement of the for-profit and not-for-profit private sectors in dHTS include private sector testing data in national M&E systems and defining and monitor dHTS quality standards</i></p>	<p>National policies and guidelines do not include guidance on implementation of dHTS in the private health sector⁴</p>	<p>National policies and guidelines do include guidance on the implementation of dHTS in the private health sector, including all 4 of the following:</p> <ul style="list-style-type: none"> • Targets for private sector dHTS coverage (the # and % of HTS delivered in the private sector) • Clarity regarding the applicability of laboratory, test kit, and service delivery quality standards to private sector dHTS • Guidance on private sector participation in the external quality 	<p>National policies and guidelines include guidance on dHTS in the private health sector and two of the following criteria are met:</p> <ul style="list-style-type: none"> • The private health sector is represented at national HTS TWG meetings • Quarterly supportive supervision visits by MOH include private for-profit (PFP) and private not-for-profit (PNFP) facilities • The national M&E system captures data for 	<p>National policies and guidelines include guidance on dHTS in the private health sector and three of the following criteria are met:</p> <ul style="list-style-type: none"> • The private health sector is represented at national HTS TWG meetings • Quarterly supportive supervision visits by MOH include PFP and PNFP testing sites • The national M&E system captures data for both public and private testing sites 	<p>National policies and guidelines include guidance on dHTS in the private health sector and four of the following criteria are met:</p> <ul style="list-style-type: none"> • The private health sector is represented at national HTS TWG meetings • Quarterly supportive supervision visits by MOH include PFP and PNFP testing sites • The national M&E system captures data for both public and private testing sites

³ In this context, community representatives would include members of groups prioritized for testing services. These are typically people at high risk of HIV acquisition, such as key and priority populations

⁴ In this context, the private health sector includes private for-profit (PFP) organizations and private not-for-profit (PNFP) organizations

		assessment/ proficiency testing (EQA/PT) program <ul style="list-style-type: none"> Reporting requirements and processes for private sector providers but the Ministry of Health has little or no information about the extent or quality of private sector HIV testing service delivery	both public and private testing sites <ul style="list-style-type: none"> Private health facilities are included in the national EQA/PT program 	<ul style="list-style-type: none"> Private health facilities are included in the national EQA/PT program 	<ul style="list-style-type: none"> Private health facilities are included in the national EQA/PT program And the country achieved >75% of its targets for private sector dHTS coverage in the past year
Coordination <i>There is a national HTS TWG/coordination committee that includes multisectoral stakeholders and meets at least quarterly to discuss dHTS policies, strategies, implementation and performance against both coverage and quality targets</i>	There is no national HTS technical working group (TWG) or equivalent (e.g., sub-TWG, coordination committee)	There is a national HTS TWG or equivalent, but its mandate/terms of reference does not clearly include dHTS – e.g., developing, monitoring and evaluating decisions about how and where specific dHTS strategies should be implemented to achieve the first 95 in all groups/sub-populations	There is a national HTS TWG or equivalent whose mandate includes dHTS but which does not include key multisectoral stakeholders (including communities, representatives of key populations, private health sector, HIV treatment programs, and HIV prevention programs)	There is a national HTS TWG or equivalent whose mandate includes dHTS and whose members include representatives of all key multisectoral stakeholders But it has not met at least quarterly in the past year to discuss dHTS policies, strategies, implementation, and performance vs. coverage and quality targets	There is a national HTS TWG or equivalent whose mandate includes dHTS and whose members include representatives of all key multisectoral stakeholders and it has met at least quarterly in the past year to discuss dHTS policies, strategies, implementation, and performance vs. coverage and quality targets
dHTS Training <i>There is a national dHTS training curriculum; training are available; and \geq 75% of the health facilities and community testing sites included in the national scale-up plan have received dHTS training</i>	There is no updated national dHTS training curriculum ⁵	The national dHTS training curriculum has been updated, is aligned with national dHTS guidelines, and includes diverse HTS models and approaches but Training has not started Or	The national dHTS training curriculum has been updated, is aligned with national dHTS guidelines, and includes diverse HTS models and approaches and Training is underway and	The national dHTS training curriculum has been developed, is aligned to national dHTS guidelines, and includes diverse HTS models and approaches and Training is underway and	The national dHTS training curriculum has been developed, is aligned to national dHTS guidelines, and includes diverse HTS models and approaches and Training is underway and

⁵ In this context, national dHTS training curricula should include learning objectives, training materials, and training evaluation tools *aligned with the national dHTS guidelines*. The exact format of each is at the discretion of each country and can be either a stand-alone dHTS curricula or one that is integrated into a larger HIV training curriculum.

