



**Frequently  
Asked Questions  
Index Testing  
Services**



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A booklet for service providers on index testing services

## Disclaimer

With support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), through Centers for Disease Control and Prevention (CDC), UW International Training & Education Centre for Health Private Limited (I-TECH India) developed this document on 'Frequently Asked Questions on Index Testing Services'. This document is intended for use by service providers to provide answers to the frequently asked questions on index testing and related services under the national programme.

The content of this document is solely the responsibility of the authors and do not necessarily reflect the official views of the PEPFAR and CDC.

**Q. What is concordant vs discordant?**

A. Partners are categorized as HIV-concordant when both partners are HIV infected. HIV discordance refers to a situation where one of the partners is HIV positive while the other is HIV negative.

**Q. What is Index Testing?**

A. Index Testing Services (ITS) or partner notification services is an effective approach to saturate HIV case finding by testing people with known exposure to HIV. It's a voluntary case-finding strategy where trained providers, with the consent of the HIV-positive client, focus on the elicitation of the sexual and/or needle sharing partners and biological children (<19 years age) of consenting HIV positive individuals and offer them HIV counselling and testing services (HCTS). Implemented appropriately and safely, index testing can link HIV positive individuals to life-saving treatment, break the chain of transmission and link HIV negative people to other appropriate prevention services (e.g., consistent, and correct use of condom and lubricants, pre-exposure prophylaxis (PrEP), opioid substitution therapy, etc.).

**Q. Is Index Testing same as Partner Notification / Contact Testing?**

A. Yes, Index Testing is also referred to as Partner Notification / Contact testing.

**Q. How is Index Testing different from other case-finding approaches?**

A. Index testing focuses on testing individuals who have KNOWN exposure to HIV; because of this focused strategy of reaching out to people with known exposure, index testing generally has the highest "yield" among all the case finding approaches.<sup>1,2,3</sup>

**Q. Why is Index Testing important in HIV programme?**

A. Index Testing is an effective strategy for identifying new cases of HIV infection. It is beneficial for Index client, partners, biological children of index case and to the community. Implemented appropriately and safely, index testing can link HIV positive individuals to life-saving treatment, break the chain of transmission and link HIV negative people to other appropriate prevention services (e.g., consistent, and correct use of condom and lubricants, pre-exposure prophylaxis (PrEP), opioid substitution therapy, etc.).

**Q. Who should be offered Index Testing Services?**

A. Index Testing Services should be offered to all HIV positive people for counselling and testing of their sexual/injecting partners and biological children of <19 years age. If a child is newly discovered to be HIV positive, and their parents have not been tested this also fits in with index testing. By doing so we can reach and test every exposed partner. This will help in saturating HIV case finding leading to attaining the first 95 target. Index Testing Services are beneficial to the Index client, partners, and biological children of the index client and to the community.

1. Consolidated guidelines on HIV testing services. Geneva: World Health Organization; 2015.

2. Plotkin M, Kahabuka C, Amuri M, Njozi M, Maokola W, Mlangi E, et al. Effective, high-yield HIV testing for partners of newly diagnosed persons in Tanzania. Conference on Retroviruses and Opportunistic Infections; 22-26 Feb 2016; Boston, USA.

3. Consolidated guidelines on HIV testing services. Geneva: World Health Organization; 2019

**Q. What is partner elicitation?**

A. Partner Elicitation is the process by which the Health Care Provider (HCP) assists the index client in identifying partners (sexual/needle sharing partners) and biological children at risk of infection, who might benefit from early testing and linkage with HIV prevention and treatment related services.

**Q. Who is a contact?**

- A.
- Sexual contacts should include all persons a PLHIV had sex with (even if it was just a single encounter and even if they always use condoms with their partner) in the last one year.<sup>4</sup>
  - Needle sharing contacts include all persons a PLHIV had shared needles or injection equipment with (even if it was just one time and even if they cleaned the needle before sharing it) in the last one year.
  - Biological children of all HIV positive mothers
  - For Children (<19 years) the contacts will include:
    - o Biological mother
    - o Biological father, if the child’s mother is HIV positive, deceased, or her status is unknown
    - o Biological sibling/s

**Q. Who are termed as ‘biological children (<19 years)’ in context of Index Testing Services?**

- A. All biological children (below 19 years of age) of the adult index PLHIV -
- a) where index case is a female.
  - b) In case of male index case, if his wife is also HIV positive or HIV status of his spouse is not known, or she is deceased.

