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Monitoring, Evaluation, and Reporting (MER) Guidance (v.2.7): HIV TESTING SERVICES

HTS Community of Practice

November 2023

Training Outline

Section 1: Overview of the Technical Area

Section 2: Indicator Changes in MER 2.7

Section 3: Overview of Indicators

Section 4: Data Quality & Data Use

Section 5: Additional Resources and Acknowledgments

Section 1: Overview of HIV Testing Services

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Introduction

- HIV testing services (HTS) are essential for ending the HIV/AIDS pandemic as a public health threat by 2030.
- HTS remain a crucial platform to provide up-to-date, evidence-based HIV testing, prevention, and treatment health education.
- Timely and appropriate HIV testing interventions are critical to ensure focused access to prevention and treatment services for individuals to reduce HIV transmission and HIV-related morbidity and mortality.
- HTS provide an essential opportunity to link individuals to person-centered combination prevention and treatment services.

HTS-Related MER Indicators

Indicator Code	Indicator Name	Reporting Frequency	Reporting Level
HTS_TST	# of individuals who received HIV testing services and received their results	Quarterly	Facility and Community
HTS_INDEX	# of individuals who were identified and tested using Index testing services and received their results	Quarterly	Facility and Community
HTS_SELF	# of individual self-test kits distributed	Quarterly	Facility and Community
HTS_RECENT	# of newly diagnosed HIV-positive persons who received testing for recent infection with a documented result	Quarterly	Facility
PMTCT_STAT (HTS_TST auto-populate)	% of pregnant women with known HIV status at antenatal care (includes those who already knew their HIV status prior to ANC)	Quarterly	Facility
TB_STAT (HTS_TST auto-populate)	% of new and relapse TB cases with documented HIV status	Quarterly	Facility
VMMC_CIRC (HTS_TST auto-populate)	# of males circumcised as part of the voluntary medical male circumcision for HIV prevention program	Quarterly	Facility

1. HTS_SELF is a distribution indicator (i.e., does not provide data on HIV positivity or end user).
2. HTS_RECENT, TB_STAT, and VMMC_CIRC are covered in other trainings.
3. PMTCT_STAT, TB_STAT, VMMC_CIRC auto-populate to HTS_TST.

Section 2: Indicator Changes in MER 2.7

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Indicator Changes in MER 2.7

Change	Programmatic Rationale
For HTS_TST and HTS_TST_POS – Split testing modality for PostANC 1 with fine age bands: Post ANC1 Pregnant and L&D Post ANC1 Breastfeeding	These new disaggregates increases programmatic visibility for country program management and monitoring the progress in scaling up maternal retesting.

Indicator Changes in MER 2.7

Change	Programmatic Rationale
For HTS_SELF – Under Disaggregate Groups "Unassisted self-testing" Add "Caregiver for Child" optional disaggregate	Caregiver-assisted testing using HIVST kits can help increase HIV screening coverage among children. This new disaggregate will help inform pediatric HIV testing programs.

Section 3: Overview of Indicators

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HTS_INDEX

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Indicator Definition: HTS_INDEX

Indicator Definition: Number of individuals who were identified and tested using index testing services and received their results

Numerator: Number of individuals who were identified and tested using index testing services and received their results

Denominator: N/A

Numerator Description:	**Denominator Description:**
This indicator aims to monitor the scale and fidelity of implementation of HIV index testing-related services.	There is no official denominator. However, this indicator represents a cascade and the collected disaggregations serve as both numerators and denominators when analyzing the index testing cascade.

Numerator Disaggregates: HTS_INDEX

Disaggregate Groups	Disaggregates
Number of index cases offered index testing services by age/sex [Required]	• <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M
Number of index cases who accepted index testing services by age/sex [Required]	• <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M
Number of contacts elicited by age/sex [Required]	• <15 F/M, 15+ F/M, Unknown Age F/M (Note that b*ecause disaggregation is contacts elicited from index cases, finer age bands may not be known and are not required*)

Numerator Disaggregates: HTS_INDEX

Disaggregate Groups	Disaggregates
Number of contacts tested by test result and age/sex [Required] *Underlined portions auto- populate into the INDEX HTS_TST modality.*	• New positives by: <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M • New negatives by: <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M • Known positives: <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M • Documented negatives by: 1-4 F/M, 5-9 F/M, 10-14 F/M

What is Index Testing (HTS_INDEX)?

- **Indicator Description:** Number of individuals who were identified and tested using index testing services and received their results.
- **Index testing, also referred to as partner testing/partner notification services**, is an approach whereby the **exposed contacts** (i.e., sexual partners, biological children <19 years of age, biological siblings of pediatric index clients, and anyone with whom a needle was shared) of an HIV-positive person (i.e., index client), are elicited and offered HIV testing services.
- Every newly diagnosed person living with HIV becomes a subsequent index client from whom to elicit contacts and offer safe and ethical index testing services.
- Universal offer of safe and ethical index testing services to all PLHIV is a PEPFAR Core Standard, and safe and ethical index testing services should be routinely offered to all people living with HIV.

Safe and Ethical Index Testing

- All HIV testing services – including index testing services -- must **meet WHO's 5C minimum standards** of consent, counseling, confidentiality, correct test results, and connection to HIV prevention, care, and treatment.
- **As part of the 5Cs, IPs should…**
  - Screen all for Intimate Partner Violence (IPV)
  - Avoid coercion
  - Adhere to **PEPFAR Guidance on Implementing Safe and Ethical Index Testing Services***

Note: Reporting of HTS_INDEX data by an IP should not be used to infer compliance.