		Training has started but there are no training coverage targets ⁶	Based on the dHTS scale up plan or other training coverage targets, trainings have been completed for <u>less than 50%</u> of targeted health facilities and community testing sites or Training coverage rates are unknown	Based on the dHTS scale up plan or other training coverage targets, trainings have been completed for <u>50-75%</u> of targeted health facilities and community testing sites	Based on the dHTS scale up plan or other training coverage targets, trainings have been completed for <u>more than 75%</u> of targeted health facilities and community testing sites
<p>M&E</p> <p><i>dHTS data are integrated into the national M&E system, which captures and disaggregates relevant dHTS indicators by model and these data are used regularly at the national, subnational, facility, and community levels to assess performance against targets and improve the quality, efficiency, and coverage of HTS</i></p>	No elements of a national system for M&E of dHTS in place and priority dHTS indicators ⁷ are not tracked at the national level	Tools to capture all national priority indicators for dHTS have been developed but not integrated into the national Health Information System	Tools to capture all national priority indicators for dHTS have been developed and integrated into the national Health Information System but Quarterly performance summary reports on key dHTS indicators are not produced And There is no evidence of dHTS data use at national, district and facility level to improve quality, efficiency, and coverage of HTS	There is an M&E system in place, integrated within the national health information systems (HIS), that captures relevant dHTS indicators, including testing rates, testing outcomes, geographic coverage, population coverage, linkage to treatment, and linkage to prevention. And There is routine (monthly, semi-annual, annual) dHTS performance measurement against national, subnational, facility, and community targets But there is no evidence of dHTS data use at national, district and facility level to improve	There is an M&E system in place, integrated within the national health information systems (HIS), that captures relevant dHTS indicators, including testing rates, testing outcomes, geographic coverage, population coverage, linkage to treatment, and linkage to prevention. And There is routine (monthly, semi-annual, annual) dHTS performance measurement against national, subnational, facility, and community targets And There is evidence of dHTS data use at national, subnational, facility, and community level to improve

⁶ Training coverage targets should include both public-sector and private-sector health facilities

⁷ Priority dHTS indicators include: testing rates, testing outcomes, geographic coverage, population coverage, linkage to treatment and linkage to prevention, disaggregated by dHTS model/ approach

				quality, efficiency, and coverage of HTS	quality, efficiency, and coverage of HTS
<p>Procurement and supply chain management (PSM)</p> <p><i>There is a procurement and supply chain system in place, with guidelines and procedures, that assures continuous access to quality HTS commodities</i></p>	<p>The country has no guidelines and procedures for procuring and supplying quality HTS commodities and none are under development</p>	<p>The country is developing guidelines and procedures for procuring and supplying quality HTS commodities</p>	<p>There is a procurement and supply chain system (guidelines, procedures) in place (stand-alone or part of a consolidated HIV PSM) that assures continuous and quality access to dHTS commodities. The system:</p> <ul style="list-style-type: none"> • Performs rapid diagnostic device validation • Describes a clear registration/regulatory pathway for new products including HIVST • Procures and distributes adequate stock of internationally and locally approved rapid test/HIVST in line with national testing forecasts <p>But has no mechanism to:</p> <ul style="list-style-type: none"> • Track and report rapid testing kits (RTKs) stock status at national/facility level • Takes action in response to stockouts 	<p>There is a procurement and supply chain system (guidelines, procedures) in place (stand-alone or part of a consolidated HIV PSM) that assures continuous and quality access to dHTS commodities. The system:</p> <ul style="list-style-type: none"> • Performs rapid diagnostic device validation • Describes a clear registration/regulatory pathway for new products including HIVST • Procures and distributes adequate stock of internationally and locally approved rapid test/HIVST in line with national testing forecasts <p>And has a mechanism to:</p> <ul style="list-style-type: none"> • Track and report rapid testing kits (RTKs) stock status national/facility level • Takes action in response to stockouts 	<p>The country meets criteria for the light green stage</p> <p>and</p> <p>There have been no reported stockouts of RTK (and/or associated testing commodities) at health facilities or community-based testing sites in the past 3 months</p>
<p>Population coverage</p> <p><i>National plans include targets for testing coverage including defining groups at high risk of HIV acquisition and</i></p>	<p>National plans (including policies, guidelines and/or HTS implementation and scale-up plans) do not include targets for testing coverage including defining populations/subpopulations</p>	<p>National plans do include targets for testing coverage</p> <p>But testing coverage is not systematically monitored for each high-risk group</p>	<p>National plans do include targets for testing coverage</p> <p>And testing coverage is systematically monitored for each high-risk group</p>	<p>National plans do include targets for testing coverage</p> <p>And testing coverage is systematically monitored for each high-risk group</p>	<p>National plans do include targets for testing coverage</p> <p>And testing coverage is systematically monitored for each high-risk group</p>