In case the index case is a child of <19-year age, the contacts will include:

- a) Biological mother
- b) Biological father, if the child’s mother is HIV positive, deceased, or her status is unknown
- c) Biological sibling/s

**Q. Why is it important to offer Index Testing Services to children of index clients?**

A. ART initiation upon diagnosis can reduce the mortality among HIV infected infants by up to 75%<sup>5</sup>. Thus, it is critically important to identify children who were exposed to HIV during pregnancy, delivery, or breast feeding and ensure these children receive an HIV test.

**Q. Where should Index Testing services be offered?**

A. At all facility-based HIV testing service delivery points (ICTC/PPTCT, Mobile ICTC) where confirmatory testing is available. At all facility-based HIV treatment sites (ART, OST, Satellite OST centres), at all TI sites and as part of Social Network Strategy (SNS) or Social Network-based approach where applicable.

4. Index testing SOP PEPFAR  
5. Ibid 4

**Q. Who should offer Index Testing Services?**

A.

TI and OST Sites	ICTC	ARTC	Care and Support Centre
Index testing can be provided by any counsellor, nurse, outreach worker, peer educator/ patient navigator	Index testing can be offered by any HCTS counsellor	Index testing can be offered by the counsellor. In the absence of the counsellor, a staff nurse or care coordinator can provide index testing services	The peer counsellor or outreach worker can provide index testing services

*Note: All staff involved in providing index testing services should receive training on minimum programme requirement and how to conduct Index Testing before offering services.*

**Q. When should Index Testing Services be offered?**

- A.
- At pre-test counselling inform client about index testing and offer index testing after diagnosis to all HIV positive individuals.
  - To ensure no duplication, all the Key Population (KP) registered with the TI program and/or referred by the TI for testing/treatment may be offered index testing services by the trained TI staff.
  - Index testing services are NOT a one-time event but may be offered at least annually as part of HIV treatment services based on the situation. For example:
    - o For index clients with an unsuppressed viral load
    - o After a change in relationship status
    - o For ART clients returning to care after treatment interruption
  - At the ART centre index testing services (ITS) may be offered at first visit and in subsequent visits as per need.
  - Offer testing to biological children of index clients with an “unknown” status. (Children without an ongoing or new HIV exposure do not need re-testing, if their status is known).

**Q. What are the minimum standards for providing Index Testing Services?**

- A.
- Adherence to WHO’s 5Cs (consent, confidentiality, counselling, correct test results, and connection to prevention/treatment).
  - Intimate Partner Violence (IPV) risk assessment and provision of “first line” response, including safety check and referrals to clinical and non-clinical services (if not provided on site).
  - Site level adverse event monitoring and reporting mechanism.
  - Providers trained and supervised on Index Testing procedures including 5 Cs, IPV screening, adverse event monitoring, and ethics (respect for the rights of clients, informed consent and “do no harm”).
  - Secure environment to store patient information.



**Q. Which are the 10 steps that should be followed while offering Index Testing Services?**

- A. The 10 steps that should be followed while offering index testing services are as follows:
1. Introduce the concept of Index Testing Services during pre-test counselling at ICTC or during enrolment at ARTC/CSC or for KP members at TI after HIV diagnosis.
  2. Offer Index Testing as a voluntary service to all clients testing HIV-positive.
  3. If client accepts participation, obtain consent to inquire about their partner(s) and biologic child(ren).
  4. Obtain a list of sex and needle-sharing partners and biological children (<19 years) with unknown HIV status.
  5. Conduct an Intimate Partner Violence (IPV) risk assessment for each named partner.
  6. Determine the preferred method of partner notification or child testing for each named partner /child.
  7. Contact all named partners and biological children (<19 years) with unknown status using preferred approach.
  8. Record outcomes of partner notification and biological children.
  9. Provide appropriate services for partner(s) and children based on HIV status.
  10. Follow-up with client to assess for any adverse events associated with index testing services.

