**IDI guide for Central Laboratory Officials**

**Introduction and aim of the interview:**

My name is…..

In am conducting interviews on behalf of [NAME OF ORGANIZATION] and MOH.

[NAME OF ORGANIZATION] and the Government of [Name of Country] are evaluating other ways of delivering antiretroviral therapy (ART) that may be more efficient and may improve how many patients who are started on ART continue to stay in care.

For this study, interviews are conducted with different groups involved in HIV care, such as health care workers, community leaders and ART patients. We would also like to include input from the central laboratory.

That is why we have asked to speak with you; we would like to hear your opinion on these new models of ART care.

The interview will take about one hour. Your information will be confidential.

*[NB: informed consent forms should be signed and collected]*

**Introduction**

1. Could you briefly describe your current role and how it relates to HIV care and treatment in [Name of Country]?
2. From your perspective as an officer of the central laboratory, what do you think are the major challenges facing HIV treatment services in [Name of Country] today?

**Retention**

1. As you are probably aware, retention of HIV patients in care can be very challenging. In [Name of Country], we know that a large number of patients (some estimates suggest 40%) are not retained in care beyond 12 months. What do you think are the best ways to improve retention in care for these HIV clients?

**Model description**

As I mentioned above, the MOH and [NAME OF ORGANIZATION] are collaborating to test some alternative ways to deliver ART, in order to try to improve retention in care and decongest clinics. I would like to describe four models and ask some questions about each one.

1. Model 1: Rural Community Based ART Adherence Group (CAG)
   1. What do you think about the rotating medication pick-up?
   2. In this model, patients would only go to the clinic themselves for laboratory testing every six months. What do you think about this?
   3. How do you think this model would impact lab services?
   4. What would you see as the major strengths of this model?
   5. From your perspective as a laboratory expert, what would see as the major weaknesses of this model?

*[Issues to probe as appropriate: supervision & support by & for lay health workers; monitoring and data collection]*

1. Model 2 Urban Facility Based Adherence Groups (UAG)
   1. An important part of this model is service delivery outside of regular clinic hours. What do you think about this?
   2. Do you think that lay health workers and pharmacy techs are the appropriate health workers to handle UAG services? [Explain]
   3. In this model, patients would only go to the clinic themselves for laboratory testing every six months. What do you think about this?
   4. Would this model impact on lab services in any way you can think of?
   5. What would you see as the major strengths of this model?
   6. What would see as the major weaknesses of this model?

*[Issues to probe as appropriate: human resource issues; drug/pharmacy security and accountability; monitoring and data collection]*

1. Model 3 Urban Facility Based Fast-tracking (FAST-TRACK)
   1. What do you think about the idea of a fast-track mechanism in urban clinics?
   2. The model relies heavily on lay health workers (to perform symptom screening) and pharmacy techs (to dispense medications). What do you think about this?
   3. In this model, patients would only go to the clinic themselves for laboratory testing every six months. What do you think about this?
   4. Would this model impact on lab services in any way you can think of?
   5. What would you see as the major strengths of this model?
   6. What would see as the major weaknesses of this model?

*[Issues to probe as appropriate: human resource issues; accountability for drug dispensation; logistics; monitoring and data collection]*

1. Model 4 Streamlined ART Start strategy (START)
   1. This model relies heavily on training current health care workers to start ART earlier in certain patients. How do you think providers will feel about this model? (Explain)
   2. In this model, more ART patients will start ART quickly. What are the implications of this model for lab services that you can think of?
   3. What would you see as the major strengths of this model?
   4. What would see as the major weaknesses of this model?

*[Issues to probe where appropriate: provision of counselling; referral systems, patient readiness; human resource issues; training; logistics]*

**Alternative models**

1. We have described and asked your opinion about these four models. Do you have any ideas or suggestions for alternative models (or changes to the above models) that might help address patient retention and clinic congestion?

**Closing**

1. Any other issues we did not mention that you would like to discuss?

**Thank you very much for your cooperation and contribution.**