**Employment of counsellors by the Department of Health**

Many counsellors receive stipends, not salaries, and their employment status is uncertain. Counsellors provide a critical service and must be valued.

We say that the casualisation of HIV counselling must be phased out and all counsellors should be formally employed. Counsellors working in the public health system should be employed by the Department of Health and have career paths. An appropriate screening process of applicants for counselling posts should be developed so that people who possess the qualities needed to be effective HIV counsellors are more likely to be hired.

Employment of HIV counsellors must include a clear job description outlining the duties of the job and criteria on which their performance will be evaluated. Routine performance evaluations should be conducted and used to identify gaps that require additional training and support.

**Home and HIV self-testing**

There are many HIV rapid tests that are accurate and reliable if they are performed correctly, whether they be performed at a health facility by a trained health care worker or via alternative methods such as large community-based testing events, home-testing by health care workers and, more recently, HIV self-testing.

These are all now a part of the HIV testing landscape, with an increasing number of studies reporting positive outcomes, including high uptake rates and accuracy. These additional testing options will augment the reach of standard facility-based testing, and are an opportunity for wide scale-up of testing.

The meeting agreed that to ensure good outcomes for alternative testing methods, particularly HIV self-testing, tests that are being sold must meet quality standards and must be safe and easy for people to use. Research on this is being done.