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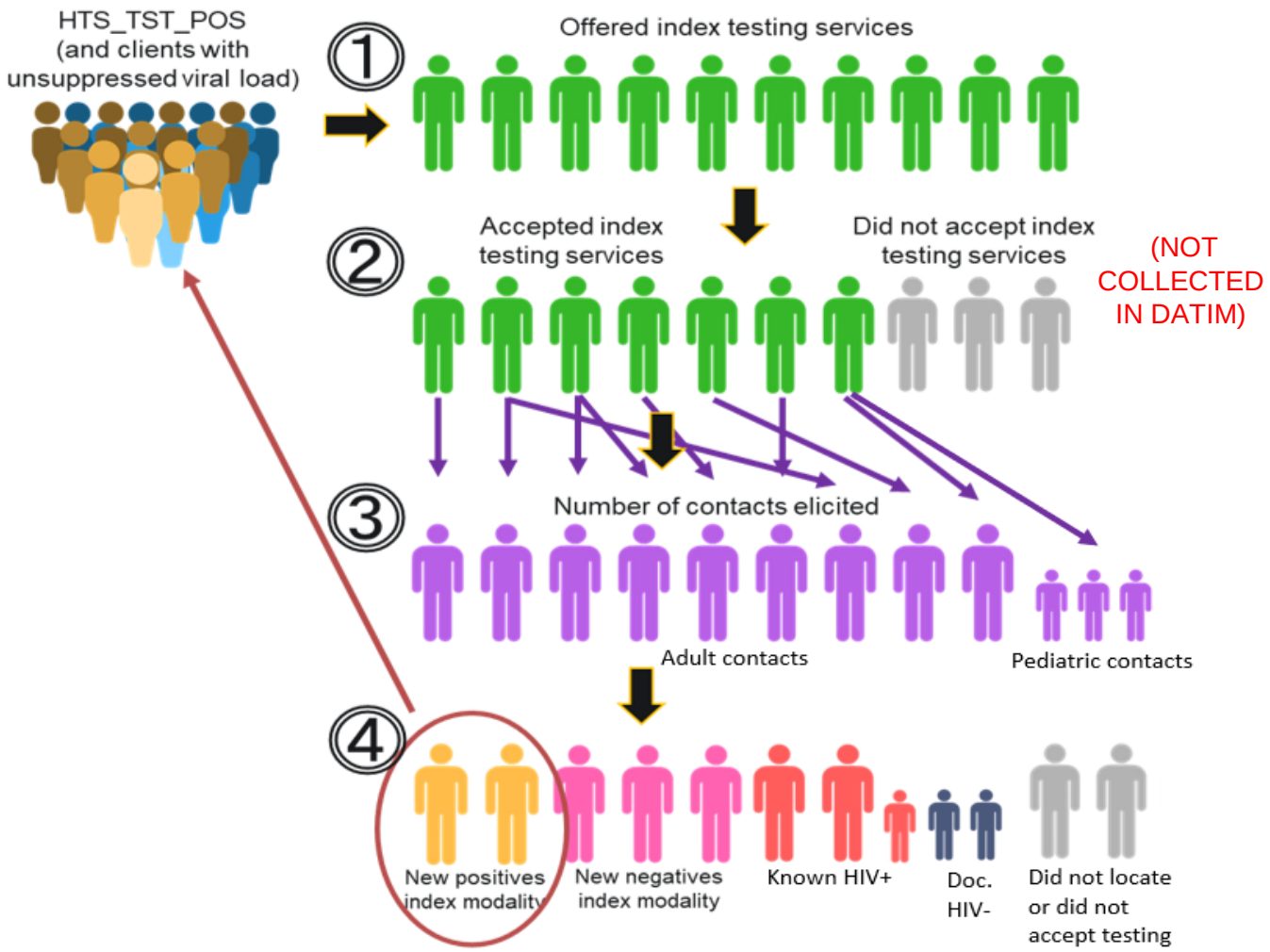
* https://learn.pepfar.net/courses/course-v1:learn-pepfar-net+PRO160+2023/course/

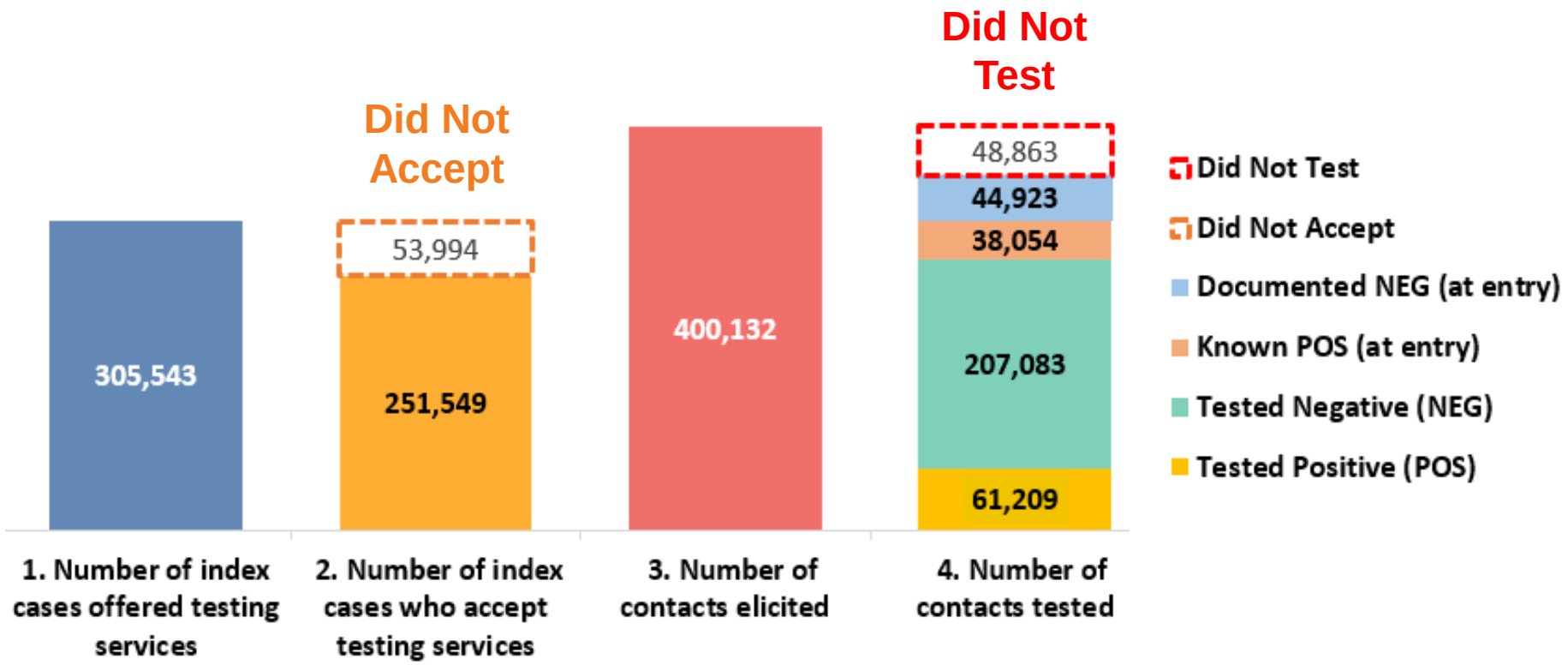
Index Testing Cascade for MER

①	How many index clients were **offered** index testing services?
②	How many index clients **accepted** index testing services?
③	How many contacts did the index client provide?
④	How many contacts **were tested**? Of the contacts tested, how many **were positive**?



