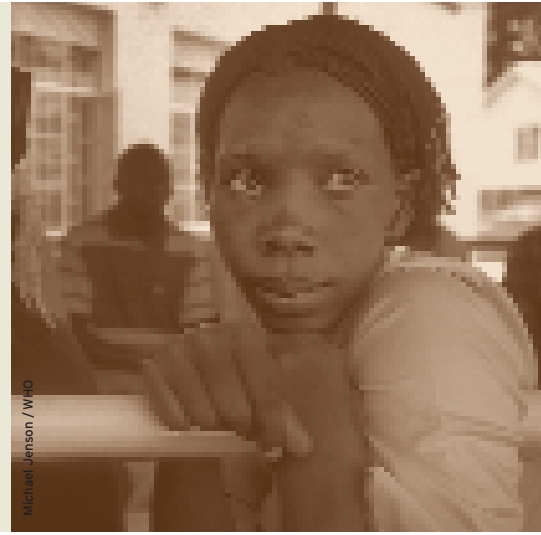




Viktor Suvarov / WHO

TESTING AND COUNSELLING



Michael Jensen / WHO

The WHO and UNAIDS position on Testing and Counselling

The overwhelming majority of people living with the HIV virus do not know they are infected. To slow and ultimately prevent the further spread of HIV and AIDS, and to identify those who would benefit from care, support and treatment as they become more readily available, it is essential to adopt a proactive approach to encourage widespread uptake of testing and counselling, particularly in the most affected countries.

In addition to Voluntary Counselling and Testing (VCT) WHO recommends that HIV testing and counselling also be routinely offered to patients everywhere during treatment for tuberculosis.

WHO also supports the offer of an HIV test as part of antenatal care, treatment of sexually transmitted infections, or routine medical care in areas where HIV prevalence is high. This “opt-out” approach is based upon the individual’s right to health. WHO’s position reiterates the core principles of voluntary, informed consent prior to the test, of post-test counselling, and confidentiality.

WHY IS IT IMPORTANT FOR INDIVIDUALS TO KNOW THEIR HIV STATUS?

Knowledge of HIV status is at the core of the most effective prevention and care interventions. Knowledge of serostatus is essential to empower those who are uninfected to remain so. It also enables those who are already living with HIV to access life-saving interventions and prevent ongoing transmission to their partners and children. For many patients, treatment will only be needed several years after infection. In the meantime, prevention services for positives, and other forms of support may be available. In addition, lack of knowledge about one’s personal status is one of the major barriers to accessing treatment where it is currently available or becoming available. An important scale-up in the number of people accessing testing and counselling will help normalize the knowledge of serostatus as part of health-seeking behaviour. This, in turn, will positively impact both on prevention and treatment interventions.

HOW MANY PEOPLE KNOW THEIR STATUS CURRENTLY?

It is estimated that approximately 90% of those who are infected with HIV do not know their HIV status.

WHY DO SO FEW PEOPLE KNOW THEIR STATUS?

Fear, stigma, discrimination and, in some areas, a lack of access to testing and counselling services provide disincentives for individuals to know their status. Public awareness about the benefits of early knowledge of serostatus has also been limited.

WHAT IS WHO’S APPROACH TO HIV TESTING AND COUNSELLING?

In addition to VCT, WHO recommends that HIV testing and post-test counselling also be routinely offered:

- Where medically indicated as part of clinical care;
- As part of services for preventing HIV infection among mothers and their infants;
- In TB treatment settings;
- As part of the management of other sexually transmitted infections (STI).



MAKE IT HAPPEN



WHAT ARE THE GUIDING PRINCIPLES OF WHO'S EXPANDED HIV TESTING AND COUNSELLING POLICY?

- Testing and counselling must now be scaled up.
- HIV testing should be voluntary.
- Post-test support and services are crucial.
- Confidentiality must be protected.

WHAT IS MEANT BY 'VOLUNTARY' IN THE WHO/UNAIDS POLICY?

Any patient should be free to refuse or accept the HIV test that is offered to him or her. Testing is considered voluntary when the following three conditions are met:

- Patients are provided with pre-test information on the purpose of testing, and on the treatment and support available once test results are known.
- It is ensured that the patient understands.
- The individual's right to decide whether they want to be tested or not be tested has been respected.

WHAT HAPPENS TO A CLIENT WHO "OPTS OUT" OF AN HIV TEST IN THIS CONTEXT?

In order for the voluntary quality of the test to be meaningful, it is essential that a patient who declines to be tested not be penalized for this choice. Those who opt out of testing should, nevertheless, be made aware of appropriate health care services. Communities that respect and promote the importance of maintaining confidentiality are likely to be more successful in increasing the numbers of people willing not to opt out of learning their serostatus. Education and awareness raising will help protect the rights of individuals who choose either to opt out or access HIV testing and counselling.

WHAT HAPPENS AFTER THE CLIENT RECEIVES THE HIV TEST RESULT?

A client who chooses to be tested should receive post-test counselling regardless of the result. A negative test outcome provides an opportunity for patient education or counselling regarding HIV prevention. Should an individual test positive, he or she will be counselled about care, support and treatment options. In addition, prevention counselling for those who test positive will highlight methods to prevent the spread of HIV to others and information on how to avoid infection with another strain or exposure to other sexually transmitted diseases.

HOW WILL A SCALE-UP OF TESTING AND COUNSELLING AFFECT COMMUNITIES?

In many parts of the world, stigma around HIV/AIDS is discouraging individuals from knowing their status, thereby depriving them of care and support, and even treatment where it is available. Communities that normalize the process of including HIV serostatus as part of general health-seeking behaviour have a greater chance of tackling the stigma and discrimination associated with the disease. In addition, communities are better able to mobilize support for appropriate HIV/AIDS interventions, including scale-up of treatment. Clear and concise information campaigns highlighting the benefits of early knowledge of HIV status, and facilitation of community dialogue around stigma are important community level activities that should accompany testing and counselling scale-up.



Michael Jetson / WHO

Know your status: only 10% of people living with the HIV virus know they are infected.