**Q. What does the HIV/AIDS Prevention & Control Act, 2017 imply?**

- A. The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017, is an act of the Parliament of India that provides for:

- Controlling and preventing of HIV/AIDS
- Securing the rights of individuals diagnosed with HIV/AIDS

The Act became effective from September 10, 2018.

**Q. Which are the eight guiding principles (rules / fundamentals) of Index Testing Services?**

- A.
1. Client centered and focused
  2. Confidential
  3. Focused and Non-coercive
  4. Free
  5. Non-Judgmental
  6. Culturally, linguistically appropriate
  7. Accessible and available to all
  8. Comprehensive and integrative

**Q. Is it necessary to obtain consent from the index client before reaching out to his/her contacts?**

- A. Yes, it is necessary to obtain consent from the index client before reaching out to their contacts.

**Q. What are the 5 Cs of WHO for HIV Testing Services (HTS)?**

- A.
- Consent - Testing is a choice. Individual's decision to take an HIV test must always be voluntary. There should not be mandatory, compulsory or coerced testing.
  - Confidentiality - Testing services must be confidential. Test results and the content of discussions between the person tested and the provider will not be disclosed to anyone without the consent of the person tested.
  - Counselling - Appropriate and high-quality brief pre-test information and post-test counselling tailored to the person and the test results must be available.
  - Correct results - It is critical that HIV test results delivered to individuals are correct. To ensure that test results are accurate, testing must be performed in accordance with WHO or national quality assurance standards.
  - Connections - Linkage to HIV prevention, treatment, care and support services should be supported through concrete and well-resourced patient navigation, support and/or tracking systems.

**Q. How can a healthcare provider (HCP) help the index client in partner elicitation?**

- A. The healthcare provider may introduce index testing services during pre-test counselling or at enrolment/during follow up visit at ART centre while simultaneously ensuring confidentiality. Appropriate questions about partner (s) and children could be used with humor and slang to probe for information on additional partners. Brief motivational interviewing helps in building rapport.

**Q. Which are the 4 notification strategies for HIV Testing?**

- A.
- Client Referral = Client informs partners/biological children about importance of HIV testing with or without revealing his/her status and encourages them to visit the health facility for an HIV test.
  - Provider Referral = A counsellor or a health care provider will call or visit partners/biological children of Index client and support them for HIV testing after counselling about the need for the test, without revealing identity of the Index case, until a consent is provided by the Index client for the same.
  - Contract Referral = Index Client and the counsellor will work together to inform or motivate partners/biological children for HIV testing. A timeline of 14 days or more as per client's preference can be finalized. After which, the counsellor will contact partners/children after seeking consent from Index client.
  - Dual Referral = The counsellor/health care provider will sit with Index client and support him/her to motivate partners/biological children for early testing with or without disclosing status of Index client.

**Q. How can a healthcare provider (HCP) help the index client to choose the best option among the 4 notification strategies for HIV testing of contact?**

- A. A healthcare provider (HCP) works actively with client to help them decide upon the strategies for notifying the partner by discussing with the client about the four available options. The HCP collaboratively with the client reviews the four strategies to understand the challenges, opportunities and risks associated with each strategy for the client. Once, after weighing the pros and cons, the client decides on a best suited notification strategy. The HCP documents the same and works with client on the script for preferred notification strategy. The client can change the best strategy that suits each of their contacts and is free to change these strategies anytime during Index Testing. As a part of the informed consent process, HCP should seek the client's consent before initiating the preferred option.

**Q. What is IPV - Intimate Partner Violence (IPV) Risk Assessment?**

- A. Sometimes clients are not ready to name their partners because of the fear of violence. As per WHO partner notification guidelines, there is a need to conduct an Intimate Partner Violence (IPV) Risk Assessment for each named partner.

Recommended Screening Questions for IPV -

Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you?

Has [partner's name] ever threatened to hurt you?

Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable?

- If the client answers "yes" to any of the screening questions, the provider must offer relevant referrals to support services, and then should work with the client to see which partner notification strategy may be most appropriate.
- Index testing should NOT be carried out in case the client has high risk of IPV or does not feel comfortable with any of the notification approaches. At the same time as first line of response the client could be informed about how they could protect themselves from potential violence.
- A client's safety is the most important factor in determining if they should participate in index testing services.

**Q. What are the Adverse Events?**

- A. As a result of participation in Index Testing the client may experience some Adverse Event.