Index Testing Cascade

Four Steps of the Index Testing Cascade

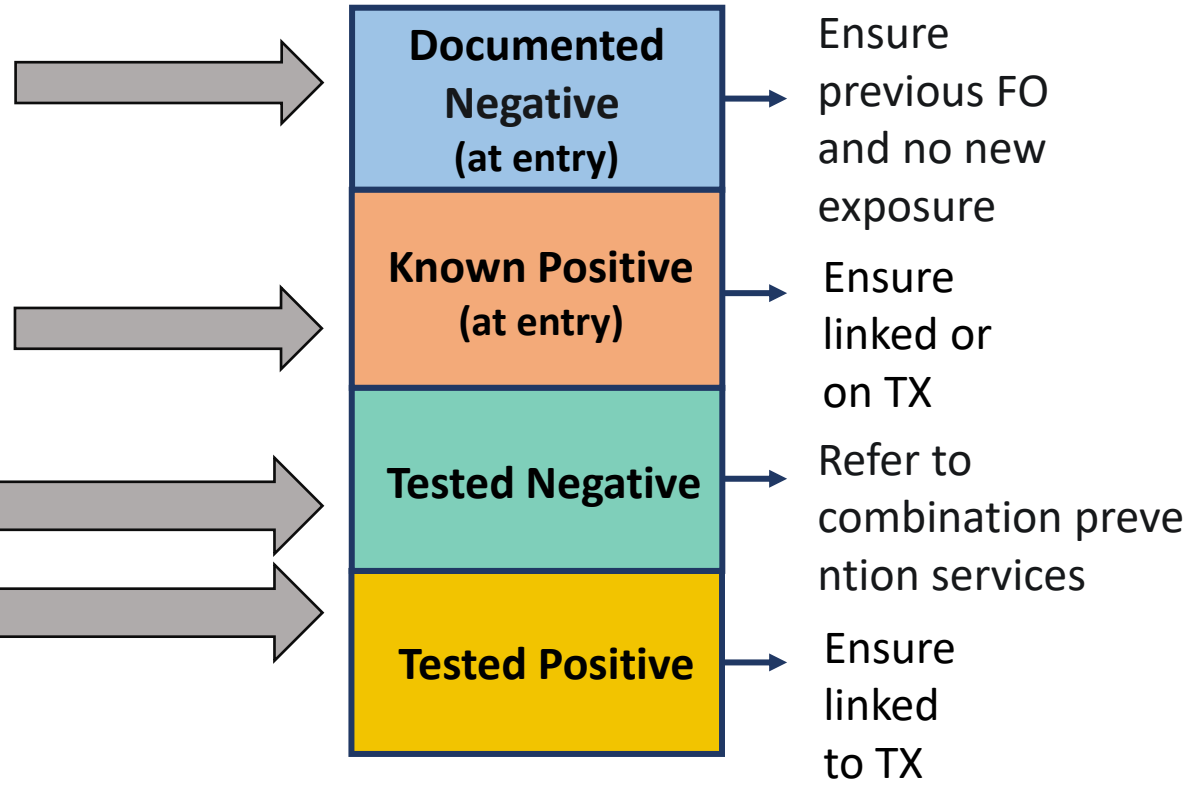


of Contacts Tested for HIV and Their Results

Step 4 of the index testing cascade: Of those clients who agreed to testing, what were the results?

Tell us how many contacts…

1. For pediatric age bands (< 15 years): Were **documented negative** at entry (and therefore not tested, but included in the register)
2. Were **known positive** at entry (and therefore not tested, but included in the register)
3. **Tested HIV-negative**
4. **Tested HIV-positive**



Documented Negative Disaggregate

Who may be counted:

- Children of index contacts with a **documented negative test** (not a self-test) can be reported as "documented negative with no other HIV exposure risk" (documented negative).
- Children with a final negative HIV test at 18 months of age or 3 months after breastfeeding ended, whichever occurred later, or a negative HIV test after this time
- Applies only to index contacts in the pediatric age bands (1-14 years).

Who should be retested:

- **Children with any known or suspected HIV exposure** (e.g. breastfeeding from an HIV+ mother, known or suspected sexual activity, contact or abuse, needle stick exposure or blood transfusion).
- Children **without documentation** who self-report a previous negative test.
- All index contacts ≥15 years who are not known positive, regardless of whether they are a child of an index case or other type of contact.

Documented Negative Disaggregate

Q: Why does "documented negative" not have a <1 year age band?

A: Children should only be counted as "documented negative" if they have a final negative HIV test at 18 months of age or 3 months after breastfeeding ended, whichever occurred later, or a negative HIV test after this time. A child less than one year old is not eligible to be counted under this disaggregate because they have not yet passed the 18-month age mark where breastfeeding typically ends. They may still be at risk of HIV exposure through breastfeeding.

Q: Can contacts between 15-19 years of age be counted as "documented negative"?

A: No. "Documented negative" is only for pediatric age bands < 15 years. A PEPFAR Core Standard is to "offer HIV testing to every child under age 19 years with a biological parent or biological sibling living with HIV**.**" Adolescents aged 15-19 years may be at risk of HIV exposure through sexual activity. Therefore, they should receive an HIV test unless they have previously been diagnosed with HIV.

Documented Negative Disaggregate

Q: Can virologic tests that are used to test HIV-exposed infants be reported in HTS_TST and HTS_INDEX?

A: No, HTS_TST and HTS_INDEX only collect data from serologic tests. The virologic tests for early infant diagnosis will be captured in PMTCT_EID and HEI_POS but not the HTS indicators. This may make it challenging to review the index cascade for children <18 months with MER data. Programmatic data should be used to facilitate this analysis.

How to Count HTS_INDEX

- **Data Source(s):** HIV Index Testing Services register or logbook, HTS registers, client intake forms, contact tracing forms, etc.
- **How to Calculate Annual Totals:** Sum results across quarters.
- **Key considerations for reporting (FAQs):**
  - Counts number of individuals, not number of tests
  - **Only the following persons count as contacts: current or past sexual partner(s), biological children (<19 years of age), biological parents (if index case is a child), biological siblings of pediatric index clients, or anyone with whom a needle was shared.**
  - Biological children reported under HTS_INDEX should only include children of a mother living with HIV and children of male-index clients (fathers) whose biological mother is deceased, or her HIV status is not known or not documented.
  - If the index client is the child, his/her biological mother should be tested, and if positive or deceased, the father should be offered HTS.

Guiding Narrative Question: HTS_INDEX

1. What new barriers or facilitators to universally offering index testing services were experienced during the reporting period?

HTS_TST

Indicator Definition: HTS_TST

Indicator Definition: Number of individuals who received HIV Testing Services (HTS) and received their test results

Numerator: Number of individuals who received HIV Testing Services (HTS) and received their test results

Denominator: N/A

Numerator Description:
The numerator captures the number of individuals who received HIV Testing Services (HTS) and received their test results. At a minimum, this means the person was tested for HIV and received their HIV test results.

