

Module 3

**HIV testing and counselling
and ethics**

**HIV basic knowledge and
stigma reduction in health
care settings**



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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HIV testing and counselling
and ethics

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Introduction

HIV testing and counselling (HTC) is pivotal to HIV prevention, care and treatment programmes, allowing access to care, support and treatment services available. HTC is a valuable component of any comprehensive HIV and AIDS response. Persons with an exposure to HIV infection need client-centred counselling and tailored information about the disease in order to help them understand the meaning of the test results and its implications, and to initiate and sustain behavioural changes for transmission risk reduction. In case of a positive result, HTC allows the patient to obtain referral to additional medical care and to preventive, psychosocial and other needed services.

Thus, it is critical to conduct HTC in a proper way in order not to deter people from HTC uptake and respect all ethical and technical requirements of quality counselling, which is non-judgmental, accessible, client-centred and conducted without any coercion.

In this module, we provide a brief overview of HTC, what it is, what its role is in a comprehensive HIV and AIDS response, how it can be conducted in different settings and the different purposes it serves. We will also talk about different approaches to HTC, all of which share the same conditions of confidentiality, privacy and informed consent. We will finish the module by explaining what HIV-related stigma and discrimination are, focusing on health care settings, what their causes are and how can they deter people from HTC, thus highlighting the need to reduce them in order to achieve universal access to HTC.

This module will also provide an opportunity to present laboratory diagnosis tools for HIV infection, with particular emphasis on the rapid test. Facilitators should prepare one or two slides on the country diagnostic strategy.

Specific objectives

Session 1: Laboratory diagnosis of HIV infection

After completing the section, the participant will be able to:

- List the methods for laboratory diagnosis of HIV infection
- Explain the kinetics of HIV antibody
- Outline the steps in making HIV rapid test
- Specify the diagnosis strategy adopted by the country
- Identify the different types of testing.

Session 2: Principles of HIV testing and counselling

Section 1: Orientation to HIV testing and counselling

After completing the section, the participant will be able to:

- Define counselling
- Define HIV and AIDS counselling
- Discuss the role of HIV and AIDS counselling

Section 2: Pre-test counselling and post-test counselling

After completing the section, the participant will be able to:

- Discuss the main guiding principles for HIV testing and counselling
- Discuss content, steps and importance of HIV pre-test counselling
- Discuss content, steps and importance of HIV negative post-test counselling
- Discuss content, steps and importance of HIV positive post-test counselling.

Section 3: Counsellor ethics and skills

After completing the section, the participant will be able to:

- Appreciate the importance of counsellor self-awareness
- Appreciate the importance of client respect irrespective of his or her values, culture, sexual orientation, etc.
- Address or modify attitudes that may negatively impact the client–counsellor relationship.

Session 3: HIV testing and counselling delivery

After completing the session, the participant will be able to:

- Define the different approaches of HIV testing and counselling and their aims and objectives
- Explain the difference between provider-initiated and client-initiated approaches to HIV testing
- Discuss the enhanced efficacy of voluntary HIV testing and counselling over HIV mandatory testing.

Session 4: Stigma and discrimination in health care settings

After completing the session, the participant will be able to:

- Identify HIV-related stigma and discrimination in health care settings
- Discuss the impact of stigma and discrimination on people living with HIV
- Discuss strategies to address stigma and discrimination in the delivery of HIV testing and counselling.

Educational tools

- A set of slides to support Module 3, sessions 1, 2, 3 and 4.
- A set of slides to support activities of the module

Module 3

Module schedule

Sessions	Topics	Methods	Length
Session 1			
Laboratory diagnosis of HIV infection	Laboratory diagnosis of HIV infection	PowerPoint	15 minutes
		Discussion	5 minutes
Session 2	Section 1		
		PowerPoint	20 minutes
	Orientation to HIV testing and counselling	Activity 1	35 minutes
		Key points	5 minutes
	Section 2		
	Pre-test counselling and post-test counselling	PowerPoint	15 minutes
		Key points	10 minutes
	Section 3		
		Activity 2	15 minutes
	Counsellor ethics and skills	PowerPoint	5 minutes
		Activities 3 and 4	25 minutes
Session 3			
Counselling delivery	HIV testing and counselling approaches	PowerPoint	15 minutes
		Key points	10 minutes
Session 4			
Stigma and discrimination in health care settings	Stigma and discrimination in health care settings	Activity 4	25 minutes
discr		PowerPoint	60 minutes
		Activity 5	20 minutes
Module duration			280 minutes

Content

Facilitators should start the module with a reminder of the goals of Module 3.

Slide 1



Slide 2

Module 3: HIV testing and counselling and ethics	
Module 1	Participants will be able to: <ul style="list-style-type: none">-offer an insight into the epidemiological situation in the country and worldwide-present the HIV transmission modes and the broad approaches to prevention-implement post-exposure prophylaxis for HIV in the health care environment.
Module 2	Participants will be able to: <ul style="list-style-type: none">-describe the natural history of the HIV infection-expose the main circumstances in which the HIV infection is discovered-describe some of the clinical manifestations of the HIV/AIDS infection.
Module 3	Participants will be able to: <ul style="list-style-type: none">- name the techniques used for the biological diagnosis of the HIV infection- argue the need to comply with ethical and confidentiality imperatives in the health care environment- name the interventions to reduce HIV stigma and discrimination in health care settings.
Module 4	Participants will be able to: <ul style="list-style-type: none">- inform a PLHIV about how care is organized in the country- inform a PLHIV about the principles of care- inform parents about the care available for a newborn baby, infant or child infected by HIV- argue the need for optimal adherence to antiretroviral therapy.

Slide 3

Module 3: HIV testing and counselling and ethics	
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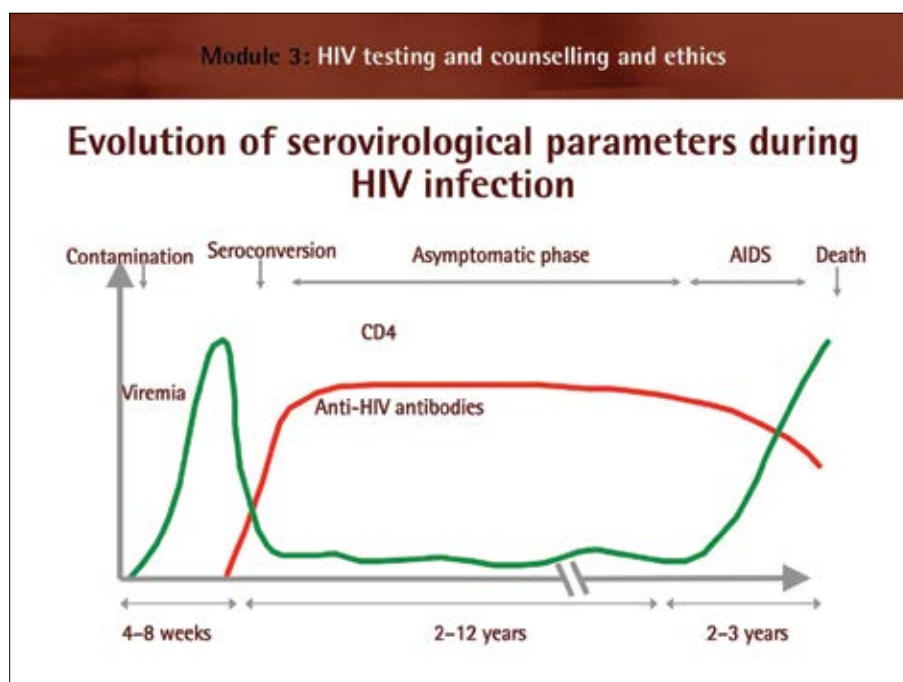
Session 1: Laboratory diagnosis of HIV infection

Slide 4

Laboratory diagnosis of HIV infection

When the HIV has penetrated the organism, the virus will enter the blood and multiply actively over the first weeks. Only after 4 to 8 weeks will the immune system start to develop antibodies to combat HIV. The diagram (Slide 5) shows the presence of the virus in the blood soon after contamination and the delayed production of antibodies.

Slide 5: Evolution of serovirological parameters during HIV infection




The biological diagnosis of HIV infection is based initially on a screening test that typically looks for anti-HIV antibodies. The test is very sensitive, i.e. capable of detecting almost all positive serums. Unfortunately it is so sensitive that it loses specificity, i.e. there is a risk of yielding false positive results.

A negative screening test can thus be used to confirm the absence of HIV infection. However, if the contamination only occurred a few weeks previously, the screening test results will be negative because the organism has not yet produced sufficient antibodies. In all cases where the tested person reports a potential recent exposure to HIV, the test should be repeated around one month later.

A positive result requires confirmation by additional tests (Slide 6).

Slide 6: Screening for HIV infection



Module 3: HIV testing and counselling and ethics

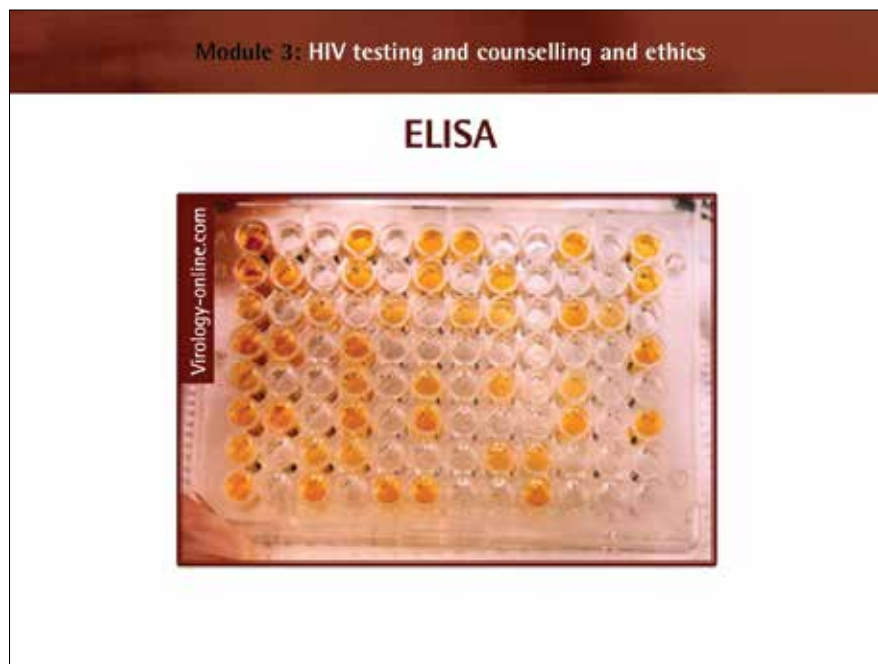
HIV screening

- **Negative test:** The subject has not been infected by HIV
- **Positive test:** Confirmation required

Although screening tests typically look for anti-HIV antibodies, more recent tests are also able to detect the P24 antigen which appears far earlier than antibodies. The screening tests make use of a range of techniques, either rapid HIV tests or the ELISA (enzyme-linked immunosorbent assay) HIV test. The choice of test will depend on several parameters: available human resources and infrastructure; test throughput; unit cost; desired sensitivity and earliness of detection. The ELISA test is costly and for the ELISA plate to be used cost-effectively it should be used when there is a high demand for HIV tests in a short time-frame. An ELISA technical platform must be available and supported by personnel fully trained in the technique (Slide 7).