These Adverse events can be:

- Threats of physical, sexual, or economic harm to the index client, their partner(s) or family members, or the index testing provider
- Occurrences of physical, sexual, or economic harm to the index client, their partner(s) or family members, or the index testing provider
- Withholding treatment or other services
- Forced or unauthorized disclosure of client or contact's name or personal information
- Abandonment/forced removal from home
- Abandonment/forced removal from school for children (< 19 years old)
- Failure to obtain consent for participation in index testing and/or for notifying partners

**Q. Why is IPV - Intimate Partner Violence (IPV) Risk Assessment important in Index Testing Services?**

- A. The goal of Intimate Partner Violence (IPV) Risk Assessment is to ensure no harm comes to the index client, their partner (s), or family members as a result of index testing services. It also helps in linking PLHIV experiencing violence to IPV services. This eventually can help in improving adherence and retention among those clients.

**Q. What is the role of an HCP in case the index client discloses IPV?**

- A. First-line support is the immediate care given to an IPV survivor upon first contact with the health or criminal justice system. The WHO defines "first-line support" using the acronym "LIVES" and can be followed wherever possible (Adapted from WHO Clinical Handbook 2014):
- LISTEN - Listen closely with empathy, no judgement
  - INQUIRE - Assess and respond to the client's needs and concerns-emotional, physical, social, and practical
  - VALIDATE - Show the client you believe and understand
  - ENHANCE SAFETY - Discuss how to protect client further from harm
  - SUPPORT THROUGH REFERRALS - Help the client to connect to appropriate referral services including social support

**Q. What should be done if the contact is a known HIV positive person?**

- A. If the contact is a known HIV positive person, they need services like ART and adherence counselling, risk reduction counselling and condom promotion, STI screening and treatment, TB screening and treatment services, Opioid Substitution Therapy and Needle Syringe Exchange Program for IDU, Family Planning services, including pre-conception counselling, and counselling on U=U. Hence linkage to the appropriate services needs to be ensured.

**Q. What services should be offered to a contact who is diagnosed HIV positive?**

- A.
- ART and adherence counselling
  - Risk reduction counselling and condom promotion
  - STI screening and treatment
  - TB screening and treatment services
  - OST/MAT and NSEP for PWID
  - FP services, including pre-conception counselling
  - Counselling on U=U

**Q. What services should be offered to a contact who is diagnosed HIV negative?**

- A.
- Repeat HIV testing of negative partner
  - Risk reduction counselling and condom promotion
  - STI screening and treatment
  - FP services, including pre-conception counselling
  - OST/MAT and NSEP for PWID
  - PrEP for negative partner (until positive partner has achieved viral suppression)

**Q. Who should address the Adverse Events that can occur as a result of participation in Index Testing Services.**

A. The service provider/facilities should address the Adverse Events that can occur as a result of participation in Index Testing Services.

**Q. What is the role of an HCP in case the index client reports adverse events?**

A. • The HCP should routinely ask Index clients if they experienced any adverse events following participation in Index Testing services.  
 • All reports of adverse events must be documented using the adverse events reporting format.  
 • All reports of serious or severe adverse events (from site monitoring/community monitoring and/or client feedback) must be investigated.  
 • Follow up steps and actions should be identified to prevent similar adverse events from occurring in future.  
 • Clients who experience adverse events should be linked to appropriate services (psycho-social, medical, legal etc.) as required.

**Q. What is 10-8-5-4 in Index Testing Services?**

A. 10 -8-5-4 stands for:  
 • 10 steps of Index Testing  
 • 8 principles of Index Testing  
 • 5 Cs of WHO  
 • 4 Partner notification options

**Q. What is BMI – Brief Motivational Interviewing?**

A. Motivational Interviewing is a tool to help clients/patients increase both their desire to change and their belief that they can do it. Brief Motivational Interviewing (BMI) is an adaptation of motivational interviewing skills to the clinical care environment, where competing needs for prevention require a rapid, patient centered interaction to promote healthy behaviours.