HTS_TST

Numerator Disaggregates:

- By **facility** or **community**
- By **service delivery (testing) modality**
- By **age** and **sex**
  - Female: <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
  - Male: <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
- **Testing Result:**
  - POS (Positive)
  - NEG (Negative)
- **Key Population Type** (people who inject drugs, men who have sex with men, transgender people, female sex workers, people in prison and other closed settings)

Facility or Community Disaggregate

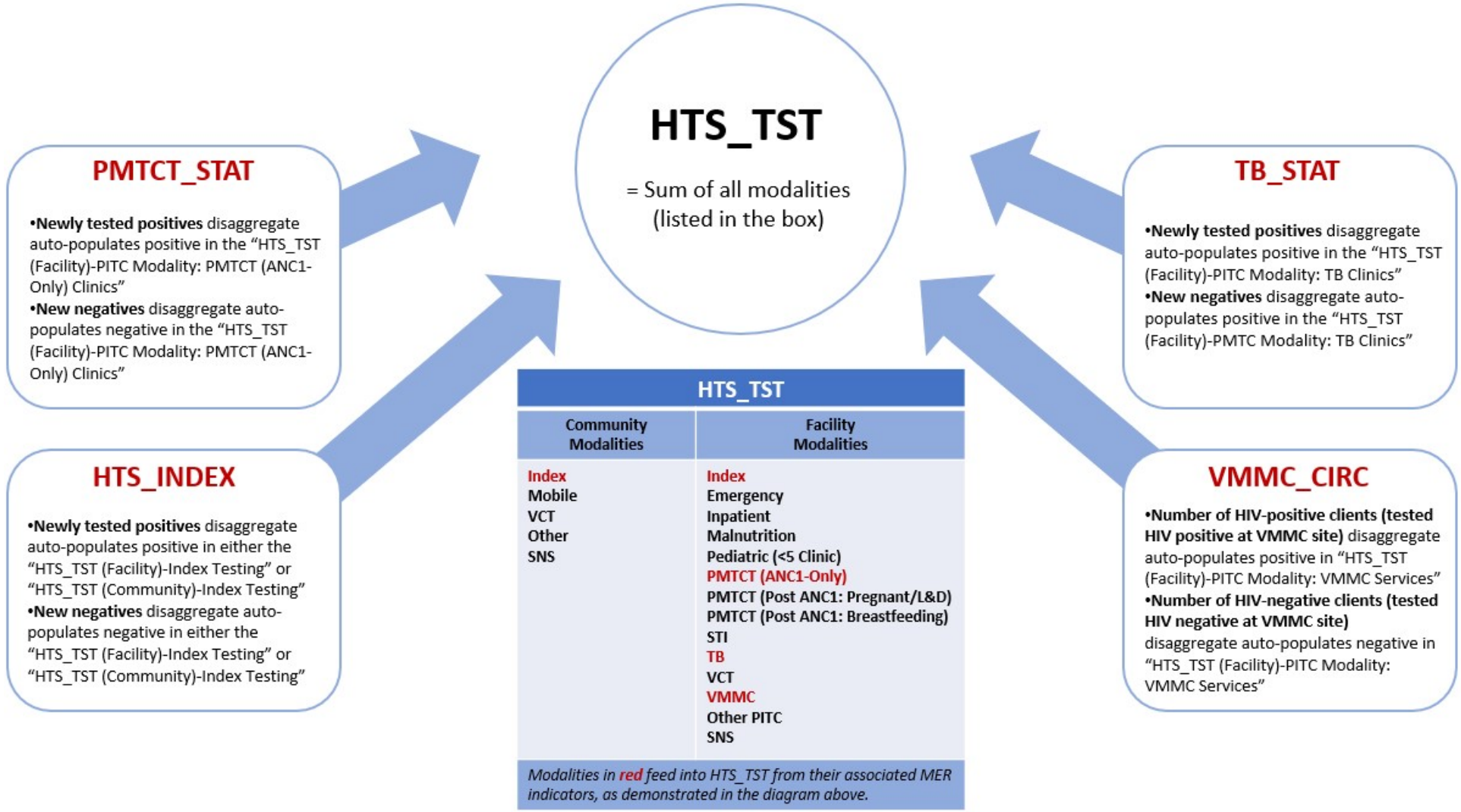
Community-based testing: Applies to any testing done outside of a designated health facility.

Facility-based testing: Applies to any testing occurring inside a designated health facility.