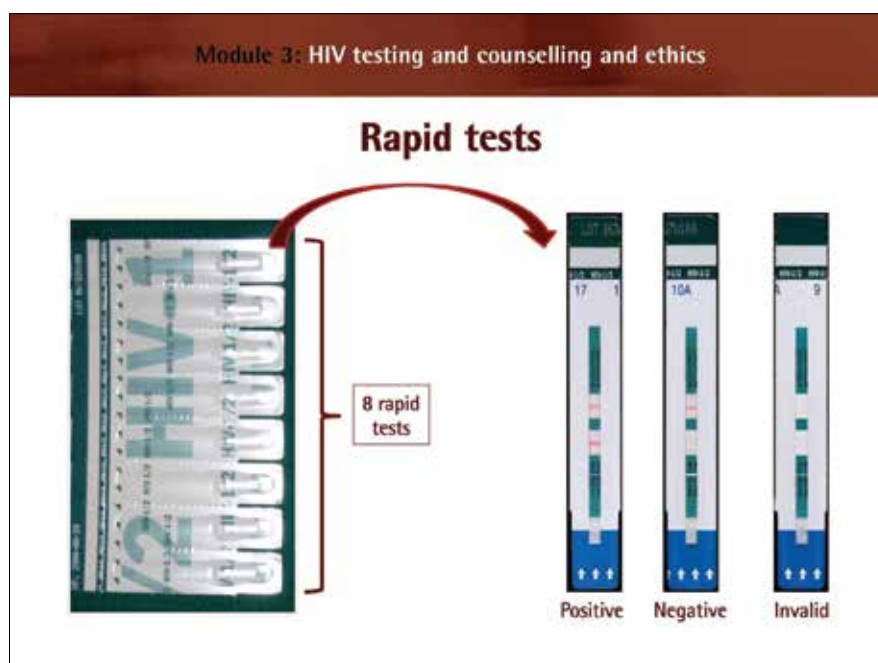
Module 3

Slide 7: ELISA test for HIV infection screening



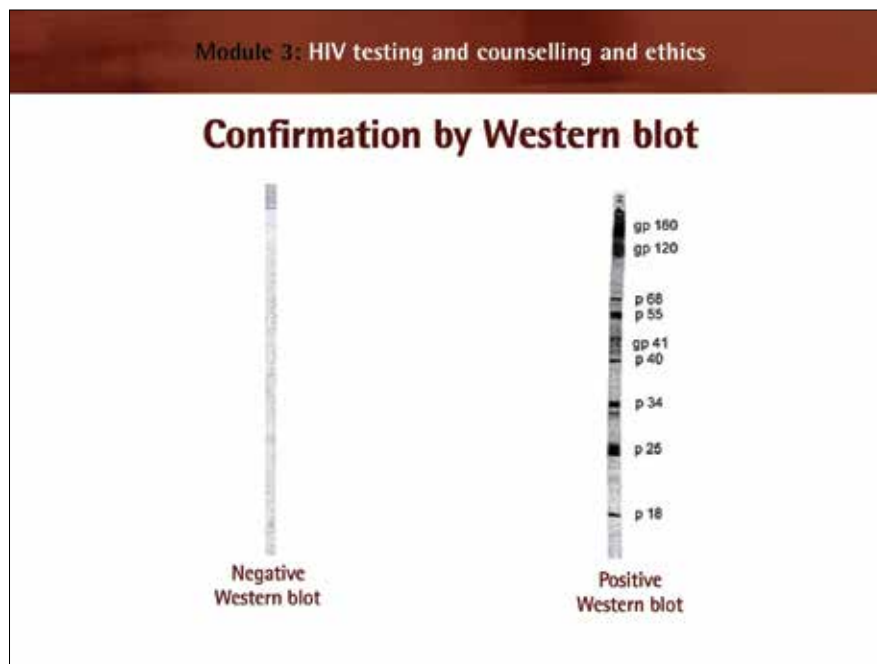
Several rapid HIV tests are currently available on the market. They are inexpensive tests on whole blood, and yield results in minutes without the need to refer to a laboratory. The slide shows the example of rapid tests using a test strip. Two stripes indicate a positive result; one stripe indicates a negative result. If no stripe appears, the result is invalid. (Slide 8)

Slide 8: HIV rapid test and result interpretation



Western Blot is the benchmark test for confirming a diagnosed HIV infection. This is a strip on to which the manufacturer has migrated HIV antigens. After contact with the tested serum and if the corresponding antibodies are found to exist in the serum, an antigen-antibody complex forms and this can be revealed by a reaction that produces coloured bands (Slide 9).

Slide 9: Confirmation by Western Blot



UNAIDS and WHO recommend different confirmation strategies if the Western Blot benchmark technique cannot be used routinely.

There are a number of alternative diagnostic methods but these are costly and have very limited indications. P24 antigen detection can be used for early diagnosis as soon as 15 days after the exposure. The detection has been integrated into some ELISA tests and, recently, a number of rapid tests. Viral load and proviral DNA are other diagnosis methods that can be used in special situations (Slide 10).

Slide 10: Other diagnosis methods

Module 3: HIV testing and counselling and ethics

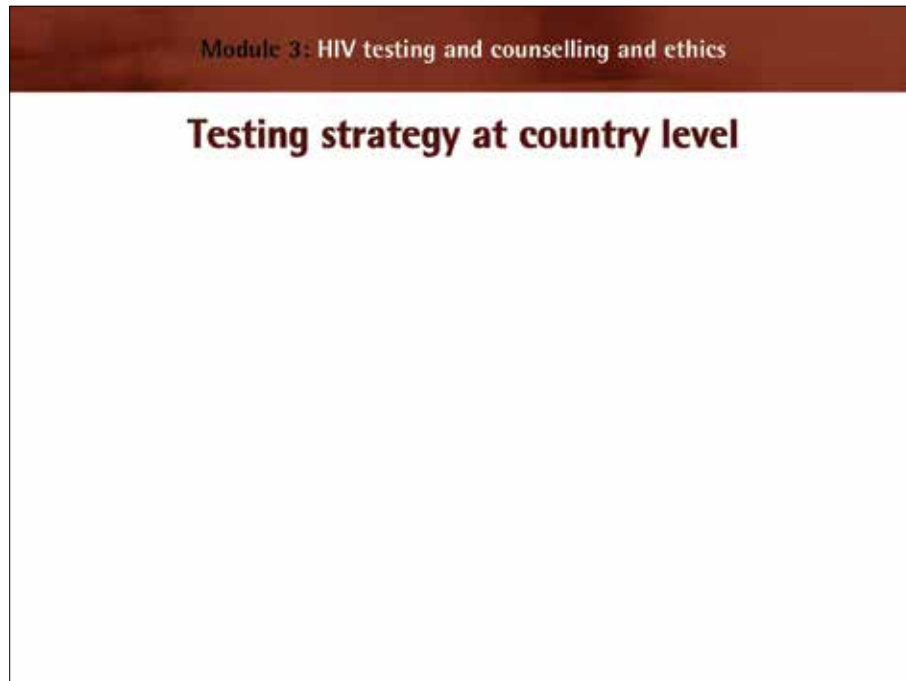
Other means of diagnosis

- P24 antigenemia
 - Earlier diagnosis
 - 15 days after contamination
 - Integrated into fourth generation screening tests
- Viral load (PCR)
- Proviral DNA test (PCR)

Module 3

Facilitators should prepare a slide summarizing the diagnosis strategy adopted by the country (Slide 11).

Slide 11: Diagnosis strategy in the country



- 1- Rapid HIV tests have facilitated access to screening.
- 2- Any HIV screening test must be confirmed.
- 3- Each country must select its confirmation strategy.

Session 2: Principles of HIV testing and counselling

Orientation to HIV testing and counselling

Slide 1



Slide 2

Module 3: HIV testing and counselling and ethics

Objectives

- Section 1: Orientation to HIV testing and counselling
- After completing the section, the participant will be able to:
 - Define counselling
 - Define HIV and AIDS counselling
 - Discuss the role of HIV and AIDS counselling

Slide 3

Module 3: HIV testing and counselling and ethics

Introduction

- Issues related to the diagnosis of HIV infection are complex
 - HIV is lifelong infection, fear of death
 - Transmission mainly through sexual contact or injecting drug use resulting in discrimination and stigma
 - No drugs are available to cure AIDS

=> Consensus about HIV diagnosis → *The HIV testing and counselling concept*

HIV testing and counselling (HTC) is the entry point for appropriate medical and supportive care and an effective component of prevention programmes. However, the effectiveness of HTC may be hindered by some issues related to the diagnosis of HIV infection:

- HIV is a lifelong infection and available treatment cannot definitely cure the infection
- Since the beginning of the HIV epidemic, fear of death has been associated with HIV infection
- Transmission occurs mainly through sexual contact or injecting drug use resulting in discrimination and stigma and in representing HIV infection as divine punishment for misbehaviour.

For all these reasons, there has been consensus about HIV diagnosis: HIV testing should always be accompanied by counselling (the HIV testing and counselling concept).

Slide 4: What is counselling?

Module 3: HIV testing and counselling and ethics

What is counselling?

- Process of helping a person ("client") learn how to deal with certain interpersonal, emotional and decision-making problems
- Aims at helping the client help himself/herself
- Counselling can be done with an individual or with couples or families

Counselling is the process of helping a person ("client") learn how to deal with certain interpersonal, emotional and decisional problems. Counselling aims to help each individual to take charge of his/her own life by developing the ability to make wise and realistic decisions, altering their own behaviour to produce desirable consequences and providing information.

In other words, counselling aimed to help the client help himself/herself.

Counselling can be done with an individual or with couples or families.

Slide 5: Counselling is...

Module 3: HIV testing and counselling and ethics

Counselling is ...

