**Piloting verified HIV testing algorithms**

**Objective of the pilot**

The objective of the pilot is to assess the feasibility and acceptability of the newly verified testing algorithms by ensuring that training modules, standard operating procedures (SOP), bench aids, clinic registers, and data collection tools are developed or reviewed and that any operational issues during routine clinical practice are identified. Lessons learnt during this early implementation will be documented to inform the transition to scale.

**Selection of sites and duration of the pilot**

Once the new three-assay testing algorithms have been selected based on the results of the verification studt, three to six clinical sites may be selected to run the new testing algorithms for a short period of time as part of a familiarization phase. Sites can be selected based on the expected volume of clients that will attend testing services e.g., low-volume (<20 clients/day) or high-volume sites (>20 clients/day), but this can be modified based on the actual client load in selected sites. It is suggested that the pilot is conducted for two weeks in high-volume sites and four weeks in low-volume sites but this can be modified at the discretion of the country.

**Training clinic staff for the pilot**

The intended users or test operators e.g., lay providers or nurses will be trained on new standard operating procedures (SOPs), including how to apply the national HIV and dual HIV/syphilis testing algorithms, how to handle specimens, how to perform each test procedure, and how to read, record and interpret test results. Training will be documented in training records. Before participating in the pilot, all test operators at the testing sites should be able to demonstrate proficiency using a commercially sourced panel or other well characterised set of specimens, both HIV-positive and HIV-negative.

**Outcomes of the pilot**

To assess the feasibility and acceptability of the newly verified testing algorithms, the following aspects of implementation can be looked into:

**Feasibility**

* Clinic duties, time requirements and workflow depending on who performs the tests e.g., lay provider or nurse.
* Turnaround time for same-day HIV-positive diagnosis using the 3-test strategy.
* Pre and post-training questionnaires can be used to assess changes in knowledge.
* Compliance with testing procedures may be conducted with onsite witnessing.
* Review of testing summary statistics e.g., positive, negative and inconclusive test results.
* Results of quality control procedures.
* Certification of intended users or operators.
* Review of data collection tools, stock control and monitoring and evaluation to report to the national level.

**Acceptability**

* Provider perspectives on ease-of-use of new HIV products.
* Implementation recommendations: what changes and improvements are needed to make scale-up go faster, with more quality and efficient.

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