**Q. What is “OARS” strategy for BMI?**

A. OARS strategy for BMI includes:  
 • Open-ended Questions  
 • Affirming Statement  
 • Reflective Listening  
 • Summarize the Conversation

**Q. Why is community engagement crucial in providing Index Testing Services?**

A. Community engagement is crucial in providing ethical and safe index testing services. It is important to involve community in providing Index Testing Services. Community can be involved in supporting IPV redressal services. Community networks can be engaged for navigating positive clients to ART services.

**Q. Which documents should be maintained as part of Index Testing Services?**

A. The following documents should be maintained as part of Index Testing Services –  
 • Index Testing Services Register  
 • Index Testing Referral Form  
 • Adverse Event Form

**Q. How do you maintain the line list of index client and his / her contacts?**

A. The line list is maintained with the help of Index Testing Services Register.

**Q. Can a healthcare provider refer to the ‘Discordancy List’ at the ART centre for identifying index client and contact?**

A. Yes, a healthcare provider may refer to the ‘Discordancy List’ at the ART centre for identifying index client and spouse/contact.

**Q. Who should maintain the list of people pending to offer / accept Index Testing Services?**

A. Healthcare provider offering Index Testing Services should maintain the list of people pending to offer / accept Index testing Services.

**Q. How and when to follow up for contact elicitation and further process for those pending to offer index testing?**

A. Contact elicitation is an ongoing exercise, and trained HCP can continue efforts to reach out telephonically/physically till the desired results are achieved. The HCP should follow minimum standards inclusive of 5 C and 8 Principles of Index testing with fidelity and the process should be followed without coercion as per consent provided by the Index client.

**Q. What are the strategies for reaching the contact of index client including contacts residing in other geography (district/state)?**

A. Linkages (prevention and treatment) and engagement with inter district/state health care providers or community networks can be helpful for reaching out to contacts of index clients including contacts residing in other geography (district/state). Engagement with Civil Society Organizations at all levels, help in introducing the purpose, process, risks, benefits, and current benefits to the community. Even Community based networks can be engaged for support and for navigation (e. g. CARG- Community ART Refill Groups in Northeast). Peer network groups and Outreach Workers (ORWs) have also been known to have been of great support for linkages and navigation. People who are engaged in offering index testing should be trained in doing so and follow minimum standards for offering Index testing.

**Q. Is there a standard form (printed) for obtaining consent from an index client for index testing?**

A. No, there are no printed forms for obtaining consent. It is verbal informed consent. But there are fields in the HIV testing/Index testing register wherein the client can put their signature/thumb impression. This is to protect the client and the service provider.



**Q. Can Index Testing Services be expanded to private sector? What should a healthcare provider do when a contact prefers HIV testing facility outside the public health system? (e.g. Private Practitioner)**

A. There is a space in the register called “others” wherein results from tests done from private facilities can be recorded. However, this should be done only after confirming i.e. after seeing the report. Please note that people who are engaged in offering index testing should be trained in doing so and follow minimum standards for offering Index testing.

**Q. Is it necessary to reveal the status of index client / source of information to the contact while offering index testing services?**

A. No, it is not necessary to reveal the status of index client / source of information to the contact while offering index testing services. To maintain confidentiality, client’s status should not be disclosed without consent. The client’s status may be revealed to the partner if both partners in a couple are tested and counselled, after consent.

**Q. What if the contact wants to know the source of information before continuing with index testing services (ITS)?**

A. Client’s identity or status should not be revealed/disclosed without consent from him/her. Different scripts about source of information, as agreed upon by the index client can be used to reach out contacts.

**Q. Will the healthcare provider be held responsible for not revealing the HIV status of index client to contact including spouse?**

A. Healthcare Provider is not liable for any criminal or civil action for any disclosure or non-disclosure of confidential HIV-related information made to a partner (The HIV & AIDS Prevention & Control Act (2017)).

**Q. What if Index case don’t agree to share contact details of partners due to any reason?**

A. Index Testing should always be client centered. It should be focused on the needs and safety of the index client and his or her partner(s) and children. All HIV testing clients, including index clients, should be provided with all available HIV prevention, care, and treatment services, regardless of whether they are willing and able to provide partner details – services should never be withheld, and clients should never be pressurized into disclosing personal or partner details.

**Q. What if contacts are not traceable/ready for testing?**

A. In such case when contact is not traceable/ready for testing, talk to the index client to find out why the index contact/partner has not come back for testing and revisit the four strategies. Give options to the index client – if they want to contact the partner themselves or need help in contacting or if a visit together can be planned. Discuss and agree upon a strategy by weighing pros and cons. Don’t contact the partner directly without consent of index client.