- Client-centred – specific to the needs of each individual client
- An interactive, collaborative and respectful process
- Directed towards developing autonomy and self-responsibility in clients
- Asking questions, eliciting information, reviewing options and developing action plans

Counselling is client-centred – specific to the needs of each individual client. Counselling should increase knowledge of HIV prevention and help the client to focus on solutions and risk reduction. It is an interactive, collaborative and respectful process directed towards developing autonomy and self-responsibility in clients through asking questions, eliciting information, reviewing options and developing action plans.

Counselling is not:

- Telling or directing
- Giving advice
- A conversation
- An interrogation
- A confession
- Praying.

Slide 6: What is HIV and AIDS counselling?

A presentation slide titled 'Module 3: HIV testing and counselling and ethics' with a subtitle 'What is HIV and AIDS counselling?'. The main text defines HIV and AIDS counselling as a confidential communication between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions relating to HIV and AIDS. It also includes a section 'Regarding HIV testing' with a bullet point stating that the purpose of counselling is to provide the client with adequate information to make an informed decision about HIV testing.

Module 3: HIV testing and counselling and ethics

What is HIV and AIDS counselling?

HIV and AIDS counselling is a confidential communication between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions relating to HIV and AIDS

Regarding HIV testing

- The purpose of counselling is to provide the client with adequate information to make an informed decision about HIV testing

HIV and AIDS counselling is a confidential communication between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions relating to HIV and AIDS.

The WHO/UNAIDS definition of HIV/AIDS counselling is: a confidential dialogue between a client and a counselor, aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS.

HIV and AIDS counselling is client-centred and should consider specifically the problems of infection and illness, the notion of death, client's lifestyle and sexuality, social discrimination and prevention of transmission.

Module 3: HIV testing and counselling and ethics

Role of HIV testing and counselling

- **Is the only means for diagnosing HIV infection among persons who are fully willing to know their HIV status**
- **Is critical to the effectiveness of HIV prevention by promoting behaviour change to reduce HIV transmission**
- **Is essential to ensure effective use of health referral, treatment and care including treatment adherence**

HIV testing is the only means for diagnosing HIV infection among persons who are fully willing to know their HIV status. Counselling helps them better cope with HIV infection and plan for the future. HTC is critical to the effectiveness of HIV prevention by promoting behaviour change to reduce HIV transmission. Studies have shown that HTC reduces the frequency of high-risk sexual behaviour between HIV-infected persons and their HIV-seronegative partners and has a major impact on risk behavior and transmission rates for persons living with HIV. Moreover, client-centred HTC results in more consistent use of condoms and reductions in the incidence of sexually transmitted infections.

HTC is essential to ensure referral to treatment and care as well as other health services. Further counselling is also important for treatment adherence.

Slide 8: Benefits of knowing one's HIV status at the individual level

Module 3: HIV testing and counselling and ethics

Benefits of knowing one's HIV status

- **At the individual level**
 - earlier access to care
 - earlier access to treatment with better efficiency and better clinical outcome
 - appropriate access to specific interventions to prevent transmission (e.g. vertical transmission)
 - better cope with HIV infection and plan for the future

At the individual level:

- earlier access to care
- earlier access to treatment with better efficiency and better clinical outcome
- appropriate access to specific interventions to prevent transmission (e.g. vertical transmission)
- better cope with HIV infection and plan for the future.

Slide 9: Benefits of knowing one's HIV status at the community level

Module 3: HIV testing and counselling and ethics

Benefits of knowing one's HIV status

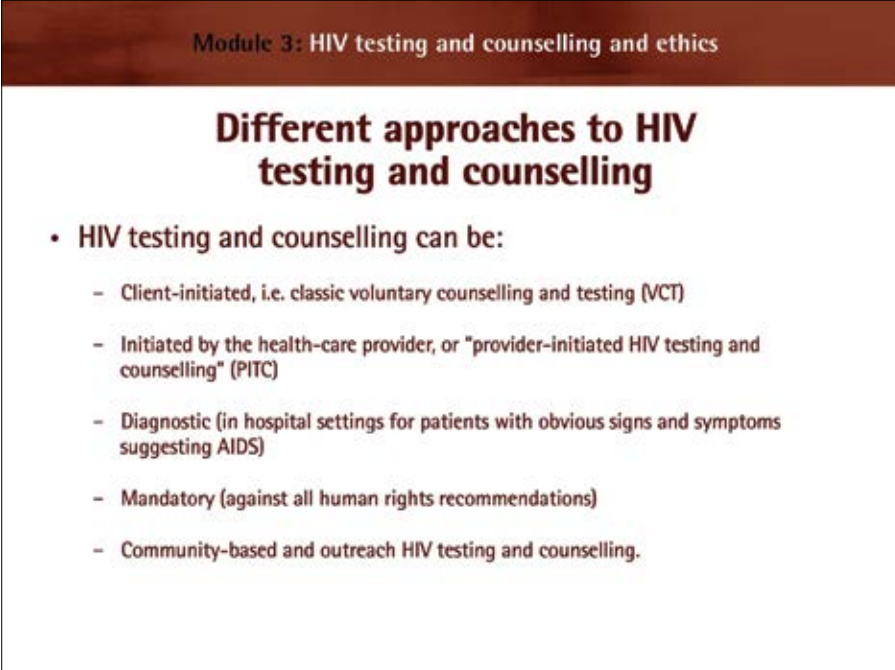
- **At the community level**
 - earlier and more sustainable adoption of safer behaviours
 - reduction in denial, stigma and discrimination among the community
 - mobilization of support for appropriate responses
 - early enrollment in treatment for PLHIV and better outcome, and therefore, "treatment as prevention" (TasP)

At the community level:

- Earlier and more sustainable adoption of safer behaviours
- Reduction in the denial, stigma and discrimination among the community
- Mobilization support for appropriate responses.
- Early enrollment in treatment for PLHIV and better outcome; and therefore, treatment as prevention.

There is a growing body of evidence suggesting that viral replication is controlled by antiretroviral therapy (ART). Evidence has shown that suppressing the amount of virus in a PLHIV can reduce the possibility of transmission of HIV from an infected person to others. This is what is currently known as "treatment as prevention". This further confirms the importance of early diagnosis of HIV through testing and counselling services. When more people in a community know their HIV status and more PLHIV are receiving treatment, there is less potential for HIV transmission in that community.

Slide 10: Different approaches to HIV testing and counselling



Module 3: HIV testing and counselling and ethics

Different approaches to HIV testing and counselling

- **HIV testing and counselling can be:**
 - Client-initiated, i.e. classic voluntary counselling and testing (VCT)
 - Initiated by the health-care provider, or "provider-initiated HIV testing and counselling" (PITC)
 - Diagnostic (in hospital settings for patients with obvious signs and symptoms suggesting AIDS)
 - Mandatory (against all human rights recommendations)
 - Community-based and outreach HIV testing and counselling.

There exist different approaches to delivering HIV testing and counselling (HTC):

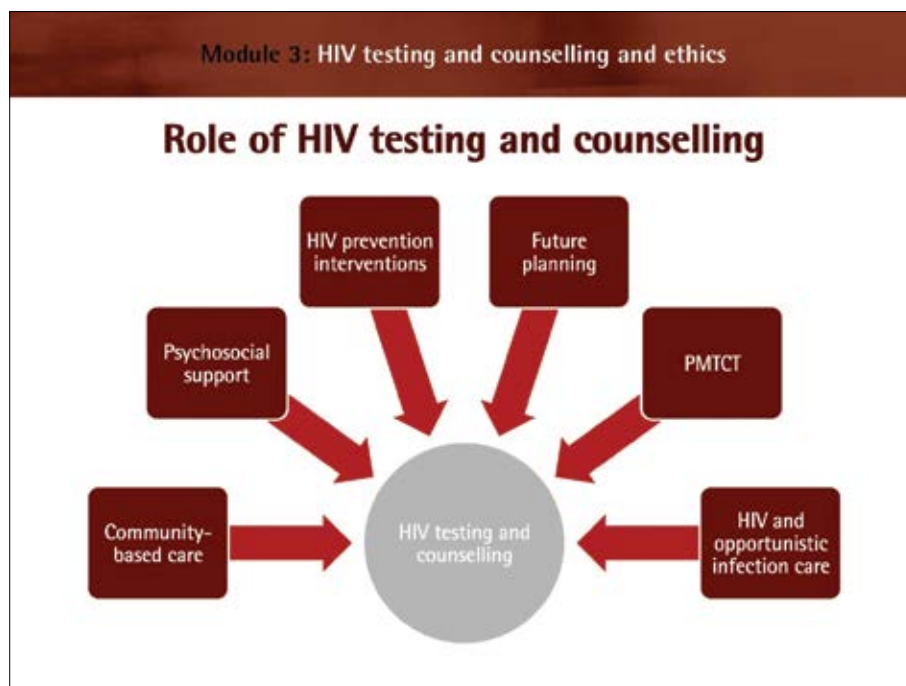
- **Client-initiated:** This is the classical model where a client decides by himself/herself to undertake HIV testing in order to learn his or her own HIV status, known as clientinitiated counselling and testing (CITC) or, more commonly, voluntary counselling and testing (VCT)
- **Health-care provider-initiated:** In this approach the health care provider takes the lead by offering the test in a routine manner to persons attending health care facilities as a standard component of medical care. This approach is called provider-initiated HIV testing and counselling (PITC) and aims to ensure that HIV testing is more systematically offered to the population, especially in high prevalence settings.

- **Community-based and outreach HIV testing and counselling:** In this approach, the HTC teams operate outside health facilities in order to bring the service closer to communities and to where people who are at higher risk of HIV exposure usually gather. Community-based HIV testing and counselling can be implemented in various ways and through different approaches, such as mobile HTC vans, door-to-door or home-based HTC, in the workplace and through community-based testing events (e.g. testing campaigns).

Furthermore, HTC can be requested by health care providers for patients presenting to health services showing signs and symptoms suggestive of HIV, based on clinical suspicion of an HIV infection. This is called diagnostic testing.

Some countries enforce mandatory tests on certain population groups such as foreign workers, prisoners, injecting drug users, pre-op patients, etc. Such mandatory testing contravenes all human rights recommendations. Moreover, there is no evidence that it has any impact on the HIV epidemic. More on HTC approaches will be discussed in the next session.

Slide 11: Summary of the role of HIV testing and counselling



HTC is the entry point to all the available services and support programmes: community-based care, psychosocial support, HIV prevention interventions, future planning for the client, prevention of mother-to-child transmission (pMTCT) and HIV and opportunistic infections care.

Activity 1

The participants break into two groups and nominate a spokesperson for each group. Each group prepares in 10 minutes and the spokesperson presents to the entire audience the group work in 10 minutes.

Allow 10 minutes for discussion. Wrap up in 5 minutes.

