Policies and/or Guidelines[1]: 1 Strategic model mix and decentralisation *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.*	National dHTS policies and/or guidelines have not been updated in the past 5 years **Or** National dHTS policies and/or guidelines do not recommend both voluntary testing & counseling (VCT) and provider-initiated testing & counseling (PICT) **Or** National dHTS policies and/or guidelines recommend VCT and PICT but do not recommend <u>any</u> of the following: • HIV self-testing (HIVST) • Index testing of biological children • Index testing of partners • Social network-based HIV testing (SNS)	National dHTS policies and/or guidelines recommend voluntary testing & counseling (VCT), provider-initiated testing & counseling (PICT) **and** <u>one</u> of the following: • 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	National dHTS policies and/or guidelines recommend voluntary testing & counseling (VCT), provider-initiated testing & counseling (PICT) **and** <u>two</u> of the following: • HIV self-testing (HIVST) • Index testing of biological children • Index testing of partners • Social network-based HIV testing services (SNS) **And** specify the age of consent for HTS **And** provide for trained lay people to conduct HTS	National dHTS policies and/or guidelines recommend voluntary testing & counseling (VCT), provider-initiated testing & counseling (PICT) **and** <u>three</u> of the following: • HIV self-testing (HIVST) • Index testing of biological children • Index testing of partners • Social network-based HIV testing services (SNS) **And** specify the age of consent for HTS **And** provide for trained lay people to conduct HTS	National dHTS policies and/or guidelines recommend voluntary testing & counseling (VCT), provider-initiated testing & counseling (PICT) **and** <u>all four</u> of the following: • HIV self-testing (HIVST) • Index testing of biological children • Index testing of partners • Social network-based HIV testing services (SNS) **And** specify the age of consent for HTS **And** provide for trained lay people to conduct HTS
Policies and/or Guidelines: 2 Optimizing HIV Testing *National policies and guidelines recommend normative guidance on HIV rapid testing algorithms, active case finding, and prioritized groups for repeat testing,*	National policies and/or guidelines include < 2 of the normative guidance recommendations described below	National policies and/or guidelines include <u>2-3</u> of the normative guidance recommendations described below	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	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	National policies and/or guidelines include <u>all 7</u> of the normative guidance recommendations described below
	Normative Guidance Recommendations: 1. national testing algorithms that consist of three serial validated rapid diagnostic tests to confirm HIV positive status.				

[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.

and recommend integrating HTS into other services	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				
Policies and/or Guidelines 3: Linkage *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)*	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).	National policies/guidelines have adopted international normative guidance on post-test linkage to treatment for individuals testing positive for HIV **But** they are still in draft form and/or they have not yet been implemented	National policies/guidelines have adopted international normative guidance on post-test linkage to treatment for individuals testing positive for HIV **And** specify standards for the time to linkage to ART for those testing positive **But** there are no standards for linking high risk HIV negative individuals to prevention services	National policies/guidelines have adopted international normative guidance on post-test linkage to treatment (for those testing positive) and prevention (for those testing negative). **And** include: • 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	National policies/guidelines have adopted international normative guidance on post-test linkage to treatment (for those testing positive) and prevention (for those testing negative). **And** include: • 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
Transparent, evidence-based financing and resource allocation *National HTS financing processes are transparent and grounded in evidence*	National HTS financing processes include none of the following: • Clear articulation and evidence-based justification of HTS resource needs, i.e., a quantified funding gap		National HTS financing processes include <u>one</u> of the following: • Clear articulation and evidence-based justification of HTS resource needs, i.e., a quantified funding gap based on national priorities	National HTS financing processes include <u>two</u> of the following: • Clear articulation and evidence-based justification of HTS resource needs, i.e., a quantified funding gap based on national priorities	National HTS financing processes include <u>all three</u> of the following: • Clear articulation and evidence-based justification of HTS resource needs, i.e., a quantified funding gap based on national priorities