**Q. What if the number of contacts elicited are higher than the number tested through index testing services (ITS)?**

A. Firstly, provide appropriate services (preventive or treatment) to those tested depending on their HIV status. Decide on a time duration and strategies to complete the testing of the remaining contacts. It will be good to know the reason for the gap in contact elicitation and number tested; there might be some contacts with known HIV positive status and some others not willing to get tested. Having information about the gap will help in designing further strategy to reach out to contacts.

**Q. How can a healthcare provider motivate the index contact for HIV testing? (also taking into consideration the time constraint at high load centres)**

A. It can be done by enhancing client motivation to participate in Index Testing Services by affirming the client’s autonomy and capacity for self-direction, increasing client awareness about the confidential and voluntary nature of participation, importance of knowing their status and early linkages as per need, exploring and resolving any ambivalence or barriers to naming contacts. Also, by identifying and encouraging behaviour change.

**Q. What is client initiated, provider initiated and self-initiated HIV testing? (e.g. Testing of spouse of ANC)**

A. Provider-initiated HIV testing: Individuals referred by a health care provider (outpatients) or hospital (inpatients), or “on request of patient”, non-professional exposures to potentially infected fluids, mandatory testing for surgical patients, and testing of patients preparing for artificial insemination. This is also known as active referral where the HCP is actively involved in the referral process.

Client-initiated or self-initiated HIV testing or Voluntary Counselling and Testing (VCT) (including health care worker exposures to potentially infected fluids): Individuals who self-perceive their risk and need for HIV testing and thus voluntarily approach for HCTS. This is also known as passive referral where the HCP is passive.

**Q. How many visits are expected to be made to an index client to obtain information on their contacts?**

A. Index Testing should always be client centered. It should be focused on the needs and safety of the index client and his or her partner(s) and children. Contact elicitation is an ongoing exercise, and trained HCP can continue efforts to reach out telephonically/physically till the desired results are achieved. The HCP should follow minimum standards inclusive of 5 C and 8 Principles of Index testing with fidelity and the process should be followed without coercion as per consent provided by the Index client.

**Q. How long should a healthcare provider wait for initiating index testing? (Waiting period for initiating index testing without consent from index client)**

A. The time period depends on the agreed upon contract between the provider and the index client. However, if the contract period ends and the contact /partner doesn't show up, DO NOT contact the contact directly. Talk to the index client and try to understand the reason behind why the partner/contact hasn't come for testing. Together with the client, revisit the four notification strategies once again- plan together with client. Always keep the line of communication open with the client and offer support.

**Q. How many times should a healthcare provider offer index testing services to a HIV negative contact of PLHIV/KP?**

A. In case of high-risk contacts who are HIV negative, the HIV test should be done once in every six months.

**Q. Which methods /approaches can a healthcare worker adopt to motivate HIV positive client for ART treatment? (e.g., for those clients who are unwilling to visit ART centre)?**

A. Motivational Counselling approaches like Brief Motivational Interviewing are known to have helped in motivating clients to access and adhere to ART treatment. It will be good if healthcare workers explore the reasons for unwillingness to visit ART centre, the reason specific solution can be worked out in consultation with the client.

**Q. What is HIV Self Testing?**

A. An HIV self-test (or rapid self-test) is an antibody test that can be used at home or in a private location. With an HIV self-test, you can get your test results within 20 minutes. However, currently HIV Self Testing kits are not available free of cost under NACP.

**Q. What is a Social Network Strategy?**

A. SNS (Social Network Strategy) is an evidence supported approach to engage and motivate a person to accept HIV testing. Social network-based HIV testing is an approach for reaching the sexual or drug-injecting partners and social contacts of the members of key populations. These approaches also can expand the scope of testing to the HIV-negative partners and social contacts of members of key populations, thus making testing services more acceptable and normalizing their use. Social network-based approaches are safe, acceptable and feasible and may identify additional people living with HIV.<sup>6</sup>

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6. Consolidated Guidelines on HIV Prevention, Testing, treatment, Service Delivery and Monitoring WHO, Geneva, July 2021