Module 3

Group tasks

Group 1

You want to provide HIV testing and counselling in your health facility. You have been asked by the director of the health facility to justify why the provision of HTC is important. The director has asked you to make a short 5-minute presentation at the staff meeting.

Group 2

As a staff member of the Ministry of Health, you have been asked to provide a briefing paper for the social communication agency who is going to promote HTC to the community. You will need to think about how to explain (in 5 minutes) to the general public the role of HTC and why it is important as a component of the AIDS response.

Wrap-up

Show Slide 11 again and emphasize the role of HTC.

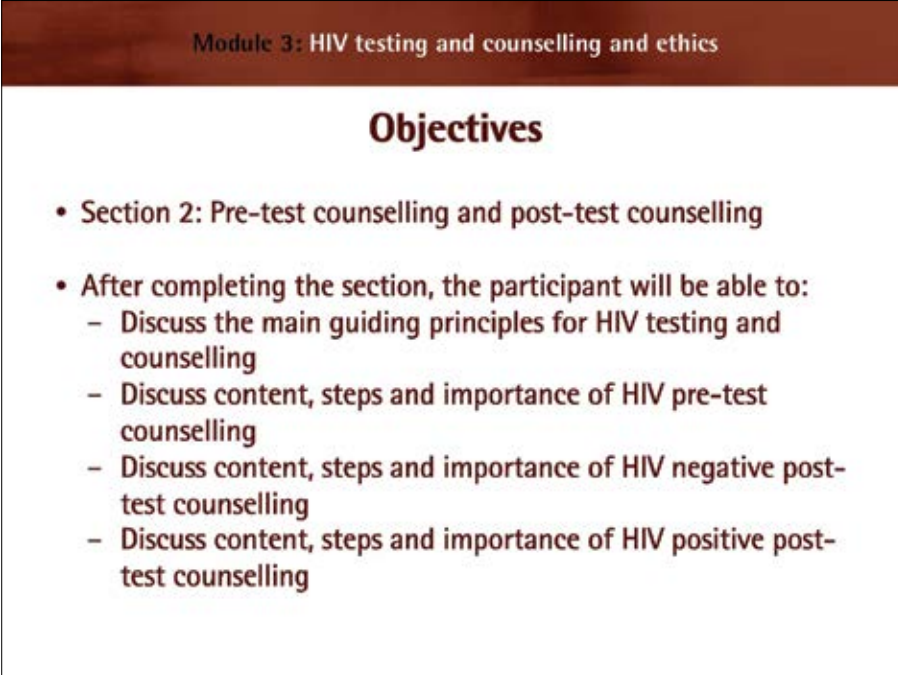
Remind the participants that HTC is the entry point to all the available services and support programmes: community-based care, psychosocial support, HIV prevention interventions, future planning for the client, ART, prevention of mother-to-child transmission (pMTCT) and HIV and opportunistic infections care.

HIV testing and counselling

- Is the only means available to diagnose HIV infection.
- Is the entry point for appropriate medical and supportive care.
- Aims at enabling the client to help himself/herself to cope with stress and take personal decisions relating to HIV and AIDS.
- Is critical to the effectiveness of HIV prevention by promoting behaviour change to reduce HIV transmission.

Pre-test counselling and post-test counselling

Slide 12



Module 3: HIV testing and counselling and ethics

Objectives

- Section 2: Pre-test counselling and post-test counselling
- After completing the section, the participant will be able to:
 - Discuss the main guiding principles for HIV testing and counselling
 - Discuss content, steps and importance of HIV pre-test counselling
 - Discuss content, steps and importance of HIV negative post-test counselling
 - Discuss content, steps and importance of HIV positive post-test counselling

The guiding principles of HIV testing and counselling (HTC) are as follows (Slide 13).

- HTC is voluntary, never mandatory under any circumstance (except for blood donation and transplants).
- Informed consent is necessary prior to any testing.
- High-quality counselling is beneficial before and after the test.
- Confidentiality must never be breached.
- Counsellors should encourage beneficial disclosure of HIV status. During counselling, counsellors should raise the issue of whom the person may wish to inform, how they would like this to be done and offer the necessary assistance in doing so. (Disclosure to the partner, family members, or others and with health care providers is often highly beneficial.)
- Providers should ensure that testing is of high quality, and quality assurance mechanisms should be in place to ensure the provision of correct test results.
- Connections and referral to medical and psychosocial support is part of the process.

Slide 13: Guiding principles of HIV testing

Module 3: HIV testing and counselling and ethics

Guiding principles of HIV testing

- *Voluntary* testing
- *Informed Consent*
- *Counselling* pre- and post-test
- *Confidentiality*
- *Correct test result*
- *Connections to care and treatment services*

"5C"

Pre-test counselling aims at preparing the client for the HIV test by (Slide 14):

- Discussing ways to cope with knowing one's HIV status
- Discussing sexuality, relationships, possible sex-related and drug-related risk behaviours
- Discussing prevention
- Helping correct myths and misinformation
- Obtaining consent for testing.

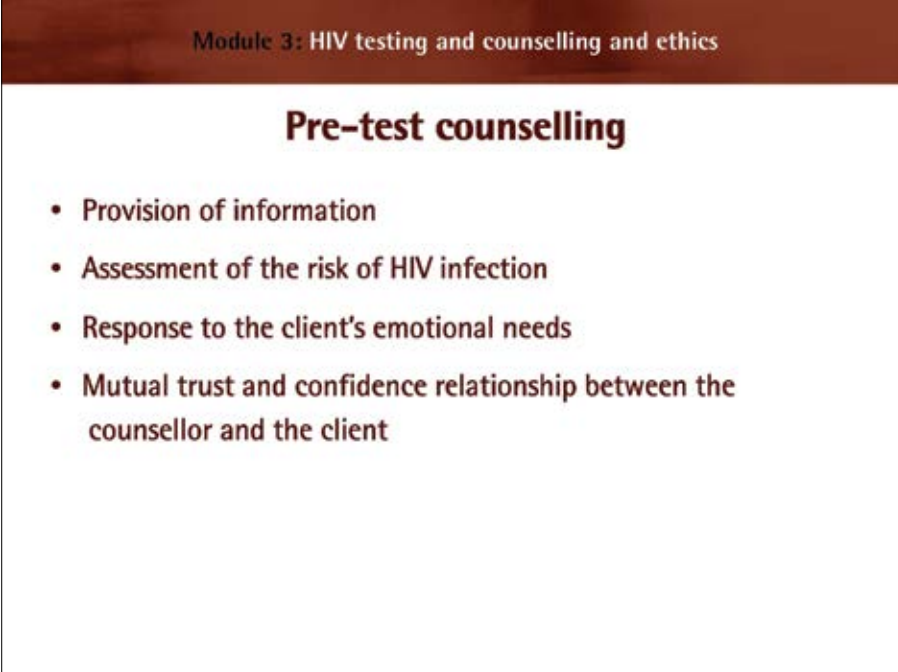
Slide 14: Pre-test counselling objectives

Module 3: HIV testing and counselling and ethics

Pre-test counselling

- Preparing the client for the HIV test
- Discussing about ways to cope with knowing one's HIV status
- Discussing sexuality, relationships, possible sex- and drug-related risk behaviours
- Discussing prevention
- Helping correct myths and misinformation

Slide 15: Pre-test counselling



Module 3: HIV testing and counselling and ethics

Pre-test counselling

- Provision of information
- Assessment of the risk of HIV infection
- Response to the client's emotional needs
- Mutual trust and confidence relationship between the counsellor and the client

In pre-test counselling, the counsellor provides information, assesses the risk of HIV infection and responds to the client's emotional needs. It is crucial that the counsellor builds a relationship of mutual trust and confidence with each client as this may influence the client's decision to undertake HIV testing (Slide 15).

A pre-test counselling session must include the following elements (Slides 16–17):

- Information on HIV and AIDS
- Information on tests used and meaning of results ("positive", "negative")
- Information on the purpose of testing
- Information on the right to refuse testing
- Information on the treatment and support available once the result is known
- Risk assessment and reason for testing
- Discussion on the implications of the test result and, in case of positive result, disclosure to the partner(s)
- Future prevention strategies
- Informed consent.

Slides 16–17: Content of pre-test counselling

Module 3: HIV testing and counselling and ethics

Content of pre-test counselling (1)

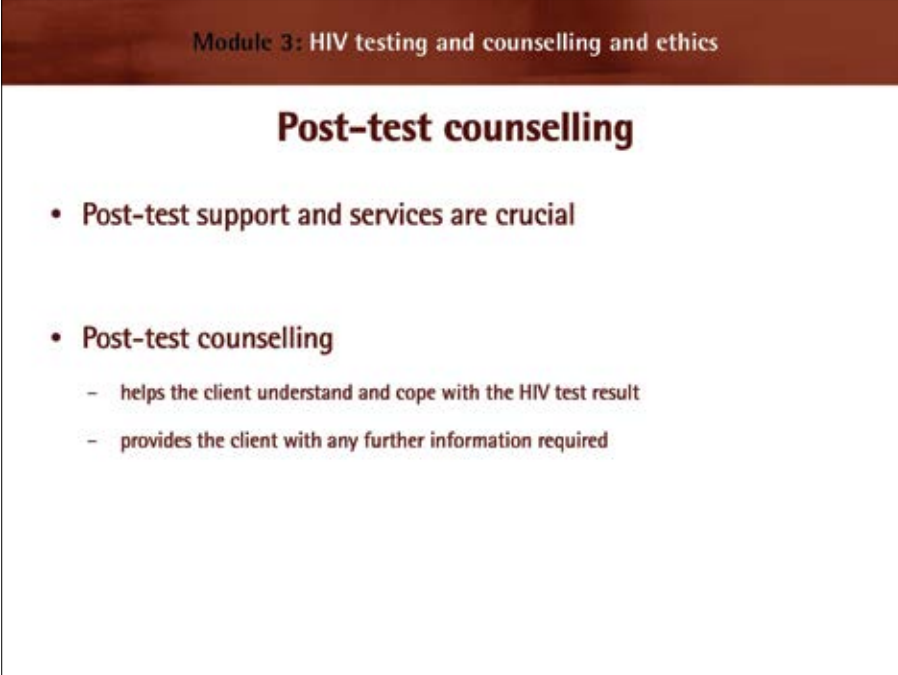
- Information on HIV and AIDS
- Information on tests used and meaning of results ("positive", "negative")
- Information on the purpose of testing
- Information on the right to refuse testing
- Information on the treatment and support available once the result is known

Module 3: HIV testing and counselling and ethics

Content of pre-test counselling (2)

- Risk assessment and reason for testing
- Discussion on the implications of the test result and, in case of positive result, disclosure to partner(s)
- Future prevention strategies
- Informed consent

Slide 18: Post-test counselling



Module 3: HIV testing and counselling and ethics

Post-test counselling

- Post-test support and services are crucial
- Post-test counselling
 - helps the client understand and cope with the HIV test result
 - provides the client with any further information required

Post-test support and services are crucial because they help the client to understand and cope with the HIV test result and provide the client with any further information required (Slide 18). Such services also ensure that referral is done properly and that the client can effectively benefit from all components of HTC (support, care, treatment, prevention interventions such as PMTCT, harm reduction for drug users).