<i>specifying what percentage of people in high-risk groups should be tested and how frequently</i>	at high risk of HIV acquisition and specifying what percentage of people in high-risk groups should be tested and how frequently		But coverage rates were <u>less than 50%</u> of national targets for at least one high-risk group in the past year	And coverage rates were above 50% for all high-risk groups in the past year But coverage rates were \leq 75% for at least one high-risk group in the past year	And coverage rates were <u>more than 75%</u> of national targets for all high-risk groups in the past year
Linkage to treatment – 1: Timely Linkage <i>National plans include standards for timely and effective linkage to treatment for people testing positive for HIV; linkage rates and time to ART initiation are monitored; and performance meets standards</i>	National plans (including policies, guidelines and/or HTS implementation and scale-up plans) do not include standards for timely and effective linkage to treatment for people testing positive for HIV Or National plans do include standards for timely and effective linkage to treatment (e.g., within 14 days) ⁸ But the proportion of people testing positive who initiate ART is not routinely monitored	National plans do include standards for timely and effective linkage to treatment And the proportion of people testing positive who initiate ART is routinely monitored But the time to ART initiation is not routinely monitored	National plans do include standards for timely and effective linkage to treatment And the proportion of people testing positive who initiate ART is routinely monitored And the time to ART initiation is routinely monitored But <u>less than 75%</u> of people testing positive are linked within the target timeframe	National plans do include standards for timely and effective linkage to treatment And the proportion of people testing positive who initiate ART is routinely monitored And the time to ART initiation is routinely monitored And <u>75%-94%</u> of people testing positive are linked within the target timeframe	National plans do include standards for timely and effective linkage to treatment And the proportion of people testing positive who initiate ART is routinely monitored And the time to ART initiation is routinely monitored And <u>95%</u> or more of people testing positive are linked within the target timeframe
Linkage to treatment – 2: Confirmatory/ Verification testing National plans (including policies,	National plans (including policies, guidelines and/or HTS implementation and scale-up plans) do not include recommendations for confirmatory/verification	National plans do include standards for confirmatory/ verification testing But the proportion of people receiving confirmatory/	National plans do include standards for confirmatory/ verification testing And the proportion of people receiving confirmatory/	National plans do include standards for confirmatory/ verification testing And the proportion of people receiving confirmatory/	National plans do include standards for confirmatory/ verification testing And the proportion of people receiving confirmatory/

⁸ Linkage to treatment is also discussed in the domain Policies/Guidelines 3, where the dark green stage includes a requirement for national guidelines to include standards for the time to linkage to ART for those testing positive. These standards vary from country to country; WHO recommends “rapid” linkage that takes no longer than 14 days.

<p>guidelines and/or HTS implementation and scale-up plans) recommend for confirmatory/verification testing prior to ART initiation for newly identified clients</p>	<p>testing prior to ART initiation for newly identified clients</p>	<p>verification HIV testing prior to ART initiation is not routinely monitored</p>	<p>verification HIV testing prior to ART initiation is routinely monitored</p> <p>But less than 50% of people initiating ART have had a confirmatory/ verification test before commencing ART</p>	<p>verification HIV testing prior to ART initiation is routinely monitored</p> <p>And 50%-75% of people initiating ART have had a confirmatory/ verification test before commencing ART</p>	<p>verification HIV testing prior to ART initiation is routinely monitored</p> <p>And more than 75% of people initiating ART have had a confirmatory/ verification test before commencing ART</p>
<p>Linkage to prevention and other services</p> <p><i>National plans include standards for timely and effective linkage to prevention for people testing negative for HIV; linkage rates and index testing service rates are monitored; and performance meets standards</i></p>	<p>National plans (including policies, guidance, and/or HTS implementation and scale-up plans) do not include standards for linkage to prevention services⁹</p>	<p>National plans do include standards for linkage to prevention services</p> <p>But linkage rates (e.g., the proportion of people testing negative and at high risk of HIV who link to prevention services) are not routinely monitored</p>	<p>National plans include standards for linkage to prevention services</p> <p>And linkage rates are routinely monitored</p> <p>But less than 50% of high-risk people testing negative are linked to prevention services</p> <p>And/or less than 50% of eligible newly identified PLHIV (index clients) are offered opt-in index testing services</p>	<p>National policies, guidance, and/or the national dHTS implementation and scale-up plan include standards for linkage to prevention services</p> <p>And the proportion of people testing negative and at high risk of HIV who link to prevention services is routinely monitored</p> <p>And 50-75% of high-risk people testing negative are linked to prevention services</p> <p>And 50-75% of eligible newly identified PLHIV (index clients) are offered opt-in index testing services</p>	<p>National policies, guidance, and/or the national dHTS implementation and scale-up plan include standards for linkage to prevention services</p> <p>And the proportion of people testing negative and at high risk of HIV who link to prevention services is routinely monitored</p> <p>And more than 75% of high-risk people testing negative are linked to prevention services</p> <p>And more than 75% of eligible newly identified PLHIV (index clients) are offered opt-in index testing services</p>
<p>Quality of testing services 1: EQA/IQC</p>	<p>The country does not have an external quality assessment/</p>	<p>The country has an EQA/IC system, but EQA and IC</p>	<p>The country has an EQA/IC system which regularly (as</p>	<p>The country has an EQA/IC system which regularly (as</p>	<p>The country has an EQA/IC system which regularly (as</p>