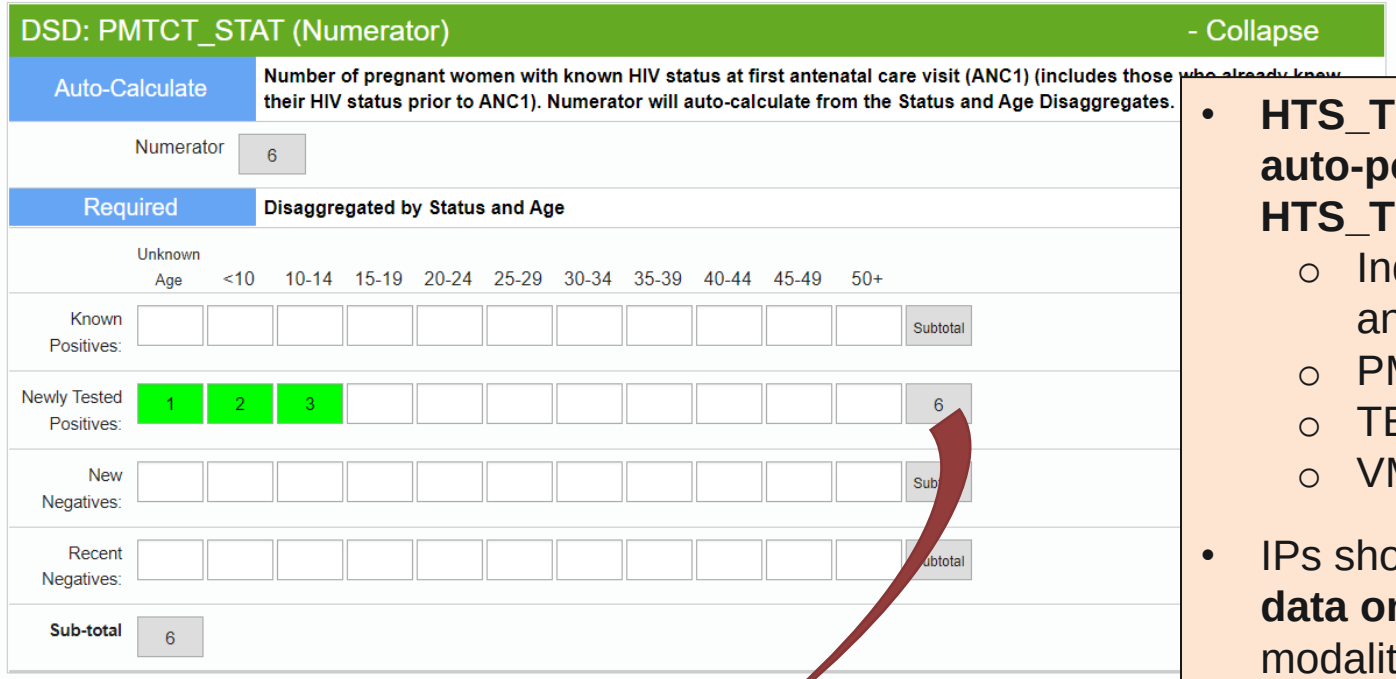
Testing Modality Disaggregate

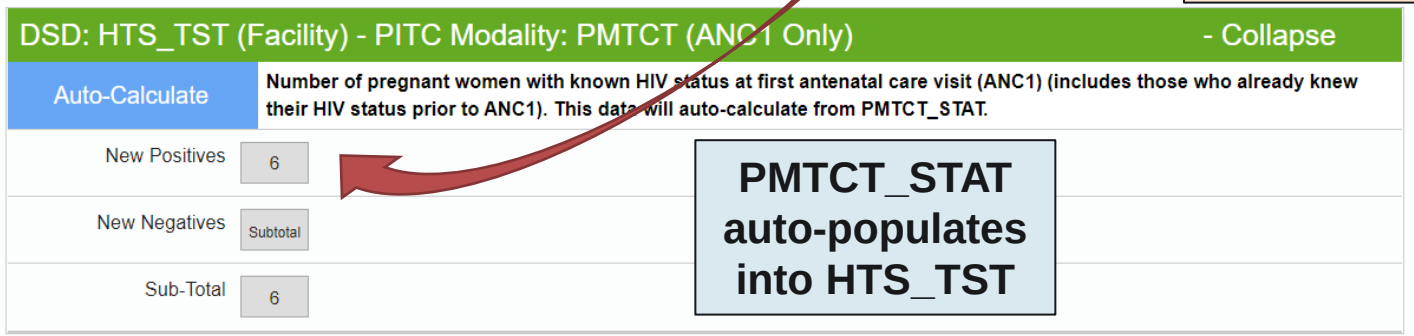
- Service delivery modalities can reflect a **reason for testing** (Index, SNS, STI), and the **location/place of testing** (e.g., inpatient ward, VCT drop-in center).
- **Index, SNS, and STI refer to a reason** a person is seeking or being offered an HIV test (i.e., the person is a contact of an index client, a member of a KP group, or suspects he/she may have an STI).
- **Reporting the reason for testing (Index, SNS, STI) takes precedence over the location modality**. A single person should only be counted once under any given modality.
  - The person should be reported under Index, SNS, or STI even if tested for HIV any other location or setting (inpatient, VCT, drop-in center).
  - If an Index Client agrees to SNS, Index testing takes precedence if the individual returning for testing is an elicited contact (even if contact has a coupon).

Testing Modalities



Auto-Populated Modalities





PMTCT_STAT auto-populates into HTS_TST

- **HTS_TST modalities auto-populate into the HTS_TST indicator:**
  - Index (Community and Facility)
  - PMTCT (ANC-1 only)
  - TB
  - VMMC
- IPs should **only enter data once** under the modality.

Community-Based Testing Modalities

1. **Index** (see HTS_INDEX)
2. **Mobile:** Testing in Mobile ad hoc or temporary testing locations, such as community centers, schools, workplaces, and mobile units such as tents and vans. Testing related to VMMC services is not included here and should be reported under facility based VMMC modality.
3. **VCT (Voluntary Counseling and Testing):** Includes testing conducted in standalone VCT center that exists outside of a designated health facility (e.g., drop-in-center, wellness clinic where HTS services are provided, testing sites aimed at key populations, etc.).
4. **SNS (Social Network Strategies):** A set of distinct case-finding approaches that use individuals' (i.e., PLHIV or key populations) high-risk network connections to refer individuals for HIV testing. Leverages social, sexual, and drug-using relationships or behaviors to reach individuals with HIV testing not captured under traditional testing modalities (e.g., VCT, PITC, or index testing).
5. **Other community platforms:** Includes all community-based modalities not captured above (e.g., ad hoc testing campaign that does not satisfy the mobile testing definition and community-based OVC testing).

Facility-Based Testing Modalities

1. **Index** (see HTS_INDEX)
2. **SNS (Social Network Strategies):** A set of distinct case-finding approaches that use individuals' (i.e., PLHIV or key populations) high-risk network connections to refer individuals for HIV testing. Leverages social, sexual, and drug-using relationships or behaviors to reach individuals with HIV testing not captured under traditional testing modalities (e.g., VCT, PITC, or index testing).
3. **VMMC (Voluntary Medical Male Circumcision):** This includes HIV testing for males conducted as part of VMMC programs in both facility and mobile outreach programs. *Auto-populates from VMMC _CIRC Newly Tested*

Facility-Based Testing Modalities (cont.)

4. **VCT (Voluntary Counseling and Testing):** Refers to a clinic specifically intended for HIV testing services that is co-located within a broader health care facility. **This should not include testing of patients referred by providers from other clinical services within the facility (TB, ANC, Inpatient, emergency, etc.). Even though the actual test may be administered in the VCT clinic, report those individuals under the service delivery modality from which they were referred.** This should not include testing of exposed partners and exposed family members of an index case, who should be reported under the 'Index.' disaggregate.

5. **PITC (Provider Initiated Counseling and Testing):** see next few slides

Provider Initiated Counseling and Testing (PITC) Modalities

a. **Emergency:** Persons tested or seen in a designated emergency department or ward for the immediate care and treatment of an unforeseen illness or injury.

b. **Inpatient:** PITC occurring among those patients admitted in the inpatient (medical) and surgery wards.

c. **Malnutrition:** Clinics and inpatient wards predominately dedicated to the treatment of malnourished children. May be part of either inpatient or outpatient services, but if an individual could be reported under both malnutrition and another service delivery modality, report an individual only once and under malnutrition if the reason she/he/they were referred for HIV testing was due to growth problems. However, the biological children of female index cases should be classified under the appropriate index testing modality if the parents'/siblings' HIV-positive status was the reason they were referred for HIV testing.