	based on national priorities • Transparent, evidence-based prioritization processes for use of available resources • Promotion of transparency from all funding partners re: their commitments to HTS		• Transparent, evidence-based prioritization processes for use of available resources • Promotion of transparency from all funding partners re: their commitments to HTS	• Transparent, evidence-based prioritization processes for use of available resources Promotion of transparency from all funding partners re: their commitments to HTS	• Transparent, evidence-based prioritization processes for use of available resources • Promotion of transparency from all funding partners re: their commitments to HTS
SOPs *National standard operating protocols (SOPs) for dHTS have been developed and clearly describe how to implement each model in the national guidelines*	National SOPs for dHTS (e.g., the differentiated dHTS testing approaches included in national guidelines) do not exist and are not currently in development	National dHTS SOPs have not been developed, but materials originally developed by implementing partners or for stand-alone dHTS projects are currently in use	National dHTS SOPs are in development **Or** National dHTS SOPs have been developed but are available at <u>less than 50%</u> of testing sites **Or** National dHTS SOPs have been developed but there is no information about their availability at the site level	National dHTS SOPs have been developed for some but not all dHTS testing approaches implemented in the country These: • 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 **And** the SOPs are available at <u>50-75%</u> of testing sites	National dHTS SOPs have been developed for **all** dHTS testing approaches implemented in the country These: • 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 **And** the SOPs are available at <u>more than 75%</u> of testing sites
National dHTS implementation and scale up plan	No national dHTS implementation and scale-up plan is currently in place and development has not begun	A national dHTS implementation and scale-up plan is under development	A national dHTS implementation and scale-up plan has been developed and approved by MOH leadership	A national dHTS implementation and scale-up plan has been developed and approved by MOH leadership	A national dHTS implementation and scale-up plan has been developed and approved by MOH leadership

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		**and** planning includes meaningful involvement of key stakeholders[2] **Or** A scale-up plan has been developed but is not yet approved by MOH **Or** The scale-up plan does not include all nine of the following strategic choices described below	with input from key stakeholders **And** includes all nine of the strategic choices described below **But** the plan is not yet being implemented	with input from key stakeholders **And** includes all nine of the strategic choices described below **And** the plan is being implemented **But** the plan is not yet being regularly monitored (e.g., quarterly, annually)	with input from key stakeholders **And** includes all nine of the strategic choices described below **And** the plan is being implemented and regularly monitored (e.g., quarterly, annually)
	Key strategic choices: 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)

Meaningful engagement of community representatives *There is effective, pro-active, ongoing engagement of community representatives (including key and priority populations) in designing, planning, implementing, monitoring and evaluating dHTS demand creation and service delivery*	Community representatives[3] are not engaged in planning, implementation, monitoring or evaluating dHTS services	Community representatives are members of the national TWG on dHTS (or equivalent) and attended > 75% of TWG meetings in the past 12 months	**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	**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	**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
Effective engagement and oversight of private sector dHTS *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*	National policies and guidelines **do not** include guidance on the implementation of dHTS in the private health sector[4]	National policies and guidelines **do** include guidance on the implementation of dHTS in the private health sector, including all 4 of the following: • 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	National policies and guidelines include guidance on dHTS in the private health sector and **two** of the following criteria are met: • 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	National policies and guidelines include guidance on dHTS in the private health sector and **three** of the following criteria are met: • 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	National policies and guidelines include guidance on dHTS in the private health sector and **four** of the following criteria are met: • 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 • 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 • Private health facilities are included in the national EQA/PT program	• Private health facilities are included in the national EQA/PT program	• 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 *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*	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 *There is a national dHTS training curriculum; training are available; and ≥ 75% of the health facilities and community testing sites included in the national scale-up plan have received dHTS training*	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 less than 50% 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 50-75% of targeted health facilities and community testing sites	Based on the de HTS scale up plan or other training coverage targets, trainings have been completed for more than 75% of targeted health facilities and community testing sites
M&E *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*	None of the dHTS priority indicators are currently incorporated in the National Health Information System **Priority indicators,** disaggregated by dHTS modality/ testing approach[7] (*refer to the footnote below). 1. Testing rate 2. Testing outcomes 3. Geographic coverage 4. Population coverage 5. Linkage to treatment 6. Linkage to combination prevention for people tested HIV negative.	Only some (not all) of the six dHTS priority indicators have been integrated into the national Health Information System.	All the six dHTS priority indicators are integrated into the National Health Information System but the reports are not routinely utilized.	All the six dHTS priority indicators are integrated into the National Health Information System and the dHTS performance reports are produced and routinely used at **some BUT not all levels** (i.e., national, sub-national, facility, and community levels).	All the six dHTS priority indicators are integrated into the National Health Information System and dHTS performance reports are produced and routinely used at all levels (i.e., national, sub-national, facility, and community levels

