The purpose of this brief questionnaire is to inform the forthcoming WHO hepatitis B and C testing guidelines meeting at the end of September and planned

We are seeking to gather experiences of hepatitis B and/or C testing from as many different settings and populations in low and middle income countries. The settings include primary care, antenatal clinics, drug dependency services, HIV clinics, and populations - MSMs, injecting drug users, prisoners, pregnant women, HIV positive persons.

The questionnaire has four main components:

PART A: Background demographics of interviewee

PART B: Details of programme, including xxxx
PART C: Protocol for hepatitis care and treatment
PART D: Summary of perceived barriers and challenges, and potential solutions/strategies

PART E: Provision of relevant epidemiological data

The questionnaire will be interviewer administered and take approximately 30 to 40 minutes to complete.

We appreciate your time to complete this survey.

	PART	A - DETAIL OF	INTERVIEW
		INTERVIEW	ER
Date of completion	dd	/mm	/ 2015
Name of interviewer			
Contact (Tel, email)			
		RESPONDAN	Т
Name			
Professional profile (tick all that apply) Medical doctor /clinical officer Medical assistant Laboratory expert National program administrator Employee of an international organization (e.g., WHO) Researcher Employee/Consultant of a national or international NGO Primary care provider Programme implementer Policy maker Other Working experience in Hepatitis testing program Less than 1 year 1-2 years 3-5 years 5-10 years More than 10 years		Your role in l	Contact (Tel, email) Organisation City Country hepatitis testing program specify/give details ,
	PART B	- DETAILS OF	PROGRAMME
		GENERAL INFO	
B1.1 Do you do HCV, HBV, or both testing at your site B1.2 Give a brief description of your programme: National context, date of beginning, principal and specific		Yes No s, main activities	HCV HBV
B1.3 Country			
B1.4 Site (tick all that apply)			
National level Regional level (Province or State) Site-specific (only at the program you work) Other			specify/give details ,
B1.5 How many site are you working for? 1 2-5 More than 5			
B1.6 When did the testing activity start?			<u>dd /mm</u> / y

B2 DESCRIPTION OF HEPATITIS TESTING SERVICE					
B2.1 Where is the testing is done? (tick all that apply) Primary health care Obstetric service HIV service Harm reduction service Outreach Prison Hospital Specialized center Other	HCV HBV				
B2.2 Who are the target populations for hepatitis screening in your programme General population Pregnant women Children Person who have chronic ill Blood donors Health care workers Migrant Injecting drug user Sex worker Men having sex with men Prisoners HIV positive people Other Yes for HCV Yes for HBV	PHCV HBV Specify/give details, specify/give details, specify/give details,				
B2.4 Is there dual testing (HBV+HCV) Yes No					
B2.5 Specify / give details on indication/criteria for testing. For instance: First antenatal visit, ART initiation, immunization, secondary prevention, national policies, national treatment program community mobilization through demand creation etc. HBV					
B2.6 What assays are used for HCV and HBV testing at your programme? (tick all that apply) RDT (rapid diagnostic test) EIA (Enzyme immunoassay) HCV core antigen test (HCV cAg) HCV RNA test Not sure RDT (rapid diagnostic test) EIA (Enzyme immunoassay) HBV DNA test Not sure	HCV Please give details of the testing kit names HBV Please give details of the testing kit names				
B2.7 What testing algorithm is used at your programme? One test strategy: RDT One test strategy: EIA One test strategy: HCV core Ag One test strategy: HCV RNA Two tests strategy: RDT/EIA + HCV cAg Two test strategy: RDT/EIA + HCV RNA Others Not sure One test strategy: RDT One test strategy: RDT One test strategy: EIA One test strategy: HBV DNA Two test strategy: RDT/EIA + HBV DNA Two test strategy: RDT/EIA + HBV DNA Others Not sure	specify/give details, HBV specify/give details,				
B2.8 Which test is used for liver assessment? Not routinely done APRI Fib4 Other biomarkers Fibro scan Liver biopsy	HCV HBV Specify other biomarkers				

