

MODULE 1

1. Differentiated Testing Services (dHTS) Overview:

Q: What are the core goals of Differentiated Testing Services (dHTS) in HIV?

- *The main goals are to increase HIV testing coverage, improve person-centered care, and enhance linkage to treatment or prevention services.*

Q: What are the core principles of dHTS?

- *Mobilizing and creating demand for testing, Testing service delivery, Linkage to post-test services*

Q: What are the 4 key dHTS approaches?

- *Facility-based HTS, Community based, Network based testing, HIV self-testing*

2. Designing Effective dHTS Models:

Q: What key considerations should be taken into account when developing a dHTS model?

- *Key considerations include understanding the local context, identifying target populations, choosing suitable delivery approaches, and aligning resources with the goals and needs of the community.*

Q: How can you determine which population groups would benefit most from differentiated approaches to HIV testing?

- *Conduct a situational analysis to identify groups with low testing uptake, high HIV risk, or unique barriers to accessing traditional testing, such as young people, men, or key populations.*

Q: List and explain the 7 steps required to implement dHTS!

- *To implement dHTS, begin with a situational analysis, identify gaps, define target populations, review and adapt evidence-based models, roll out in phases, and monitor and evaluate for continuous improvement.*

3. HIV Testing Approaches and Adaptability:

Q: What are the main different HIV testing purposes and focus for testing and provide various examples of each, and how might they suit different settings or populations?

- *Examples include facility-based, community-based, and network-based testing. Facility-based is ideal for immediate linkage to care; community-based suits underserved areas; network-based reaches high-risk groups within social networks.*

Q: In what ways can HIV self-testing complement traditional testing approaches?

- *HIVST offers a private, flexible option, enhancing accessibility for those uncomfortable with clinic-based testing, thus complementing facility and community testing efforts.*

4. Supportive Strategies and Integration:

Q: How do strategies like task shifting and quality assurance support dHTS implementation?

- *Task shifting allows trained lay providers to conduct testing, expanding reach and reducing the workload on healthcare providers. Quality assurance ensures consistent standards and reliability in testing services.*

Q: Why is it important to monitor and evaluate dHTS approaches, and what are some effective ways to do so?

- *Monitoring and evaluation help measure effectiveness, identify gaps, and make improvements. Effective methods include routine data collection, client feedback, and performance audits.*

5. Reflections on Practical Application:

Q: How could you apply dHTS principles in your setting?

- *Apply dHTS by assessing local needs, selecting appropriate testing models, and ensuring a person-centered approach to increase accessibility and linkage to care.*

Q: What challenges might arise, and what are potential solutions for effective implementation of dHTS in diverse healthcare settings?

- *Challenges include stigma, limited resources, and reaching remote populations. Solutions may involve community outreach, using lay providers, integrating HIVST, and adapting models to local preferences and logistical realities.*

MODULE 2

1. What is the concept of HIV self-testing?

Q: What are the benefits of HIVST?

- *HIV self-testing (HIVST) allows individuals to collect their own specimen, perform the test, and interpret the result in private. It offers confidentiality, convenience, and empowers people to know their status at their own pace.*

Q: What is the evidence supporting HIVST?

- *Evidence shows that HIVST increases testing uptake, especially among people who are not reached by traditional services. It is safe, accurate, acceptable, and leads to similar linkage to care as provider-administered testing.*

2. How does HIVST align with self-care principles?

Q: What aspects of self-care are supported by HIVST?

- *HIVST supports self-care by allowing individuals to independently manage their HIV testing, offering flexibility in where, when, and how they test.*

Q: How does HIVST empower individuals in managing their health independently?

- *HIVST provides autonomy, enabling individuals to take control of their testing experience, make informed decisions about their health, and access testing privately, which can reduce stigma.*

3. What are the main HIVST distribution models, and how do they differ?

Q: What is the difference between primary and secondary distribution?

- *In direct distribution, HIVST kits are provided directly to clients at facilities, pharmacies, or through community programs. Secondary distribution involves giving kits to individuals (e.g., people living with HIV) who then share them with partners or social networks.*

Q: How do network distribution within secondary models reach high-risk or hard-to-reach populations?

- *Network distribution target high-risk groups by enabling trusted individuals to distribute kits within their social circles, reaching people who may avoid traditional testing services, such as sero-discordant couples and those in high-risk networks.*

4. What new recommendations are included in the 2024 HIVST guidelines?

Q: How has facility-based HIVST been updated, especially regarding low-coverage clinical settings?