The form and content of the post-test counselling session depends on whether the test result is negative or positive.

HIV negative test

Slide 19: Content of post-test counselling (negative test results)

Module 3: HIV testing and counselling and ethics

Content of post-test counselling
Negative test result

- Proposal of a new testing ("window" period)
- Enforcing prevention strategies
- Proposal of a referral (e.g. people who inject drugs)

The following points should be covered during the HIV-negative post-test counselling session (Slide 19).

Advice on retesting ("window" period): The window period is the period when an individual has acquired the HIV infection, however his/her body has not yet developed the antibodies to fight it. The time that the body takes to form anti-HIV antibodies is between 2 weeks and 3 months from the time when the infection occurred. During this period, the HIV antibody test is negative.

The counsellor must assess whether or not the client had been exposed to HIV less than three months prior to the time of taking the test and must emphasize the need for taking the test again after the window period has passed and the need to practice safer sex until HIV status is definitely clarified.

If the client has been assessed to be continuously or repeatedly exposed to HIV transmission, e.g. sharing syringes in injecting drug use or repeated high-risk sexual relationships, the counsellor should promote periodic re-testing, for example every 3–12 months depending on the risk-taking behaviour.

Reinforcing prevention strategies: The counsellor must reinforce information on HIV transmission and the personal risk reduction plan and assist the client in further formulating a strategy to remain HIV negative, a strategy centred on the client's lifestyle and needs, with review and exploration of any constraints to the practice of safer sex and, where appropriate, safer injecting practices.

Proposal of a referral (e.g. for people who inject drugs, sexually transmitted infection patients)

HIV positive test

Slides 20–21: Content of post-test counselling (positive test results)

Module 3: HIV testing and counselling and ethics

Content of post-test counselling
Positive test result

- Clear and concise communication
- Ensuring understanding
- Discussing the meaning of the test result and its personal, familial, social and professional implications

Module 3: HIV testing and counselling and ethics

Content of post-test counselling
Positive test result

- Risk reduction programme
- Options and personal resources inventory
- Information on care and psychosocial and emotional support services available
- Discussion on disclosure
- Referral

While providing a HIV-positive test result, the counsellor must provide clear and concise communication, ensuring understanding of the meaning of the test result and its personal, familial, social and professional implications (Slide 20).

The counsellor needs to offer a safe, empathic and accepting environment to allow clients to express and discuss their feelings and thoughts.

Other points that should be covered during this session are (Slide 21):

- Risk reduction programme
- Options and personal resources inventory
- Information on care and psychosocial and emotional support services available
- Discussion on disclosure to the partner(s) and family.

The counsellor, at the end of the session, must also arrange follow-up sessions or referral as required.

Couples HTC is crucial and provides test results and counselling to partners simultaneously, creating an opportunity for mutual disclosure, support to couples and help developing a joint HIV risk management plan (Slide 22).

Slide 22: Counselling for couples

Module 3: HIV testing and counselling and ethics

Counselling for couples

- **Benefits**
 - Provides opportunity for mutual disclosure
 - Supports couples in developing a joint risk management plan
 - Provides opportunity for engaging men and enrolling them in care and treatment (ART, PMTCT, TasP)
 - Reduces stigma and discrimination
- **Potential risk**
 - Intimate partner violence?

Couples HTC can be provided in health facilities, including antenatal care centres, through either a client-initiated or provider-initiated approach and through other HTC approaches.

Counselling for couples provides an opportunity for engaging men and enrolling them in care and treatment through their female partners (ART, PMTCT or even treatment as prevention).

However, fears about intimate partner violence underlie some providers' reluctance to encourage couples interventions. WHO recommends that health workers should be aware of the risk of intimate partner violence and should be trained to screen for and address intimate partner violence as part of couples counselling. Women with a history of intimate partner violence should be provided ongoing counselling and supported in making considered judgments concerning the safety and feasibility of involving their partners in testing or disclosure.

The principles guiding HTC are as follows.

- The testing is voluntary and not mandatory
- Obtaining informed consent is required.
- Confidentiality is crucial.
- Quality assurance mechanisms should be in place to ensure the provision of correct test results.
- Referral mechanisms to medical and psychosocial support must be put in place.
 - The pre-test counselling session aims at preparing the client for the HIV test, including discussing about ways to cope with knowing one's HIV status and discussing prevention.
 - The post-test counselling session helps the client understand and cope with the HIV test result and provides the client with any further information required. HIV post-test counselling for a positive result is different from HIV post-test counselling for a negative result.
 - Couples counselling is crucial to support couples in developing a joint risk management plan and helps in reducing stigma and enrolling men in treatment and care. However, any potential risk of intimate partner violence should be assessed first and addressed before engaging couples in HTC.

Counsellor ethics and skills

Slide 23

Module 3: HIV testing and counselling and ethics

Objectives

- After completing the section, the participant will be able to:
 - Appreciate the importance of counsellor self-awareness
 - Appreciate the importance of respect for clients irrespective of values, culture, sexual orientation, etc.
 - Address or modify attitudes that may negatively impact the client–counsellor relationship

Activity 2: Counsellor self-awareness in relation to HIV and AIDS (15 min)

Show Slide 24 and give each participant a copy of it. Explain to the participants that counsellors, and health care providers in general, have to be aware of their own feelings and attitudes and need to know how they themselves function emotionally. Counsellors, as well as health care providers, are persons and they are not excluded from experiencing fears and anxiety linked with HIV and AIDS. If counsellors are not in touch with themselves, they cannot help others effectively.

Invite the participants to reflect on their own feelings and attitudes, during 10 minutes, by self-answering the questions on the form. Explain to the participants that this is a self-reflection exercise and, thus, they don't have to share their answers. Allow 10 minutes for the self-reflection exercise.

Slide 24: Counsellor self-awareness

Module 3: HIV testing and counselling and ethics

Counsellor self-awareness in relation to HIV and AIDS

- What are my own feelings about people whose behaviour has placed them at risk of infection?
- What are my own feelings about people with HIV infection or AIDS?
- Which sexual practices would be most difficult to talk about, given my own personal and cultural values?
- What everyday/slang words would I use, or never use, to explain risk practices or behaviour to clients who may differ from me culturally or sexually, or are much younger or older?
- Can I use my own values as benchmarks for everyone?

While providing HTC, counsellors must be aware of some ethical issues and challenges (Slide 25).

- **Responsibility** and accountability.
- **Competence.** In particular the consistency and accuracy of the information provided through counselling should be consistent both in content and over time.
- **Informed consent.** Counsellors must be aware that the HIV test should always be voluntary and should take place only after a client has given informed consent. Informed clients who agree to be tested must be physically and mentally healthy to ensure they understand the relative risks, dangers and advantages of taking or not taking the test.
- **Right of refusal.** The right of refusal is granted and the client must understand that he/she can refuse the test without any adverse consequence on the other services he/she might benefit from in the testing facility.
- **Privacy and confidentiality.** These are the most important factors in the counsellor–client relationship. The client must be reassured that confidentiality will not be breached under any circumstance
- **Antidiscriminatory practice.** Counsellors should show acceptance and must not be judgmental of clients, but rather should try to accept clients regardless of their socioeconomic, ethnic or religious background, occupation or personal relationships.
- **Assisting clients who engage in practices deemed “illegal” under national/local law** (e.g., prostitution, drug use, homosexuality).

Slide 25: Ethical issues in HIV testing and counselling

Module 3: HIV testing and counselling and ethics

Ethical issues in HIV testing and counselling

- Responsibility
- Competence
- Informed consent
- Privacy and confidentiality
- Right of refusal
- Antidiscriminatory practice
- Assisting clients who engage in practices deemed “illegal” under national/local law (e.g. prostitution, drug use, homosexuality)

Module 3

Certain skills and qualities are essential in a good counsellor (Slide 26).

- **Confidentiality.** It is vital. There must be no breach of confidentiality under any circumstances, including no gossip to build trust and credibility with clients. Lack of confidentiality will hinder all efforts for community HTC buy-in.
- **Genuineness.** A genuine relationship between counsellor and client is the basis of successful counselling.
- **Listening.** The ability of the counsellor to actively listen to the client when he/she is talking is crucial. Listening signals concern for the client's problems and allows the counsellor to detect common themes and revealing omissions in the client's remarks.
- **Unconditional positive regard.** Showing personal warmth is basic in any relationship.
- **Believing the client.** For the client, it is very comforting to realize that someone understands how they are feeling.
- **Cultural sensitivity.** The counsellor must be aware of and show respect for the client's cultural and belief systems.
- **Honesty.** The counsellor must be aware of his/her own limitations and when to refer the client to another expert source, if possible.
- **Patience.** The counsellor should make sure that adequate time is provided for the counselling process.
- **Free expression.** Clients should be encouraged not to block free expression of feelings, e.g. crying, anger, etc.
- **Non-judgmental.** Counsellors should respect cultural and role differences of gender, race, ethnicity, religion, sexual orientation, disability and socioeconomic status, yet eliminate personal prejudices and biases about such differences.
- **Empathetic.** Empathy involves identifying with the client, understanding their thoughts and feelings, and communicating that understanding to the client.
- **Knowledgeable.** It is essential for counsellors to have accurate and up-to-date knowledge and to pursue continuous education.

