

MODULE 3 EXERCISE

FACILITY-BASED HIV SELF-TESTING APPROACHES & HIVST REPLACING RISK-SCREENING TOOLS

OBJECTIVE

This exercise will help health workers understand and apply the principles of Facility-Based HIV Self-Testing (HIVST), focusing on integrating HIVST into facility workflows and replacing risk-screening tools to improve testing coverage and service efficiency.

LEARNING OUTCOMES

By completing this exercise, participants will:

- Understand the rationale for facility-based HIVST and its role in replacing risk-screening tools.
- Compare facility-based HIVST approaches and identify best solutions for implementation
- Discuss WHO recommendations for integrating HIVST into health facilities.
- Identify priority populations who benefit from facility-based HIVST.
- Develop strategic plans for operationalizing facility-based HIVST implementation.

TAKEAWAY MESSAGE

Facility-based HIV self-testing (HIVST) is an effective, client-centered approach that replaces risk-screening tools, increases testing coverage, reduces missed diagnoses, and optimizes resource allocation. HIVST supports early diagnosis and linkage to care, ensuring routine, equitable access for key populations.

SCENARIO

You are a health worker implementing facility-based HIVST to replace risk-screening tools and increase HIV testing uptake at key entry points. Your role includes designing an integration model, ensuring workflow efficiency, and addressing staff workload challenges.

TASKS

1. UNDERSTANDING THE RATIONALE FOR FACILITY-BASED HIVST

Instructions:

- › Discuss the following as a group:
 - Why is HIVST being introduced in health facilities?
 - What are the limitations of risk-based screening tools in facility settings?
 - How does facility-based HIVST improve testing coverage and efficiency?

Focus Areas:

- Identify missed opportunities in provider-administered testing.
- Discuss WHO recommendations on facility-based HIVST.
- Explore how HIVST enhances HIV prevention efforts.

2. IMPLEMENTING HIVST TO REPLACE RISK-SCREENING TOOLS

Instructions:

- › In groups, analyze current risk-based screening practices
- › Develop a strategy for replacing risk-based screening tools with HIVST at key facility entry points.
- › Consider:
 - Advantages of HIVST over risk-based screening tools.
 - Training needs for healthcare staff.
 - Challenges and possible resistance from staff or clients.
 - Ensuring linkage to confirmatory testing and treatment.

Focus Areas:

- Understand how HIVST replaces ineffective risk-screening tools.
- Ensure HIVST is integrated into ANC, TB, STI, OPD, and other facility services.
- Address concerns about staff workload and client privacy.

3. ROLE-PLAYING CLIENT FLOW & LINKAGE TO CARE

Instructions:

- › Pair up and simulate a client's journey using HIVST in a health facility.
 - One participant acts as a client receiving an HIVST kit.
 - The other acts as a health worker providing guidance and linkage support.
- › Demonstrate effective communication and counseling techniques.

Focus Areas:

- Explain mobilization for HIVST
- Explain pre-test instructions and test administration.
- Discuss referral processes for reactive results.
- Ensure non-reactive clients receive appropriate prevention counseling.

4. IDENTIFYING PRIORITY POPULATIONS FOR FACILITY-BASED HIVST

Instructions:

- › Reflect on which populations could benefit most from facility-based HIVST.
- › Discuss in groups:
 - Which groups are often missed in routine provider testing?
 - How can HIVST address barriers for these populations?

Focus Areas:

- Key populations (e.g., MSM, PWID, sex workers).
- Male partners of ANC clients and FP clients.
- Adolescents, young adults, and high-risk men.
- Clients with STIs

5. EXPLORING THE POTENTIAL USE OF HIVST AS AN A1 TEST IN FACILITIES

Instructions:

- › In groups, reflect on current challenges in delivering HIV testing at your facility due to limited resources.
- › Review the concept of using HIVST as a potential A1 test within national testing algorithms in light of current funding cuts.

Discuss:

- Under what circumstances could HIVST replace the A1 test in your setting?
(The answer will include (1) stockouts of A1 and (2) HR shortages)
- What risks need to be mitigated when using HIVST as an A1 test?
Confirming all reactive results with A2 and A3 as per national algorithm;
- What are the key safeguards to ensure quality and client safety?

Focus Areas:

- Understand WHO's flexibility on HIV testing amid acute resource constraints
- Discuss programmatic and ethical implications of this shift (e.g. correct interpretation of HIVST results)
- Identify monitoring and linkage processes to ensure clients with reactive HIVST results receive confirmatory testing (A2, A3)
- Explore current local policy and guideline adaptations required to allow temporary or flexible A1 use of HIVST

FINAL REFLECTION

Instructions:

- › Individually reflect on:
 - How can you apply facility-based HIVST in your setting?
 - What are the key challenges and potential solutions for implementation?
- › Share reflections in a group discussion.

Discussion Points:

- How can facility-based HIVST optimize HIV testing coverage?
- What are the best strategies for ensuring linkage to confirmatory testing for reactive HIVST results?