- *The 2024 guidelines support HIVST as a facility-based option in clinical settings where testing coverage is low, especially as a replacement for risk screening tools to enhance testing uptake and cost-effectiveness.*

Q: What are the new recommendations for using HIVST alongside PrEP and PEP?

- *HIVST is recommended for PrEP users at initiation, re-initiation, and during ongoing use, providing a person-centered option that enhances flexibility and privacy. It is also suggested for PEP users at initiation and completion, supporting continuity in the HIV care cascade.*

5. What types of HIVST kits are available, and what are their key features?

Q: What are the differences between oral fluid-based and blood-based kits?

- *Oral fluid-based kits are non-invasive, using a swab from the gums, with results in about 20 minutes. Blood-based kits require a finger-prick to collect blood.*

Q: How do these kit types meet the needs of different populations or settings?

- *Oral fluid-based kits are popular for ease of use and minimal training needs, while blood-based kits may be preferred by those who trust blood results more. Offering both options can address diverse client preferences and needs, ensuring flexibility across settings.*

MODULE 3

1. What is the main rationale for introducing HIVST in facility-based settings?

Q: Why might HIVST be preferred over traditional risk-based screening tools in high-prevalence settings?

- *HIVST is preferred in high-prevalence settings because it broadens testing coverage by allowing more clients to test, including those who may not meet specific risk criteria but still benefit from knowing their HIV status. This approach reduces missed diagnoses that might occur with restrictive screening tools.*

Q: How does facility-based HIVST improve testing coverage and access?

- *Facility-based HIVST makes testing more accessible by offering a private, person-centered option within healthcare facilities. It enables more individuals to test without taking up significant provider time, thus increasing overall testing coverage and efficiency in busy settings.*

2. What are the current WHO recommended approaches to facility-based HIVST, and how do they operate?

Q: Can you explain the difference between primary and secondary distribution in facility-based HIVST?

- *Primary distribution provides HIVST kits directly to clients at the facility. Secondary distribution involves giving kits to individuals (e.g., high-risk individuals) who can then distribute them within their social networks, reaching others who may not seek testing independently.*

3. How does HIVST replace HIV risk screening tools?

- *Risk screening tools often miss people who need testing and increase workload for health workers. HIVST replaces these tools by offering testing to all eligible clients, reducing exclusion and simplifying service delivery. HIVST increases testing uptake by removing the need for screening-in criteria, reaching more people including those at high risk, and reducing provider time spent on assessments.*

4. What factors should be considered when implementing HIVST in a healthcare facility?

Q: Why is it important to consider the local HIV epidemic profile and target populations?

- *Tailoring HIVST implementation to the local epidemic profile ensures that testing efforts are focused on the populations most affected by HIV. This targeted approach maximizes impact, especially in high-prevalence or high-risk groups.*

Q: How do workload and facility setup impact the choice between HIVST and provider-administered testing?

- *Facilities with high workloads may benefit from offering HIVST to reduce staff burden, allowing providers to focus on clients with more complex needs. In lower-workload settings, provider-administered testing may be preferred, offering immediate support and results interpretation.*

5. Which populations benefit most from facility-based HIVST?

Q: Can you identify priority populations that are often underserved in facility-based testing?

- *Key populations that benefit from facility-based HIVST include men who may avoid traditional testing, young adults (especially those aged 15-24), sero-discordant couples, and clients using PrEP or PEP, who require regular testing.*

Q: Why might facility-based HIVST be especially useful for PrEP/PEP users, sero-discordant couples, and young adults?

- *Facility-based HIVST is beneficial for PrEP/PEP users and sero-discordant couples as it supports ongoing testing needs with privacy and convenience. Young adults, who may face stigma or lack easy access to testing, find facility-based HIVST more accessible and private, encouraging regular testing.*

6. What are the facility-based entry points for HIVST, what are the opportunities?

- *HIVST can be offered in outpatient departments (OPD), STI clinics, TB clinics, antenatal care (ANC), family planning, VMMC, and PrEP/PEP services. Using these entry points, HIVST expands testing coverage, reaches underserved populations, supports partner testing, and offers a flexible option during routine visits—enhancing early diagnosis and prevention uptake.*

7. What are some operational considerations for ensuring the success of facility-based HIVST?

Q: Why is it crucial to maintain a steady supply of HIVST kits and establish clear testing protocols?