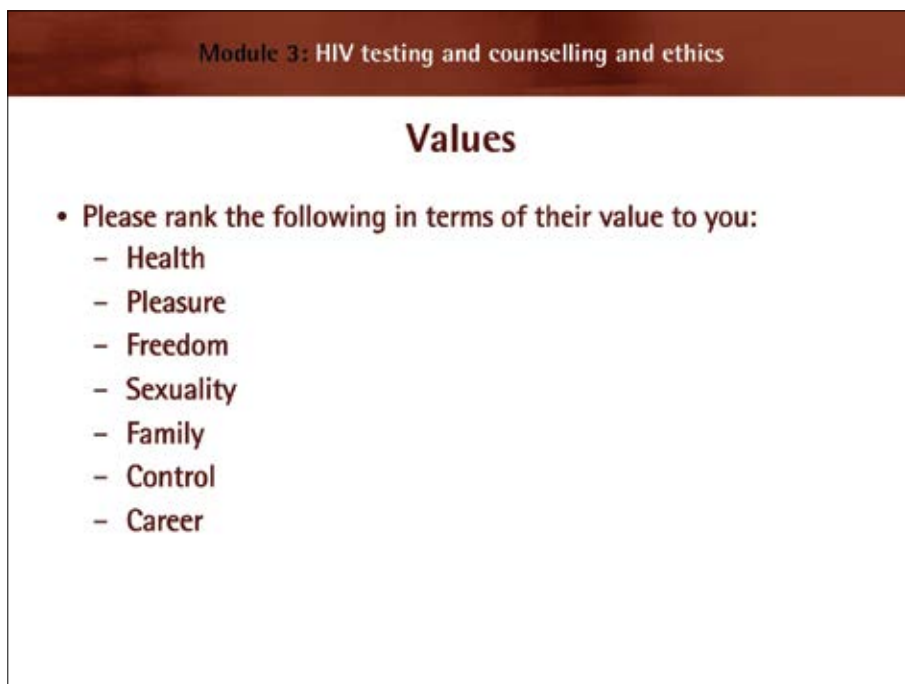
Slide 26: Qualities of a good counsellor

Module 3: HIV testing and counselling and ethics	
Qualities of a good counsellor	
• Confidentiality	• Cultural sensitivity
• Genuineness	• Honesty
• Listening	• Patience
• Unconditional positive regard	• Free expression
• Believing the client	• Lack of judgment
	• Empathy
	• Knowledgeability

Activity 3: Values

- Instructions
 - Show Slide 27.
 - Ask the participants to rank the items in terms of their value to them.
 - Note that they should be ranked from 1 to 7 with 1 being of most importance and 7 being of least importance.
 - Ask the participants to discuss why they made their ranking choice (10 min).
 - Emphasize that differences within the group are due to different values.

Slide 27: Values



Module 3: HIV testing and counselling and ethics

Values

- Please rank the following in terms of their value to you:
 - Health
 - Pleasure
 - Freedom
 - Sexuality
 - Family
 - Control
 - Career

Module 3

Activity 4: Controversial statements

- Instructions
 - Show Slides 28 and 29.
 - Ask participants to fill in the blanks, using an A for "agree" and D for "disagree".
 - Ask them to discuss some of the differences within their group (10 min).
 - Emphasize that differences within the group reflect different values, attitudes and beliefs.

Ask participants if they have any further questions.

Slide 28: Controversial statements (1)

Module 3: HIV testing and counselling and ethics

Controversial statements (1)

1. Women with HIV infection should not have children
2. People with AIDS should be allowed to continue work
3. AIDS is mainly a problem of people with immoral behaviour
4. Men who have sex with men indulge in abnormal sexual behaviour
5. People with HIV infection should be isolated to prevent further transmission
6. It is a collective responsibility to care for people with HIV infection

Slide 29: Controversial statements (2)

Module 3: HIV testing and counselling and ethics

Controversial statements (2)

7. I would feel uncomfortable inviting someone with HIV infection into my house
8. Surgeons should screen all patients for HIV infection before surgery
9. I would feel uncomfortable discussing sexuality with a person of the opposite sex
10. Injecting drug users should compulsorily be tested for HIV
11. It is all right for men to have sex before marriage
12. Schoolchildren should not be educated about safer sex
13. Women should never have extramarital sexual relations

Session 3: HIV testing and counselling approaches

Slide 1

HIV testing and counselling approaches

Slide 2

Module 3: HIV testing and counselling and ethics

Objectives

- After completing the session, the participant will be able to:
 - Define the different approaches of HIV testing and counselling and their aims and objectives
 - Explain the difference between provider-initiated and client-initiated approaches to HIV testing
 - Discuss the enhanced efficacy of voluntary HIV testing and counselling over mandatory HIV testing

Slide 3: Categories of HIV testing

Module 3: HIV testing and counselling and ethics

Categories of HIV testing

1. Voluntary counselling and testing (VCT)
2. Provider-initiated counselling and testing (PITC)
3. Diagnostic testing
4. Mandatory testing
5. Testing for research and surveillance
6. Self-testing

HIV testing and counselling (HTC) can be delivered through different approaches (Slide 3):

- Voluntary counselling and testing (VCT)
- Provider-initiated counselling and testing (PITC)
- Diagnostic testing
- Mandatory testing
- Testing for research and surveillance
- Self-testing.

Slide 4: Mandatory testing

Module 3: HIV testing and counselling and ethics

1. Mandatory testing

- **Mandatory HIV screening recommended for special backgrounds:**
 - blood destined for transfusion or for manufacture of blood products
 - prior to all procedures involving transfer of bodily fluids or body parts (artificial insemination, corneal grafts, semen and organ transplant)

Mandatory HIV screening is recommended only in special and limited contexts (Slide 4):

- blood destined for transfusion or for manufacture of blood products
- prior to all procedures involving transfer of bodily fluids or body parts (artificial insemination, corneal grafts, semen and organ transplant).

Slide 5: Mandatory testing

Module 3: HIV testing and counselling and ethics

1. Mandatory testing

- **Mandatory HIV testing is sometimes performed for:**
 - immigration purposes on visa applicants
 - pre-recruitment
 - periodic medical assessment of military personnel
 - medical insurance
 - certain populations (e.g. sex workers, men who have sex with men, people who inject drugs).

In practice, mandatory HIV testing is sometimes performed in several situations, such as (Slide 5):

- immigration purposes on visa applicants
- prerecruitment
- periodic medical assessment of military personnel
- medical insurances
- for some populations (sex workers, men having sex with men, injecting drug users)

Individuals are forced to take HIV tests without any form of counselling and with some adverse consequences on their life if they test positive for HIV (e.g. deportation, denial of service, imprisonment, denial of care).

Slide 6: There is no public health rationale for mandatory testing

Module 3: HIV testing and counselling and ethics

There is no public health rationale for mandatory testing

- Studies and public health experience have shown that:
 - mandatory HIV testing is counter-productive because it tends to drive those at high risk of HIV infection underground (no access to education and counselling programmes)
 - HIV testing carried out on a voluntary basis and with appropriate counselling is more likely to promote behaviour change than mandatory testing.

Studies and public health experience have shown the following (Slide 6).

- Mandatory HIV testing is counterproductive because it tends to drive those at high risk of HIV infection underground, where they have no access to education and counselling programmes
- HIV testing carried out on a voluntary basis and with appropriate counselling is more likely to promote behaviour change than mandatory testing. Indeed, mandatory testing does not change high-risk behaviour; such changes are only possible through education and awareness.

Slide 7: There is no public health rationale for mandatory testing

Module 3: HIV testing and counselling and ethics

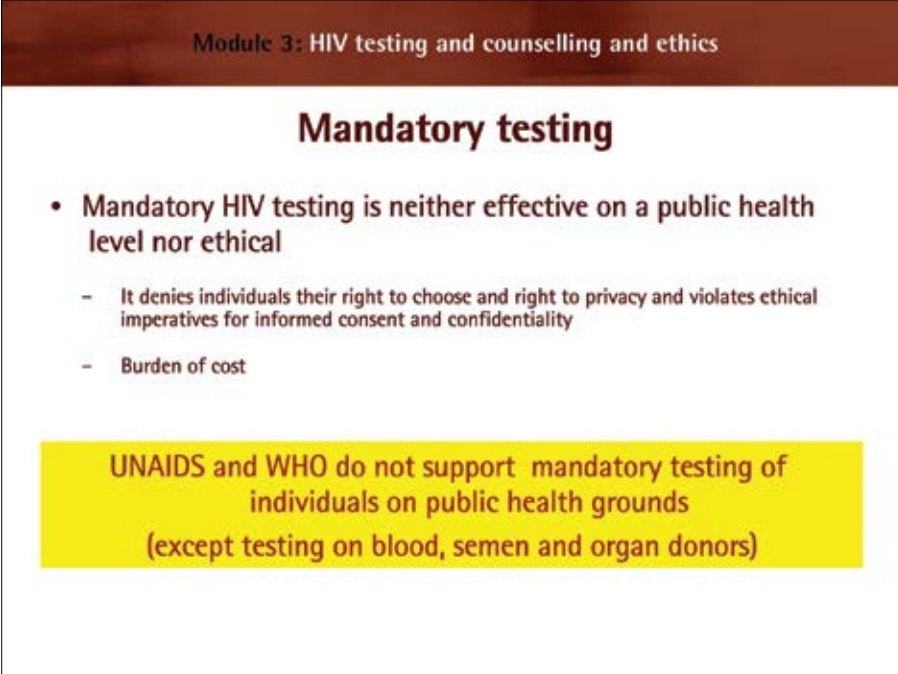
There is no public health rationale for mandatory testing

- Mandatory HIV testing damages the credibility of the health services
- Mandatory HIV testing creates a false sense of security among the general public (that all HIV-infected persons are known and that there is no need to take necessary precautions)
- Mandatory HIV testing is a wasteful of resources and inaccurate ("the window period")

Mandatory HIV testing damages the credibility of the health services, and forcing people to take an HIV test creates a climate of fear (Slide 7). Mandatory HIV testing can result in a false sense of security among the general public, and people who test negative may falsely assume that they are safe and that all HIV-infected persons are known and that there is no need to take necessary precautions. This discourages people from changing their behaviour and makes them think that HIV is someone else's problem.

Mandatory HIV testing is a may lead to false security, in the case of a negative test result, because of the window period. It can take up to three months for HIV antibodies to be detectable in a person's blood. If HIV-infected people are tested before this happens, they may not test positive even though they do, in fact, have HIV. Even if the entire population could be tested, in order to ensure accurate results, people would need to be tested more than once.

Slide 8: Mandatory testing



Module 3: HIV testing and counselling and ethics

Mandatory testing

- **Mandatory HIV testing is neither effective on a public health level nor ethical**
 - It denies individuals their right to choose and right to privacy and violates ethical imperatives for informed consent and confidentiality
 - Burden of cost

UNAIDS and WHO do not support mandatory testing of individuals on public health grounds (except testing on blood, semen and organ donors)

Mandatory HIV testing is neither effective on a public health level nor ethical, because it denies individual choice and violates ethical principles including the right to privacy, informed consent and confidentiality (Slide 8). Moreover, the financial burden of mandatory testing would be considerable and might divert resources from more effective prevention programmes.

In many cases where mandatory testing is practised, further discriminatory actions are applied such as deportation of migrants, denial of health interventions in health care settings, disclosure of HIV status to third parties and loss of employment.