⁹ Linkage to prevention is also discussed in the domain Policies/Guidelines 3, where the dark green stage includes a requirement for national guidelines to include: (1) recommended approaches to risk assessment for those testing negative; (2) clear definitions of who is considered at high risk for HIV acquisition and in need of prevention services; and (3) standards for the time to linkage to prevention services. These standards differ from country to country.

<i>The country has an external quality assessment/ internal control (EQA/IC) program which regularly assesses the quality of testing sites and ensures that they meet national standards</i>	internal control (EQA/IC) program for HIV testing services ¹⁰	activities have been implemented at < 50% of testing sites And/or the proportion of testing sites implementing the national EQA/IC program is unknown	per national policies) assesses the extent to which testing sites meet national standards But less than 80% of testing sites achieve acceptable pass rates as defined by the national reference laboratory Or The proportion of testing sites achieving acceptable pass rates is unknown	per national policies) assesses extent to which testing sites meet national standards And 80% to 90% of testing sites achieve acceptable pass rates as defined by the national reference laboratory	per national policies) assesses extent to which testing sites meet national standards And more than 90% of testing sites achieve acceptable pass rates as defined by the national reference laboratory
Quality of testing services 2: Proficiency Testing <i>The country has a proficiency testing (PT) program which regularly assesses tester competency and ensures that it meets national standards</i>	The country does not have a proficiency testing (PT) program for people providing HIV testing services	The country has developed a PT system which regularly (as per national policies) assesses and certifies the competence of testers on HIV rapid testing, including both point of care testing providers and laboratory personnel	The country has developed a PT system which regularly (as per national policies) assesses and certifies the competence of testers on HIV rapid testing, including both point of care testing providers and laboratory personnel But less than 80% of testers achieve acceptable pass rates Or The proportion of testers achieving acceptable pass rates is unknown	The country has developed a PT system which regularly (as per national policies) assesses and certifies the competence of testers on HIV rapid testing, including both point of care testing providers and laboratory personnel And 80%-90% of testers achieve acceptable pass rates	The country has developed a PT system which regularly (as per national policies) assesses and certifies the competence of testers on HIV rapid testing, including both point of care testing providers and laboratory personnel And more than 90% of testers achieve acceptable pass rates
Quality of testing services 3: Clinical services	Neither national quality standards ¹¹ nor a service quality assessment (SQA) toolkit ¹² for dHTS have been	National quality standards and a SQA toolkit for dHTS models have been developed but no	The SQA toolkit has been used to conduct at least one evaluation of dHTS quality in the past year, and <u>50-75%</u> of	The SQA toolkit has been used to conduct at least one evaluation of dHTS quality in the past year,	The SQA toolkit has been used to conduct at least one evaluation of dHTS quality using a nationally

¹⁰ By “functional EQA/IC program” we mean the policies, standards, SOPs, training, M&E systems, established corrective actions for sites not passing standards, and other processes needed to ensure that sites providing HIV testing services meet national standards.

¹¹ dHTS standards should be based on the 5Cs (*consent, confidentiality, counseling, correct results, and linkage to post-test services*) and should define standards for safe and ethical HTS including when and how to screen, monitor, report and respond to intimate partner violence.

¹² By SQA toolkit, we mean guidelines, SOPs and tools to assess whether testing services meet national quality standards; these would typically include both quantitative and qualitative data (e.g., observational checklists, exit surveys, key informant interviews, focus group discussions, etc.)