Provider Initiated Counseling and Testing (PITC) Modalities (cont.)

d. **Pediatric <5 Clinic:** PITC occurring in the pediatric <5 clinic only. This modality refers only to children tested in the <5 clinic.

e. **PMTCT (ANC1 Only):** Pregnant women tested at their 1st antenatal care clinic (ANC) for their current pregnancy (who are also reported under PMTCT_STAT) are reported under this modality. *Auto-populates from PMTCT_STAT Newly Tested*

f. **PMTCT (Post ANC1: Pregnancy/L&D):** Pregnant women who receive a first test or retest after ANC1 (Post ANC1), including women who are testing later in pregnancy (>ANC2) or during labor and delivery.

g. **PMTCT (Post ANC1: Breastfeeding):** Includes women who receive a first test or retest after ANC (Post ANC1) while breastfeeding. If a women is both pregnant and breastfeeding, she should report under (Post ANC1: Pregnancy/L&D).

h. **STI:** Persons seen in a designated STI clinic as well as patients seen in the OPD for STI symptoms. Includes suspect and confirmed STI cases.

Provider Initiated Counseling and Testing (PITC) Modalities (cont.)

h. **TB:** Includes persons referred for HIV testing because they have diagnosed TB (new or relapse). Refer to TB_STAT for guidelines on data collection for TB. Individuals counted under TB_STAT who already knew their status should not be reported under HTS_TST. Individuals with presumptive TB and who receive HTS should be reported under OtherPITC. *This modality auto-populates from TB_STAT Newly Tested.*

i. **Other PITC:** Any other PITC that is not captured in one of the other testing modalities listed above. This includes testing of patients triaged to other clinics within the OPD that see patients for routine/chronic care (i.e., eye, dental, dermatology, diabetes, etc.).

How to Count HTS_TST

- **Data Source(s):** HTS registers, logbooks
- **How to Calculate Annual Totals:** Sum results across quarters
- **Key considerations for reporting (FAQs):**
  - Number of individuals not number of tests.
  - Confirmation of HIV diagnosis, as per the national HIV testing algorithm, required to report on this indicator.
  - Provision of information (tested, tested positive, tested negative) on KPs (FSW, MSM, Transgender people, PWID, and people in prisons and other closed settings) who were tested and received their results should be reported, where possible, under the KP disaggregate. However, reporting on this disaggregate is optional.
  - Report a person only once under the relevant modality.
  - Reason for testing modalities (e.g., index testing, SNS, and STI) take precedence over location of testing.

Guiding Narrative Questions: HTS_TST

1. Please describe and/or specify any processes or data available for determining rates of retesting (not including verification testing), including maternal retesting and retesting for reengagement in HIV treatment services.

2. Please describe and/or quantify (proportions retested prior to ART, concordance or discordance rates) verification testing occurring prior to ART initiation to minimize misdiagnosis.

3. Approximately what volume of testing reported under HTS_TST supports prevention programming*? Under which testing modality/ies is rapid diagnostic testing reported for the purpose(s) of prevention programming*?

4. *Testing for prevention differs from testing for case finding; see PEPFAR Guidance and Technical Considerations for additional details on HIV testing within prevention programs.

HTS_SELF

Indicator Definition: HTS_SELF

Indicator Definition:	Number of individual HIV self-test kits distributed
Numerator:	Number of individual HIV self-test kits distributed
Denominator:	N/A

Numerator Description:
This indicator aims to monitor trends in the distribution of HIV self-test kits within a country at the lowest distribution point.

Numerator Disaggregates: HTS_SELF

Numerator Disaggregations:	
Disaggregate Groups	**Disaggregates**
Type of self-testing [Required]	• Directly-assisted • Unassisted
Number of Test Kits Distributed to a Person by Age/Sex [Required for Directly Assisted; Optional for Unassisted]	• Directly-assisted by: 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M • Unassisted by: 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M
Number of Test Kits Distributed to Key Populations [Optional for both Directly Assisted and Unassisted]	• People who inject drugs (PWID): Directly-assisted, Unassisted • Men who have sex with men (MSM): Directly-assisted, Unassisted • Transgender people (TG): Directly-assisted, Unassisted • Female sex workers (FSW): Directly-assisted, Unassisted • People in prison and other closed settings: Directly-assisted, Unassisted

Test kit distributed for use by [For Unassisted Only; Reporting Optional if data are available]	• Unassisted self-testing by:
	  ○ Self
	  ○ Sex partner
	  ○ Caregiver for child
	  ○ Other

Type of Self Testing

In addition to reporting the total number of HIV self-test kits distributed to individuals, the HTS_SELF indicator includes several disaggregates to characterize aspects of distribution (WHO, 2016).

- **Directly assisted HIV self-testing (HIVST):** refers to when individuals who are self-testing for HIV receive an in-person demonstration from a trained provider or peer before or during HIVST, with instructions on how to perform a self-test and how to interpret the self-test result. This assistance is provided in addition to the manufacturer-supplied instructions for use and other materials found inside HIVST kits."
- **Unassisted HIV self-testing:** refers to when individuals self-test for HIV using only a self-test kit that includes manufacturer-provided instructions for use. As with all self-testing, users may be provided with links or contact details to access additional support, such as telephone hotlines or instructional videos."

For Unassisted Testing: *Test kit distributed for use by*

Optional disaggregates for unassisted testing:

- **Self:** Individual to whom a HIV self-test kit was distributed intends to use the test kit on themselves.
- **Sex partner:** Individual to whom a HIV self-test kit was distributed plans to further distribute the self-test kit for use on his or her sexual partner(s).
- **Caregiver for child:** Caregiver to whom a HIV self-test was distributed, with the intent for the HIV self-test kit to be administered to a child.
- **Other:** Individual to whom a HIV self-test kit was distributed plans to further distribute the test kit to an individual that is not themselves or one of their sex partners (e.g., relative, friend, etc.). NB: Children who receive caregiver-assisted testing should not be included in this disaggregate.

How to Count HTS_SELF

- **Data Source(s):** (Newly developed) HIVST (HIV self-test) register or logbook, procurement and distribution logs
- **How to Calculate Annual Totals:** Sum results across quarters.
- **Key considerations for reporting (FAQs):**
  - Counts distribution of self test kits, not HIVST result
  - HTS-SELF does not report into HTS_TST
  - A reactive HIV self-test result is **not** a HIV diagnosis. Even if a reactive result is obtained, the HIV testing algorithm as per country policy must still be completed (including a confirmatory test).