UNAIDS and WHO do not support mandatory testing of individuals on public health grounds (except in the case of blood, sperm and organ donation).

Module 3: HIV testing and counselling and ethics

2. Voluntary counselling and testing

- Also known as client-initiated counselling and testing (CITC)
- Classical model, "opt-in"
- Individual and active process of an individual to undertake an HIV test in order to learn HIV status
- Informed consent and confidentiality
- Anonymous testing possible
- Critical to the effectiveness of HIV prevention

Also known as client-initiated counselling and testing (CITC), it is the classical model of HTC where clients have to opt-in: it is the active process of an individual deciding to undertake HIV testing in order to learn HIV status (Slide 9).

Informed consent and confidentiality are guaranteed and sometimes VCT can be done anonymously. In anonymous HIV testing, no identifiable data about the person being tested are retained. Thus, anonymous testing does not result in test results being recorded and reported to public health authorities by the person's name.

Many benefits of ensuring access to anonymous testing have been documented over the years and empirical evidence even suggests that the availability of anonymous testing encourages voluntary testing, particularly among members of groups who may face stigma and discrimination. The availability of anonymous testing encourages people to be tested and, more specifically, people at greatest risk.

VCT, or CITC, is critical to the effectiveness of HIV prevention and has been shown to be effective in increasing understanding of risks, providing a supportive environment in which to learn one's HIV status, achieving behavioural change for prevention and increasing access to support.

Slide 10: VCT. You can do it everywhere

Module 3: HIV testing and counselling and ethics

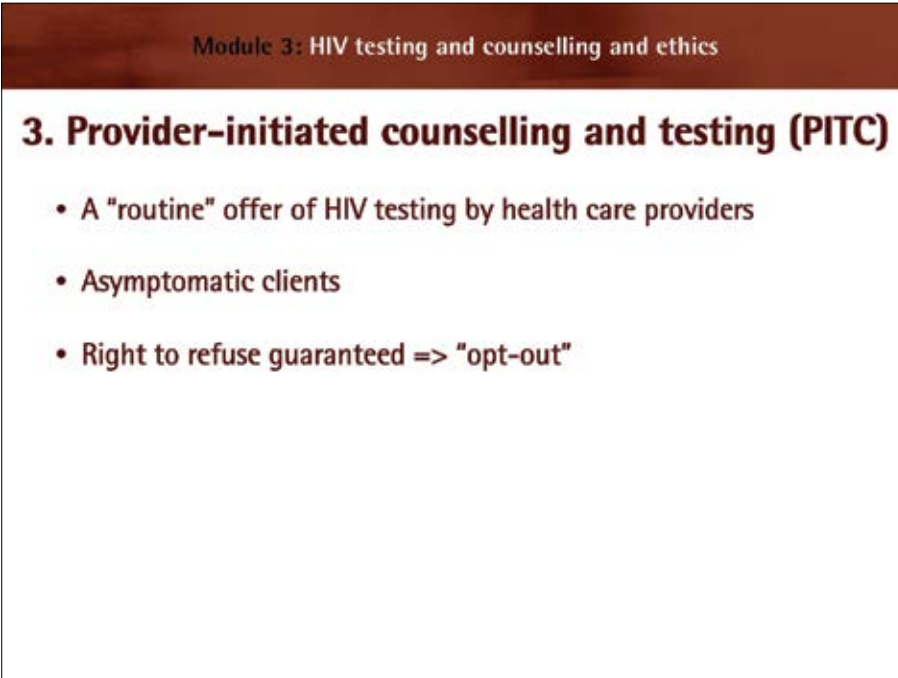
2. VCT: "You can do it everywhere!"

- Fixed sites, free standing sites
- Health facility based: STI clinic, tuberculosis clinic, care centre
- Mobile/outreach VCT (especially rural)
- Community-based (schools, universities, youth clubs)
- Workplace (industrial, office)
- Home-based ("door-to-door" testing initiatives)
- Targeted (key populations at higher risk)

VCT (or CITC) can be delivered in a variety of settings (Slide 10):

- Fixed sites, free standing sites (often run by nongovernmental organizations)
- Health facility based: sexually transmitted infection clinic, tuberculosis clinic, care centre
- Mobile/outreach VCT (especially rural)
- Community based (schools, universities, youth clubs)
- Workplace (manufacturers, offices)
- Home-based ("Door-to-door" testing initiatives)
- Targeted (in cruising areas of key populations at higher risk, such as men who have sex with men, sex workers).

Slide 11: Provider initiated counselling and testing



Module 3: HIV testing and counselling and ethics

3. Provider-initiated counselling and testing (PITC)

- A "routine" offer of HIV testing by health care providers
- Asymptomatic clients
- Right to refuse guaranteed => "opt-out"

Provider-initiated HIV testing and counselling (PITC) is a routine offer of an HIV test by health care providers to persons attending health care facilities as a standard component of their medical care (Slide 11).

Provider-initiated HIV testing and counselling presents an opportunity to ensure that HIV is more systematically diagnosed in health care facilities in order to facilitate patient access to HIV prevention, treatment, care and support services.

In PITC, the right to refuse for a client is guaranteed, and the client can withdraw from testing at any moment ("opt-out"). In opt-out approaches, the health care provider assumes that the client/patient has accepted to take the test unless s/he explicitly expresses refusal of the test.

Slide 12: Provider-initiated HIV testing and counselling

Module 3: HIV testing and counselling and ethics

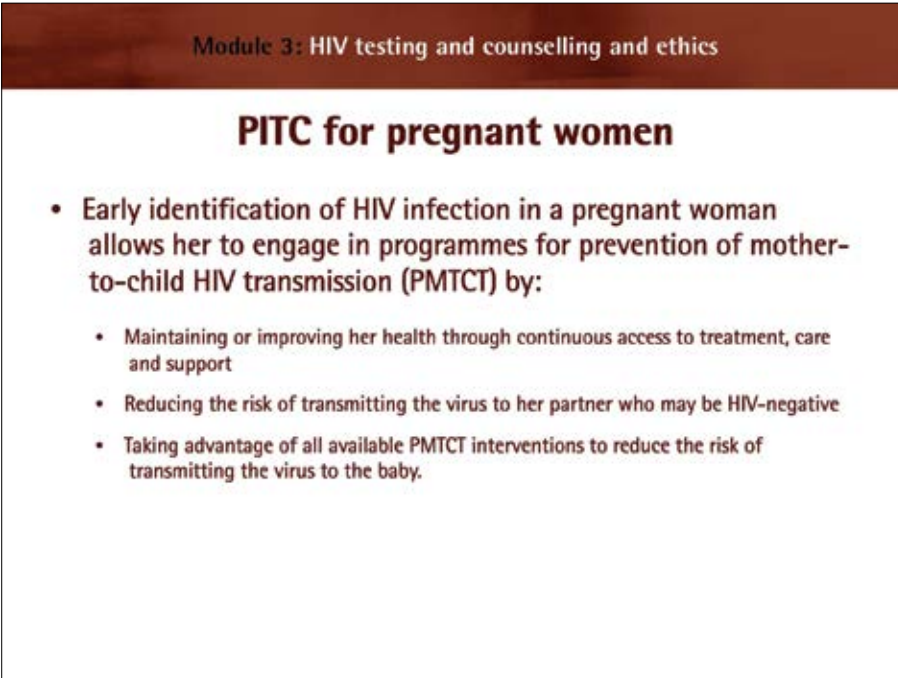
3. PITC

- Settings
 - in the context of pregnancy (to facilitate an offer of antiretroviral prevention of mother-to-child transmission)
 - clinics for sexually transmitted infections (STI)
 - in clinical and community-based health service settings
 - injecting drug use treatment services, hospital emergencies, internal medicine hospital wards, consultations

PITC has been successfully implemented in a wide range of settings across the world (Slide 12). PITC should be introduced where PLHIV are most likely to be seeking health services for conditions related to HIV such as tuberculosis and sexually transmitted infection services; or in services where HIV prevention can be most effective. Depending on epidemic levels, PITC should be introduced (but not limited to) in the following services.

- In the context of pregnancy, antenatal clinics, in labour and delivery rooms (to facilitate an offer of antiretroviral prevention of mother-to-child transmission)
- Sexually transmitted infection clinics
- Tuberculosis services
- Clinical and community-based health service settings
- Injecting drug use treatment services, targeted services for key populations at increased risk of sexual transmission of HIV, hospital emergencies, internal medicine hospital wards, consultations.

Slide 13: Provider-initiated HIV testing and counselling for pregnant women



Module 3: HIV testing and counselling and ethics

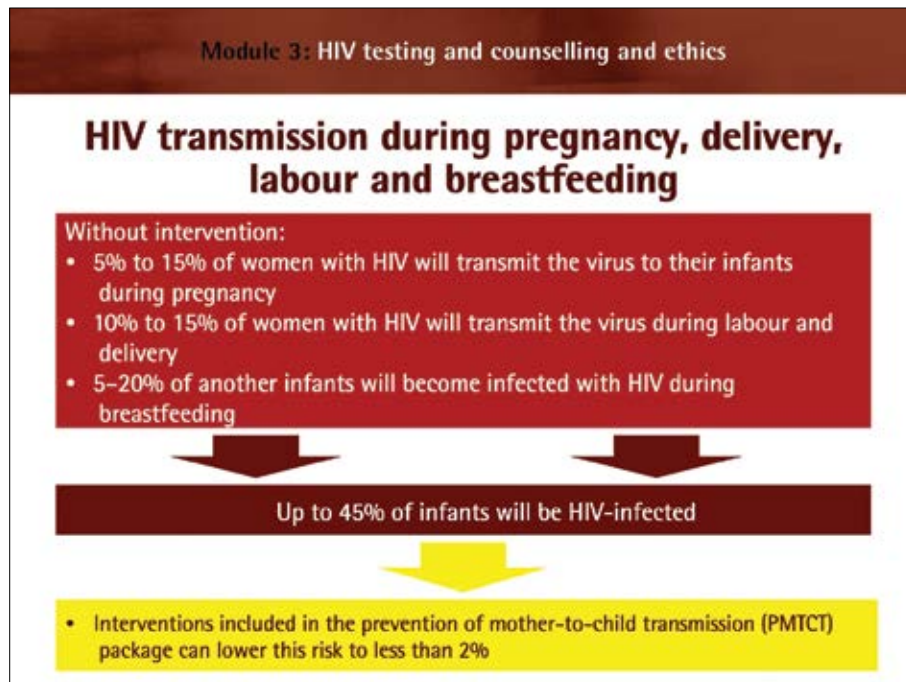
PITC for pregnant women

- Early identification of HIV infection in a pregnant woman allows her to engage in programmes for prevention of mother-to-child HIV transmission (PMTCT) by:
 - Maintaining or improving her health through continuous access to treatment, care and support
 - Reducing the risk of transmitting the virus to her partner who may be HIV-negative
 - Taking advantage of all available PMTCT interventions to reduce the risk of transmitting the virus to the baby.