- *A steady supply of kits ensures clients always have access to testing, while clear protocols help maintain quality and safety in HIVST delivery. Together, they support high quality and reliable HIVST services.*

Q: How can monitoring and feedback mechanisms improve the quality and effectiveness of facility-based HIVST?

- *Monitoring and feedback allow facilities to track HIVST uptake, client satisfaction, and linkage to care. This data enables continuous improvement, addressing issues promptly and ensuring the HIVST program remains effective and person-centered.*

MODULE 4

1. What are the key goals of provider communication in HIVST?

Q: Why is it important to provide clear instructions to clients using HIVST?

- *Clear instructions help clients correctly perform the test, interpret results accurately, and feel more confident about the process.*

Q: How does effective communication support client autonomy?

- *It enables clients to make informed choices and take control of their health, which is central to the concept of self-care.*

2. How can pre-test information be effectively delivered in public areas?

Q: What materials can be used to educate clients on HIVST in public areas like waiting rooms?

- *Posters, brochures, health talks, and looping videos can provide clients with basic HIVST information and instructions.*

Q: How do these methods support client comfort and understanding?

- *They provide clear and consistent information, helping clients feel more prepared and reducing anxiety before testing. It also mobilizes clients for testing.*

3. What specific pre-test information and support should be provided in private consultation areas?

Q: How can providers tailor HIVST instructions to individual client needs in private areas?

- *In private areas, providers can offer step-by-step instructions using visual aids or demonstrations, check understanding, and address specific questions by clients. Instructions should be adapted based on the client's testing experience, preferences, and level of confidence.*

Q: Why is privacy essential during HIVST instruction?

- *Privacy ensures clients feel safe, respected, and free to ask questions without fear of judgment. It supports confidentiality, reduces anxiety, and helps build trust—especially for clients who may be testing for the first time or fear stigma and fear of the testing outcome.*

4. How should providers guide clients in interpreting their HIVST results?

Q: What are the three possible HIVST outcomes, and what follow-up actions are recommended for each?

- *Non-reactive (negative) result: Continue safe practices and consider regular testing. Assess the risk of HIV infection, and link to preventive services.*

Reactive (Positive) result: The result must be confirmed with provider-administered RDT following the national testing algorithm, and linkage to care.

Invalid: Retest with a new kit or seek provider-administered RDT testing.

Q: Why is it essential to support clients in understanding each result?

- *Clear understanding of results reduces confusion, encourages accurate interpretation, and supports appropriate follow-up actions.*

5. Why are communication skills essential in facility-based HIVST?

Q: How does effective communication help build trust and reduce stigma?

- *Clear communication fosters a safe, non-judgmental environment, encouraging clients to share concerns openly.*

Q: How does it support client autonomy and self-care?

- *Good communication empowers clients to make informed decisions, reinforcing their sense of control over their health, thus aligns with the principles of self-care.*

6. How can client feedback improve HIVST service quality?

Q: What are effective methods to gather feedback from clients on their HIVST experience?

- *Use exit surveys, verbal feedback sessions, or anonymous feedback options to collect honest input from clients.*

Q: What feedback areas should be prioritized for quality improvement?

- *Focus on clarity of instructions, client comfort during the process, accessibility of assistance when needed, and overall satisfaction to guide service enhancements.*

MODULE 5

1. What are the key differences between primary and secondary distribution models in HIVST?

Q: What role does network testing play in secondary distribution?

- *In secondary distribution, network testing allows individuals to share HIVST kits within their personal networks (e.g., family or friends), expanding access to those who may not seek testing independently.*

2. How can health workers ensure privacy and confidentiality in HIVST distribution?

Q: Why is maintaining client privacy essential in facility-based HIVST?

- *Maintaining privacy builds trust, reduces stigma, and encourages more people to access HIV testing. Privacy is crucial for making clients feel secure in their testing decisions.*

Q: What practical steps can be taken to protect client confidentiality?

- *Designate private testing spaces, ensure staff are trained in confidentiality protocols, and communicate privacy measures to clients to reinforce trust and security in the testing process.*

3. What are some operational considerations when implementing HIVST at a facility?

Q: What resources are needed to ensure efficient HIVST delivery?

- *Key resources include trained staff, sufficient HIVST kit supplies, private testing spaces, and linkage systems for reactive results. Monitoring kit availability and client feedback also supports efficient service.*

4. How can linkage to care be supported after an HIVST reactive result?

Q: What systems can facilities put in place for follow-up testing and counselling?