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

Procurement and supply chain management (PSM) *There is a procurement and supply chain system in place, with guidelines and procedures, that assures continuous access to quality HTS commodities*	The country has no guidelines and procedures for procuring and supplying quality HTS commodities and none are under development	The country is developing guidelines and procedures for procuring and supplying quality HTS commodities	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: • 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 **But has no** mechanism to: • Track and report rapid testing kits (RTKs) stock status at national/facility level • Takes action in response to stockouts	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: • 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 **And** has a mechanism to: • Track and report rapid testing kits (RTKs) stock status national/facility level • Takes action in response to stockouts	The country meets criteria for the light green stage **and** 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
Population coverage *National plans include targets for testing coverage including defining groups at high risk of HIV acquisition and specifying what percentage of people in*	National plans (including policies, guidelines and/or HTS implementation and scale-up plans) **do not** include targets for testing coverage including defining populations/subpopulations at high risk of HIV acquisition and specifying what	National plans **do** include targets for testing coverage **But** testing coverage is not systematically monitored for each high-risk group	National plans **do** include targets for testing coverage **And** testing coverage is systematically monitored for each high-risk group **But** coverage rates were <u>less than 50%</u> of national targets	National plans **do** include targets for testing coverage **And** testing coverage is systematically monitored for each high-risk group **And** coverage rates were above 50% for all high-risk groups in the past year	National plans **do** include targets for testing coverage **And** testing coverage is systematically monitored for each high-risk group **And** coverage rates were <u>more than 75%</u> of national

high-risk groups should be tested and how frequently	percentage of people in high-risk groups should be tested and how frequently		for at least one high-risk group in the past year	**But** coverage rates were ≤ 75% for at least one high-risk group in the past year	targets for all high-risk groups in the past year
Linkage to treatment – 1: Timely Linkage *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*	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** less than 75% 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** 75%-94% 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** 95% or more of people testing positive are linked within the target timeframe
Linkage to treatment – 2: Confirmatory/ Verification testing **National plans (including policies, guidelines and/or HTS implementation and scale-up plans)**	National plans (including policies, guidelines and/or HTS implementation and scale-up plans) **do not** include recommendations for confirmatory/verification testing prior to ART initiation for newly identified clients	National plans **do** include standards for confirmatory/ verification testing **But** the proportion of people receiving confirmatory/ verification HIV testing prior to ART initiation is not routinely monitored	National plans **do** include standards for confirmatory/ verification testing **And** the proportion of people receiving confirmatory/ verification HIV testing prior to ART initiation is routinely monitored	National plans **do** include standards for confirmatory/ verification testing **And** the proportion of people receiving confirmatory/ verification HIV testing prior to ART initiation is routinely monitored	National plans **do** include standards for confirmatory/ verification testing **And** the proportion of people receiving confirmatory/ verification HIV testing prior to ART initiation is routinely monitored

[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.