Guiding Narrative Questions: HTS_SELF

1. Describe the extent to which HIVST is being used to improve HIV case finding among children.

2. Describe the extent to which HIVST is being used within HIV prevention programs.

Section 4: Data Quality & Data Use

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Data Quality Considerations for HTS_TST and HTS_INDEX

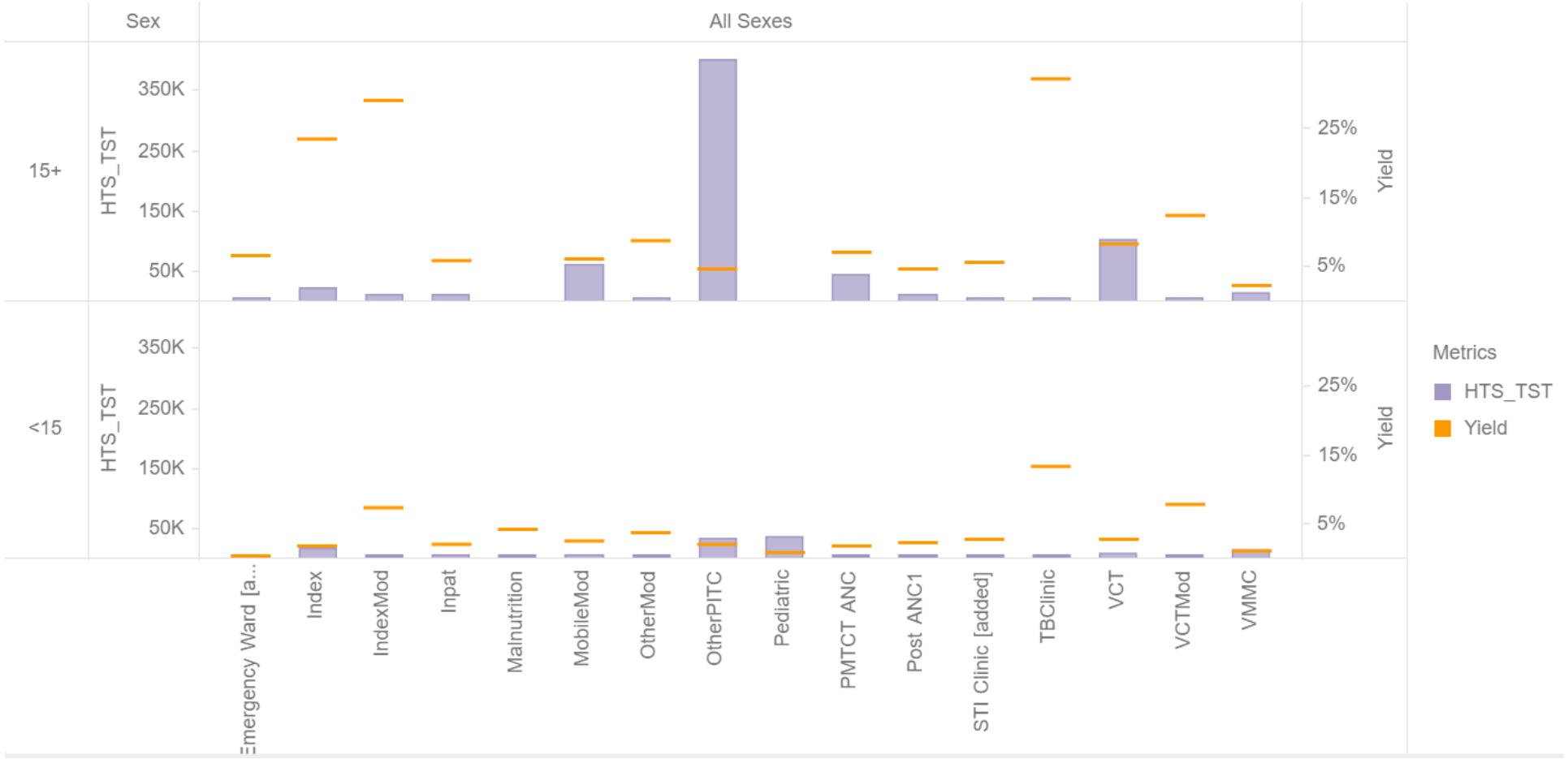
- **Report individuals**, not number of tests
- **For children <1, only if serologic tests are used for diagnostic purposes** should they be reported. Serologic tests for screening infants should be excluded (including tests to look for HIV exposure at age 9 months or another time point).
- **Retesting** for verification of HIV positive status before or at antiretroviral (ART) initiation **should not be counted** since testing of this individual will have already been counted at the point of the initial diagnosis.
- **De-duplicate** between facility and community.

Indicator-Specific Data Quality Considerations

- **HTS_TST**
  - KP disaggregate is NOT a HTS_TST modality. That is, regardless of whether the KP disaggregate is used for reporting or not, all KP testing should be reported under the appropriate modality.
- **HTS_SELF**
  - Indicator does not measure HIV test result or who ultimately used the self-test kit.
- **HTS_INDEX**
  - Use index testing registers where available.
  - Other sources may be used to determine number of contacts, contact tracing, etc. (intake forms, logbooks)

How to Use: HTS_TST Example 1

HIV Tests and Testing Positivity by Modality



Source: Panorama > Clinical Cascade: Single OU > HTS: Modalities > Testing & yield by modality/age/sex