- *Facilities can establish a referral pathway for confirmatory testing, provide immediate counselling, and offer contact information for follow-up support. Linking to nearby healthcare services ensures continuity of care.*

Q: How can health workers encourage clients to seek confirmatory testing?

- *Health workers can explain the importance of confirmatory testing for accurate diagnosis and connect clients to friendly, accessible care services, reducing any fear or stigma around follow-up testing.*

5. What is the role of Partner Services in facility-based HIVST distribution?

Q: How does Partner Services help identify new HIV cases among close contacts?

- *Partner services involves encouraging clients living with HIV to offer HIVST kits to their partners and close contacts, who may be at risk. This approach helps identify undiagnosed cases within a trusted network.*

Q: What are some ways to ensure privacy and safety when encouraging clients to offer HIVST kits to partners?

- *Health workers can educate clients on the importance of discretion and privacy when sharing kits, assess any risks (e.g., potential partner violence), and provide guidance on safe, respectful ways to discuss testing with contacts.*

MODULE 6

1. How can flowcharts and service layout design improve the integration of HIVST in facilities?

Q: Why is it important to establish clear client flow for HIVST services?

- *Clear client flow ensures clients know where to go and what to do, reducing confusion and wait times.*

Q: What are some essential elements to include in an HIVST service layout?

- *Key elements include designated testing areas, clear signage, private spaces for confidentiality, and areas for disposal and counselling.*

2. What operational considerations are critical for effective HIVST integration?

Q: How does facility setup, such as space and privacy, impact client experience in HIVST?

- *Proper space and privacy arrangements ensure clients feel comfortable and safe, encouraging testing uptake.*

Q: Why is hygiene and security important in areas designated for HIVST?

- *Ensuring hygiene prevents contamination, while security provides clients a safe environment to test without fear.*

3. How can health workers support clients with HIVST instructions and result interpretation?

Q: What strategies can be used to make HIVST instructions clear and easy to follow?

- *Simple written instructions, visual aids, and demonstrations can improve comprehension.*

Q: How can staff assist clients who have questions about interpreting their HIVST results?

- *Staff can provide contact information, on-site counselling, or access to follow-up guidance as needed.*

4. What are the linkage to care requirements for clients with reactive HIVST results?

Q: Why is it important to have a clear linkage pathway to confirmatory testing for reactive results?

- *Prompt linkage ensures clients receive accurate diagnosis and access to ART if needed.*

Q: How can facilities support clients with non-reactive results to engage in preventive services?

- *Facilities can offer PrEP, education on safe practices, and regular testing to maintain negative status.*

MODULE 7

1. Why is Monitoring and Evaluation (M&E) essential in facility-based HIVST programs?

Q: What are two key benefits of M&E for HIVST programs?

- *M&E helps track program reach and impact and identifies gaps in service delivery that need improvement.*

Q: How does M&E contribute to quality improvement in HIVST programs?

- *It enables data-driven adjustments to improve outcomes, making the program more effective and accountable.*

2. What are the main proposed indicators for monitoring facility-based HIVST?

Q: Name two indicators for direct distribution monitoring.

- *Number of clients issued HIVST kits and the number of clients with reactive HIVST results.*

Q: How is linkage to care measured in facility-based HIVST?

- *By calculating the percentage of clients with reactive results who proceed to confirmatory testing and those linked to treatment or prevention services.*

3. How does cascade analysis help in monitoring HIVST programs?

Q: What does cascade analysis track in an HIVST program?

- *It tracks the client journey across key stages, from testing to treatment and retention.*

Q: Why is identifying drop-off points important in cascade analysis?

- *It helps pinpoint where clients disengage, allowing targeted interventions to improve retention and service continuity.*

4. What are the key steps in data management for facility-based HIVST programs?

Q: What are the main stages of the data management process?

- *Collecting, collating, analysing, reporting, and ensuring data quality.*

Q: Why is data quality important in the data management process?

- *Reliable data quality supports accurate decision-making across all levels of health programming.*

5. How can feedback loops improve facility-based HIVST programs?

Q: Describe one key component of a data feedback loop.

- *Regular data review and sharing findings with staff to highlight successes and identify improvement areas.*

Q: How can feedback loops drive program adjustments?

- *By using feedback to implement action plans that address service gaps or challenges identified through the data.*