

8. HIV COUNSELLING AND TESTING

For over 20 years, voluntary counselling and testing (VCT) has led to millions of people knowing their HIV status, yet the majority of people worldwide have never taken a test. Provider-initiated testing and counselling (PITC) is one option to bring about wider testing, but there are a number of concerns about this approach. In particular, it is feared people may be unprepared for the test, confidentiality could be breached and the opportunity to opt-out may not be offered, leading to human rights abuses. PITC should only be offered if these concerns are addressed, including having adequate legal and social protections and effective counselling in place.

WHY IS IT IMPORTANT?

The HIV and AIDS pandemic in many low-and middle-income countries is growing, and it is estimated that fewer than 20 per cent of people living with HIV and AIDS know their status. Most people have a test too late, often only finding out their positive status when they already have an AIDS-related illness. People who do not know their positive status may not

be able to take sufficiently early action to mitigate the effects of the disease. They will also not be aware of the need to alter their behaviour to avoid the risk of infecting others or reinfesting themselves.

Provider-initiated testing and counselling (PITC) has been suggested as a possibility for dramatically scaling up testing. This is opt-out, rather than opt-in testing. For example, everyone attending a GP's surgery could be tested unless they requested otherwise (opted-out). If it were part of a full package of HIV and AIDS services, PITC would mean a much higher percentage of people living with HIV and AIDS would be aware of their status and would therefore be able to access treatment, care, support and prevention information and services.

KEY DEBATES

Several concerns about PITC have been highlighted. These include:

- Voluntary counselling and testing (VCT) is a tested strategy that works, and investment should be focused on scaling up this approach.
- In resource-low countries, treatment, counselling, care, support and prevention services are all inadequate – it is irresponsible to make millions of people aware of their positive status without providing them with the services they need afterwards.
- A dramatic increase in the numbers of people in need of support without improved health systems will mean home-based carers (most of whom are women) will take on the burden of care, often without training, payment or support.
- The opt-out option might not be offered or made sufficiently clear, and coercion and human rights abuses could occur.
- Medical staff may not be sufficiently trained to ensure the confidentiality of those being tested through PITC. Those who test HIV positive may be subjected to stigma and discrimination.
- Unlike those choosing an HIV test at a VCT centre, people who take PITC may have had little or no preparation, so the need for understanding of HIV and AIDS and psychological preparation for a positive result is all the more important.



VSO'S POSITION

VSO believes taking these concerns into account is critical. If PITC is used, particular measures must be taken to reduce or eliminate the risk of the potential problems listed above. Drawing and building on the World Health Organization PITC guidelines programme, VSO believes that if PITC is introduced, the following conditions should be met as fully as possible:

- PITC should be adapted based on local epidemiology, available resources and the current standard of HIV prevention, treatment, care and support services.
- A firm set of standards should be in place, including universal antiretroviral therapy or a clear national plan to achieve it in the near future, and a minimum set of available services.
- Adequate legal, policy and social protections for those living with, or at risk of exposure to, HIV must be implemented prior to the introduction of PITC.
- PITC should be designed and led by representatives of all key groups, particularly people living with HIV and AIDS and organisations representing marginalised and vulnerable groups.
- A fully developed programme of consultation and explanation of any PITC programme within a community is necessary before starting.
- Implementation should be phased, with close monitoring and evaluation in place to avoid negative outcomes, including stigma and discrimination, violence and unmet demand for services.

KEY PRINCIPLES

VSO also believes the following guidelines should be followed when introducing PITC and for VCT programmes:

- Testing sites must be located in areas and open at times when women, girls, persons with disabilities and vulnerable men are able to access them.
- Before testing, there must be counselling and the implications of testing made clear for each and every person undertaking a test. Counselling must be available to, and address, women, girls, persons with disabilities and vulnerable men's particular concerns.

This involves a significant investment in terms of training and time of health care workers.

- Patients should be fully informed of what the test means. Provider-initiated testing must only be rolled out with caution and written, fully informed consent must always be obtained. It is particularly important that women and girls receive accessible information, as they are less likely to be literate.
- Post-test counselling must be gender sensitive, for example, taking account of women and girls' vulnerability to violence if they are the first to disclose in a relationship.
- Women, girls and vulnerable men who receive a positive diagnosis must be referred to a full range of gender-sensitive services.
- Patients must be reassured that a positive test will not result in the denial of health care.
- Testing must be confidential and status must not be disclosed to anybody, including partners or relatives, without consent.

RESOURCES

- International HIV/AIDS Alliance (2006) *Let's talk about HIV counselling and testing: Facilitators' guide*: www.aidsalliance.org/sw37361.asp
- UNAIDS/IPU (1999) *Handbook for legislators on HIV/AIDS, law and human rights: Action to Combat HIV/AIDS in View of its Devastating Human, Economic and Social Impact*
- UNAIDS/WHO (2004) *Policy statement on HIV testing*
- VSO (2007) *Policy brief: Gender, power and HIV prevention*



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