recommend for confirmatory/verification testing prior to ART initiation for newly identified clients			**But** less than 50% of people initiating ART have had a confirmatory/ verification test before commencing ART	**And** 50%-75% of people initiating ART have had a confirmatory/ verification test before commencing ART	**And** more than 75% of people initiating ART have had a confirmatory/ verification test before commencing ART
Linkage to prevention and other services *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*	National plans (including policies, guidance, and/or HTS implementation and scale-up plans) **do not** include standards for linkage to prevention services[9]	National plans **do** include standards for linkage to prevention services **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	National plans include standards for linkage to prevention services **And** linkage rates are routinely monitored **But** less than 50% of high-risk people testing negative are linked to prevention services **And/or** less than 50% of eligible newly identified PLHIV (index clients) are offered opt-in index testing services	National policies, guidance, and/or the national dHTS implementation and scale-up plan include standards for linkage to prevention services **And** the proportion of people testing negative and at high risk of HIV who link to prevention services is routinely monitored **And** 50-75% of high-risk people testing negative are linked to prevention services **And** 50-75% of eligible newly identified PLHIV (index clients) are offered opt-in index testing services	National policies, guidance, and/or the national dHTS implementation and scale-up plan include standards for linkage to prevention services **And** the proportion of people testing negative and at high risk of HIV who link to prevention services is routinely monitored **And** more than 75% of high-risk people testing negative are linked to prevention services **And** more than 75% of eligible newly identified PLHIV (index clients) are offered opt-in index testing services
Quality of testing services 1: EQA/IQC *The country has an external quality*	The country does not have an external quality assessment/ internal control (EQA/IC)	The country has an EQA/IC system, but EQA and IC activities have been implemented at < 50% of testing sites	The country has an EQA/IC system which regularly (as per national policies) assesses the extent to which testing sites meet national standards	The country has an EQA/IC system which regularly (as per national policies) assesses extent to which testing sites meet national standards	The country has an EQA/IC system which regularly (as per national policies) assesses extent to which testing sites meet national standards

[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.

assessment/ internal control (EQA/IC) program which regularly assesses the quality of testing sites and ensures that they meet national standards	program for HIV testing services[10]	**And/or** the proportion of testing sites implementing the national EQA/IC program is unknown	**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	**And** 80% to 90% of testing sites achieve acceptable pass rates as defined by the national reference laboratory	**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 *The country has a proficiency testing (PT) program which regularly assesses tester competency and ensures that it meets national standards*	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 *There is strong evidence that dHTS meet quality standards based on the 5Cs (consent,*	Neither national quality standards[11] nor a service quality assessment (SQA) toolkit[12] for dHTS have been developed and neither are currently in development.	National quality standards and a SQA toolkit for dHTS models have been developed but no evaluations of quality using the standards have been completed in the past year	The SQA toolkit has been used to conduct at least one evaluation of dHTS quality in the past year, and 50-75% of HIV testing sites assessed met or exceeded national quality standards	The SQA toolkit has been used to conduct at least one evaluation of dHTS quality in the past year, and more than 75% of HIV testing sites assessed met	The SQA toolkit has been used to conduct at least one evaluation of dHTS quality **using a nationally representative sample** in the past year, and more than 75% of HIV testing sites

[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.)

confidentiality, counseling, correct results, and linkage to post-test services) and that sites offering dHTS meet minimum standards for safe and ethical HTS		**Or** the SQA tool has been used in the past year but less than 50% of HIV testing sites assessed met or exceeded national standards **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		or exceeded national quality standards	assessed met or exceeded national quality standards
Impact 1: Knowledge of HIV status *At least 95% of every priority group are aware of their HIV status*	The country has not identified priority groups for HIV testing (typically individuals at high risk of HIV acquisition) **or** The country has identified priority groups for testing **But** less than 50% of at least one priority group are aware of their HIV status **And/or** there are no data to determine what proportion of each priority group is aware of their HIV status	The country has identified priority groups for HIV testing and more than 50% of every priority group are aware of their HIV status **But** in one or more priority groups, less than 60% are aware of their HIV status	The country has identified priority groups for HIV testing and 60% or more of every priority group are aware of their HIV status **But** in one or more priority groups, less than 75% are aware of their HIV status	The country has identified priority groups for HIV testing and 75% or more of every priority group are aware of their HIV status **But** in one or more priority groups, less than 95% are aware of their HIV status	The country has identified priority groups for HIV testing and 95% or more of every priority group are aware of their HIV status
Impact 2: Linkage to treatment *At least 95% of people testing positive in every priority group are linked to treatment.*	The country has not identified priority groups for HIV testing (typically individuals at high risk of HIV acquisition) **or**	The country has identified priority groups for HIV testing, more than 50% of people testing positive in every priority group are linked to treatment	The country has identified priority groups for HIV testing and 60% or more of people testing positive in every priority group are linked to treatment	The country has identified priority groups for HIV testing, 75% or more of people testing positive in every priority group are linked to treatment	The country has identified priority groups for HIV testing and 95% or more of people testing positive in every priority group are linked to treatment

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