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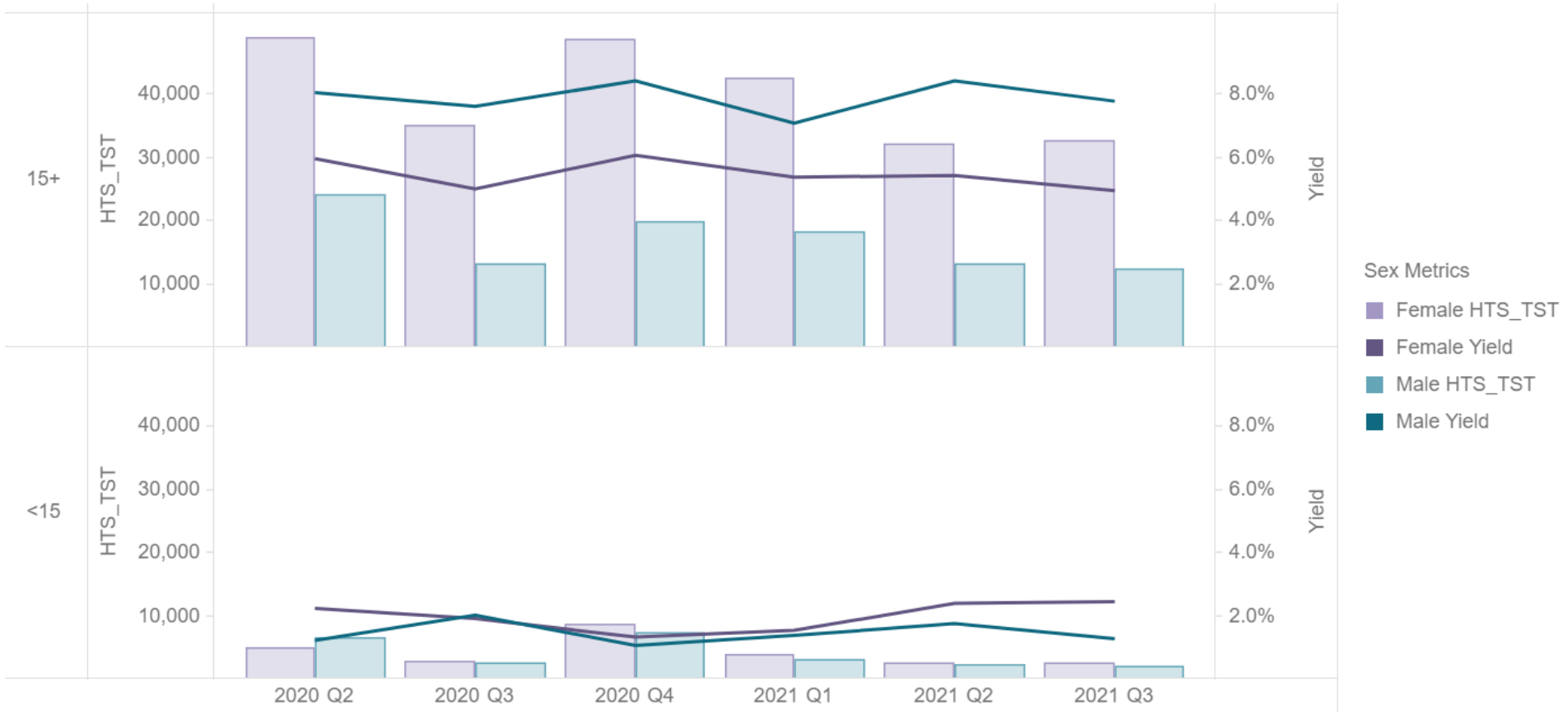
How to Use: HTS_TST Example 2

HIV Tests and Testing Positivity Over Time



Source: Clinical Cascade: Single OU > HTS: Modalities > Testing & yield trends by age/sex

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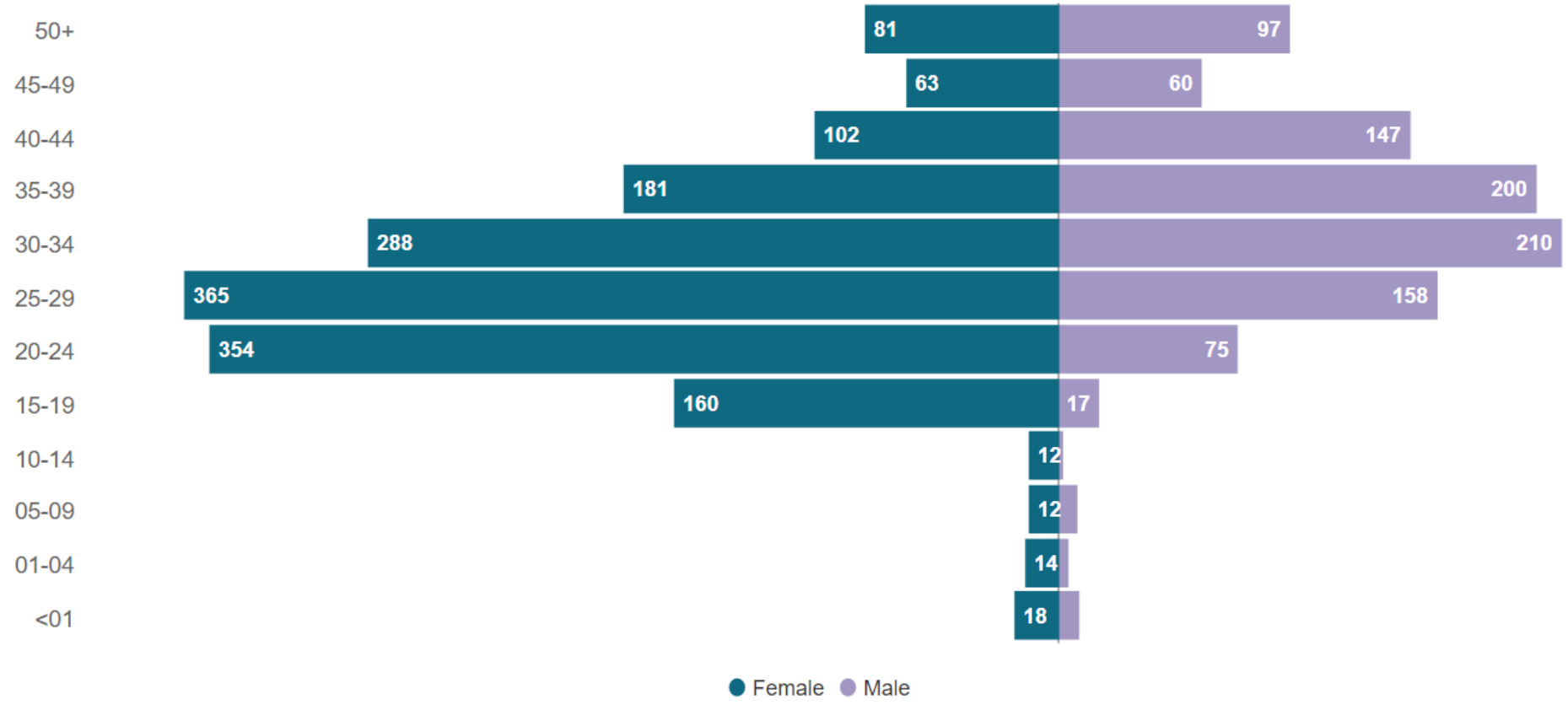
How to Use: HTS_TST Example 3

Is there an age and sex differential in identification of persons who are HIV positive?



Source: Testing: Single OU > HTS_TST_POS > Pos: Pyramid by age/sex

Section 5: Additional Resources and Acknowledgements

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Additional Resources

WHO Consolidated Guidelines on HIV Testing Services:

- https://www.who.int/publications/i/item/978-92-4-155058-1
- *NB: Updated guidelines are anticipated to be available in late 2023/early 2024.*

WHO Guidelines on Partner Notification and Self Testing:

- https://apps.who.int/iris/bitstream/handle/10665/251655/9789241549868-eng.pdf

Differentiated Framework for HTS:

- http://www.differentiatedcare.org/Guidance

PEPFAR's Guidance on Implementing Safe and Ethical Index Testing:

- https://learn.pepfar.net/courses/course-v1:learn-pepfar-net+PRO160+2023/course/

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Thank you!

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