

**Title:** An increase in the number of countries permitting lay provider HIV testing and counselling between 2015 and 2018: An updated policy review of 48 countries

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**Word Count:** 300

**Background:** Approximately 75% of people with HIV are diagnosed, an increase from 67% in 2015. Despite this progress, further efforts to reach people with undiagnosed HIV are still needed to meet the United Nations' "90- 90-90" testing and treatment targets. To address this, many countries have expanded the tasks of "lay providers" (i.e. any person delivering health services without formal tertiary education) to encompass HIV testing services (HTS). This includes conducting rapid HIV tests, as well as delivering pre-test information and post-test counselling. Since 2015, WHO has recommended that lay providers conduct HTS in communities. Here, we examine national policy changes related to lay provider testing since these recommendations.

**Methods:** In 2015, WHO conducted a policy review of 48 countries with national HTS policies identified using electronic databases, WHO country intelligence databases, national programme websites, and by contacting country representatives. In June and July 2018, the most recent HTS policies from these countries were re-examined to identify changes related to lay provider testing and counselling.

**Results:** As of July 2018, twenty-seven (56%) of 48 countries reviewed permit lay providers to perform blood-based HIV rapid diagnostic tests (RDTs), marking a 33% increase from 20 countries in 2015. While 34 (71%) of reviewed countries now permit lay providers to conduct pre-test information and post-test counselling, only 28 (58%) did so in 2015. As in 2015, 65% of reviewed countries do not specify if lay providers can perform oral HIV RDTs. In total, eleven countries updated their guidelines to allow lay provider testing and/or counselling, with most in Sub-Saharan Africa and the Eastern Mediterranean.

**Conclusions:** Though several countries have incorporated lay provider testing into HTS policies following WHO guidelines, many still have not yet implemented this approach. Efforts to introduce lay provider HIV testing services are still needed.