B2.9 Who delivers the testing pathway? (tick all that apply)	Counsello Physiciar Laboratory techniciar Nurse Midwife Health care worke Othe	n	HBV	e details,		
B2.10 Is the testing provider- or client-initiated?	Provider initiated Client initiated		HBV			
B2.11.1 Which counselling and information is provided? (tick all that apply)	No counselling Pre-test counselling Post-test counselling Not Sure		HBV			
If Counselling is provided, please answer the following g B2.11.2. Is specific guidance/document available for in charge of testing?		HCV	нвv			
B2.11.3 What training have these persons received			describe here the m vs. mentoring - # o		aining (individual vs. co	llective
	B3 COSTS, BUDGET	AND FUN	IDING			
B3.1 Who pays for testing?	Patient (self-payment Government (Public sector Private insurance NGC Othe		HBV specify/giv	e details,		
B3.2.1 Do you have an allocated budget for this testing and/or treatment programme for HCV/HBV?	Professing Yes No For treatment Yes No	HCV	HBV HBV			
If yes, please answer B3.2.2, if not please answer B3.2.8 B3.2.2. What is the source of funding?	3 HC/	/				
	НВ∖	/				
B3.3 Please provide estimated costs per year for	Н	CV Testin	•		Currency	
the following. If exact costs are unknown please provide estimates or	Pe	ersonnel	Personnel costs Training			
proportions of overall costs		Capital	Transport Equipment Infrastructure			
	R	ecurrent	Test kits Other			
	L	3V Testin		<u> </u>	Currency	
		ersonnel	Personnel costs		Outfilly	
	_		Training Transport			
		Capital	Equipment Infrastructure			
	R	ecurrent	Test kits			
			Other			

PART C - FOLLOW UP AND LINKAGE TO CARE

C.1 What is the protocol for care and management	in the following :	
People HCV Ab positive		Yes No
(with or without RNA positive)	Specific counselling Secondary investigations	
	Specific medical follow up	
	ARV for those HIV+	
	Treatment	
	Patients group	
	Offer HBV test	
	HBV immunization	
	Other	specify/give details,
Brief descri	ntion (type of investigation o	r follow-up / setting / funding, etc.)
Bhor desort	The state of the s	Tollow up / Setting / Turnumg, etc./
People HCV Ab negative	Υ	es No
	Offer HBV test	
	HBV immunization	
	Describe the conditions (see	ting funding stall
	Describe the conditions (se	ting, funding, etc.)
People HB surface antigen (HBsAg) positive		Yes No
: 00p.0 ::= 0a::a00 a::::g0:: (::=0::g) p00:::10	Specific counselling	
	Secondary investigations	
	Specific medical follow up	
	ARV for those HIV+	
	Treatment	
	Patients group Other	anacifu/aiya dataila
	Other	specify/give details,
Brief descri	ption (type of investigation o	r follow-up / setting / funding, etc.)
		- series of the
People HBsAg Negative		Yes No
	Offer HBV immunization	
	Describe the conditions (se	ting funding etc.)
	Second the conditions (se	ang, randing, oto.)
C.2 Where is treatment provided?	Same site	
	Different site	specify/give details,
	Treatmnet not available	
C.3 How are you approaching testing in the absence	of treatment?	
o.o now are you approaching testing in the absence	or a cauncilt?	
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PART D - BARRIERS AND CHALLENGES

D.1. What are the main barriers you have identified for testing implementation (at provider, patient and facility level) and what are your suggestions to facilitate access and uptake of testing and linkage to care.

Barriers	Suggestions
Common for HCV and HBV	For instance: To not skip the training of health professionals, To organize awareness rising in the targeted community etc.
Health system perspective	organize awareness rising in the targeted community etc.
Lack of national policies, guidelines, funding etc.	
Service provider perspective	
Lack of awareness of health professionals, overwhelmed	
consultation, Lack of counselling services, Accessibility to	
centralized lab and specialist	
Technology perspective	
Lack of trust in testing procedures, Lack of quality	
Technology perspective Lack of trust in testing procedures, Lack of quality assurance, Lack of laboratory staff capacity, Lack of	
testing kits, Lack of infrastructures	
Patient perspective	
Lack of awareness of patients, fear / misconceptions about	
the disease, affordability for testing if self-pay	
and discusses, and data my for cooling in configuration	
Others	
Carloto	
Specific for HCV	
opecine to the	
Specific for UDV	
Specific for HBV	
	<u> </u>

D.2 What are the most important components of international guidelines to facilitate the implementation of hepatitis testing as part as a health program in resource limited setting?						
		11617			UBV	
E1. Country prevalence in the general population and/or risk groups. available.		HCV		HBV		
	Source of the inform	nation, if known		Source of the information, if known		
E2. Do you have information on your testing program	mme?	Yes HCV	HBV	1		
		No				
If yes, please provide how many tested in different risk groups, prevalence and how many of risk in these groups for future testing your setting. (breakdown by risk groups and by gender, if possible)						
	HCV	Niverbar of tootod	NI: mh	Year of inve	estigation	
Please provide information in spread sheet if preferred.	Specific Groups	Number of tested	Numu	er of positive (%)	Potential Number at risk	
	HBV Year of investigation Specific Groups Number of tested Number of positive (%) Potential Number				investigation Potential Number at risk	