<p><i>There is strong evidence that dHTS meet quality standards based on the 5Cs (consent, confidentiality, counseling, correct results, and linkage to post-test services) and that sites offering dHTS meet minimum standards for safe and ethical HTS</i></p>	<p>developed and neither are currently in development.</p>	<p>evaluations of quality using the standards have been completed in the past year</p> <p>Or the SQA tool has been used in the past year but <u>less than 50%</u> of HIV testing sites assessed met or exceeded national standards</p> <p>Or the SQA tool has been used in the past year, but there is no information about what percentage of HIV testing sites assessed met or exceeded national standards</p>	<p>HIV testing sites assessed met or exceeded national quality standards</p>	<p>and <u>more than 75%</u> of HIV testing sites assessed met or exceeded national quality standards</p>	<p>representative sample in the past year, and <u>more than 75%</u> of HIV testing sites assessed met or exceeded national quality standards</p>
<p>Impact 1: Knowledge of HIV status</p> <p><i>At least 95% of every priority group are aware of their HIV status</i></p>	<p>The country has not identified priority groups for HIV testing (typically individuals at high risk of HIV acquisition)</p> <p>or</p> <p>The country has identified priority groups for testing</p> <p>But less than 50% of at least one priority group are aware of their HIV status</p> <p>And/or there are no data to determine what proportion of each priority group is aware of their HIV status</p>	<p>The country has identified priority groups for HIV testing and more than 50% of every priority group are aware of their HIV status</p> <p>But in one or more priority groups, less than 60% are aware of their HIV status</p>	<p>The country has identified priority groups for HIV testing and 60% or more of every priority group are aware of their HIV status</p> <p>But in one or more priority groups, less than 75% are aware of their HIV status</p>	<p>The country has identified priority groups for HIV testing and 75% or more of every priority group are aware of their HIV status</p> <p>But in one or more priority groups, less than 95% are aware of their HIV status</p>	<p>The country has identified priority groups for HIV testing and 95% or more of every priority group are aware of their HIV status</p>
<p>Impact 2: Linkage to treatment</p> <p><i>At least 95% of people testing positive in every</i></p>	<p>The country has not identified priority groups for HIV testing (typically</p>	<p>The country has identified priority groups for HIV testing, more than 50% of people testing positive in</p>	<p>The country has identified priority groups for HIV testing and 60% or more of people testing positive in every</p>	<p>The country has identified priority groups for HIV testing, 75% or more of people testing positive in</p>	<p>The country has identified priority groups for HIV testing and 95% or more of people testing positive in every</p>

<p><i>priority group are linked to treatment.</i></p>	<p>individuals at high risk of HIV acquisition)</p> <p>or</p> <p>The country has identified priority groups for testing</p> <p>But less than 50% of those testing positive in at least one priority group are linked to treatment</p> <p>And/or there are no data to determine what proportion of individuals testing positive in each priority group are linked to treatment</p>	<p>every priority group are linked to treatment</p> <p>But in one or more priority groups, less than 60% of those testing positive are linked to treatment</p>	<p>priority group are linked to treatment</p> <p>But in one or more priority groups, less than 75% of those testing positive are linked to treatment</p>	<p>every priority group are linked to treatment</p> <p>But in one or more priority groups, less than 95% of those testing positive are linked to treatment</p>	<p>priority group are linked to treatment</p>
<p>Impact 3: Linkage to prevention</p> <p><i>At least 95% of high-risk people testing negative in every priority group are linked to prevention.</i></p>	<p>The country has not identified priority groups for HIV testing (typically individuals at high risk of HIV acquisition)</p> <p>or</p> <p>The country has identified priority groups for testing</p> <p>But less than 50% high-risk individuals testing negative in at least one priority group are linked to prevention</p> <p>And/or there are no data to determine what proportion of high-risk individuals testing negative in each priority group are linked to prevention</p>	<p>The country has identified priority groups for HIV testing, more than 50% of high-risk individuals testing negative in every priority group are linked to prevention</p> <p>But in one or more priority groups, less than 60% of high-risk individuals testing negative are linked to prevention</p>	<p>The country has identified priority groups for HIV testing and 60% or more of high-risk individuals testing negative in every priority group are linked to prevention</p> <p>But in one or more priority groups, less than 75% of high-risk individuals testing negative are linked to prevention</p>	<p>The country has identified priority groups for HIV testing, 75% or more of high-risk individuals testing negative in every priority group are linked to prevention</p> <p>But in one or more priority groups, less than 95% of high-risk individuals testing negative are linked to prevention</p>	<p>The country has identified priority groups for HIV testing and 95% or more of high-risk individuals testing negative in every priority group are linked to prevention</p>