Diagnosing HIV infection early in pregnancy allows a pregnant woman to participate in prevention of mother-to-child HIV transmission (PMTCT) programmes by (Slide 13):

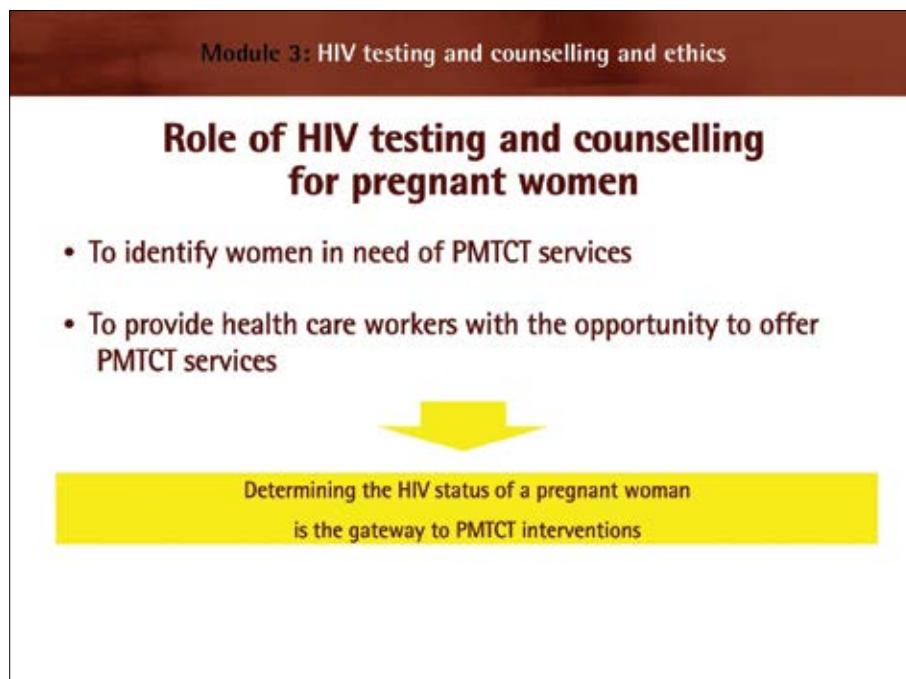
- Maintaining or improving her health through continuous access to HIV treatment, care and support
- Taking advantage of all available PMTCT interventions to reduce the risk of transmitting the virus to the baby
- Ensuring that her infant receives the necessary prophylactic interventions immediately after birth
- If the infant is HIV positive, ensuring the earliest possible diagnosis and subsequent treatment to improve the infant's health.

Slide 14: HIV transmission during pregnancy, delivery, labour and breastfeeding



Without any intervention: 5% to 15% of women with HIV will transmit the virus to their infants during pregnancy; 10% to 15% of women with HIV will transmit the virus during labour and delivery; and 5%–20% of infants will become infected with HIV during breastfeeding, with the result that up to 45% of infants will be HIV-infected (Slide 14). Interventions included in the prevention of mother-to-child transmission (PMTCT) package can lower this risk to less than 2%.

Slide 15: Role of HIV testing and counselling for pregnant women



Slide 16: Provider-initiated HIV testing and counselling

Module 3: HIV testing and counselling and ethics

Provider-initiated HIV testing and counselling

- Patients should not be tested for HIV:
 - against their will
 - without their knowledge
 - without adequate information
 - without receiving their test results
 - without linkage to necessary services.

Patients should never be tested for HIV:

- against their will
- without their knowledge
- without adequate information
- without receiving their test results
- without linkage to necessary services (Slide 16).

Diagnostic HIV testing occurs whenever a client is presenting with signs or symptoms consistent with HIV-related disease or AIDS and the objective is to aid clinical diagnosis and management (knowledge of HIV status is necessary for purposes of optimal treatment) (Slide 17).

Nonetheless, basic conditions of confidentiality, consent and counselling apply (unless the patient is unconscious).

Slide 17: Diagnostic HIV testing

Module 3: HIV testing and counselling and ethics

4. Diagnostic HIV testing

- Signs or symptoms consistent with HIV-related disease or AIDS
- Objective: to aid clinical diagnosis and management (knowledge of HIV status is necessary for purposes of optimal treatment)
- Basic conditions of confidentiality, consent and counselling apply (unless patient is unconscious)

Slide 18: Self-testing

Module 3: HIV testing and counselling and ethics

5. Self-testing

Advantages	Cautions
<ul style="list-style-type: none">• Potential to increase knowledge of HIV status• Increased confidentiality• Increased convenience• Autonomy and empowerment• Potential to reduce stigma• Less resource intensive for health care system	<ul style="list-style-type: none">• Greater potential for inaccurate results (<i>repeat testing of all positive results essential</i>)• Psychological sequelae (testing not linked to counselling)• More difficult to link to post-test services• Potential coercion/unethical use• Safe disposal

Module 3

Self-HIV test kits are already available in some countries in pharmacies or over the internet. Self-testing may present some advantages such as the following (Slide 18).

- They offer a great potential to increase knowledge of HIV status
- Confidentiality and convenience are greatly increased
- They ensure the autonomy and empowerment of the clients using them
- They help reduce stigma
- They require less resources from the health care system.

However, one must be aware of their limitations and be cautious when using them due to the following issues:

- Because of the risk of misuse, there is a greater potential for inaccurate results.
- They can cause psychological sequelae because testing is not linked to counselling.
- The link to post-test services is more difficult to establish.
- There is a potential risk for coercion and unethical use.
- Safe disposal may be a problem.

There are several HIV testing and counselling approaches depending on the context:

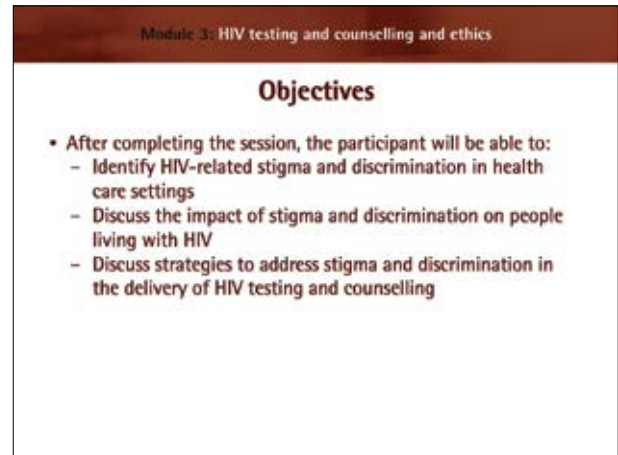
- Mandatory HIV screening is only recommended for blood destined for transfusion or for manufacture of blood products and prior to all procedures involving transfer of bodily fluids or body parts. UNAIDS and WHO do not support mandatory testing of individuals on public health grounds.
- Voluntary counselling and testing, also known as "client initiated counselling and testing" (CITC) is the classical model, where an individual actively seeks HIV testing in order to learn HIV status.
- Provider initiated testing and counselling (PITC) is a "routine" offer of an HIV test by health care providers to asymptomatic clients. The right to refuse testing is guaranteed and PITC is not mandatory testing.
- Diagnostic HIV testing is indicated whenever there are signs or symptoms consistent with HIV-related disease or AIDS and the objective is to aid clinical diagnosis of HIV status for purposes of optimal treatment.
- Self-HIV testing can help increase HIV knowledge and lower stigma, however some potential risks, such as the risk of misuse and the total absence of counselling, must be considered.

Session 4: Stigma and discrimination in health care settings

Slide 1



Slide 2



Activity 4

The objective of the activity is to help recognize the role of stereotypes in stigma and acknowledge that our own beliefs interfere with the way we interact or treat other people (25 minutes).

Materials

- Pieces of plain white paper or note cards
- Tape, paper clips
- Flipchart and pens

Preparation

Count the number of participants and ensure that there is one piece of paper for each participant.

On approximately two thirds of the pieces of paper, write the description of a person who is sometimes stigmatized or stereotyped. You can choose from this list:

- Man or woman with HIV infection
- Commercial sex worker
- Drug user
- Alcoholic
- A person with a mental illness
- Homosexual man
- Homosexual woman
- Immigrants or refugees
- Prisoner (or ex-prisoner)
- A person from a religious minority
- A person with a disability

Module 3

On the pieces of paper that remain, write the title of a person not usually associated with stigma. You can choose from this list:

- Doctor
- Nurse
- Midwife
- Lawyer
- Judge
- Teacher
- Scientist
- Engineer

Write the labels large enough so that participants can see them from across the room

Instructions

Attach with tape a 'label' on each participant without letting him/her see the label. Instruct participants NOT to look at their labels, as this will take away from the point of the exercise.

Explain that each person has a label.

During this exercise, the participants should pretend they are in the market, and should treat each other the way that society might treat a person described by the label on his or her back

Give the group 5 minutes to move around the room and talk with each other, reacting to others according to the label they are wearing, but without telling them what the label is.

After the group has interacted, ask them to return to their seats without looking at their labels.

Once everyone is seated, ask the following questions (10 minutes):

- Who can guess what their label is?
- What was the experience like for you?
- How did it feel to be treated in a stereotyped way?
- Were you puzzled or surprised by how you were treated?

Ask the group to take the labels off their backs and look at them.

Debriefing (10 minutes)

Ask the group to identify specific ways to combat stereotypes and help decrease stigma in their clinical settings.

Write the participants' suggestions on the flipchart. Some examples may be:

- Greet all clients the same way
- Treat everyone as you wish to be treated
- Be aware of self-beliefs and values in order not to let them interfere in work

Explain that in this module, participants will learn about stigma and discrimination.

This exercise is meant to begin the process of learning by allowing participants to first examine their own beliefs, attitudes and behaviours.

(Adapted from *The WHO/CDC Prevention of Mother-to-Child Transmission of HIV Generic Training Package*, January 2008 edition.)

Slide 3: Stigma and discrimination

Module 3: HIV testing and counselling and ethics

Stigma and discrimination

- HIV is one of the greatest human rights challenges of our time
- People living with HIV are burdened not only with the disease but also stigma and discrimination
- Stigma and discrimination are major barriers to preventing HIV transmission and providing treatment, care and support

HIV is not only the greatest public health challenge of our time, but it is also one of the greatest human rights challenges. People living with HIV are burdened not only with the disease but also with stigma and discrimination (Slide 3).

Stigma and discrimination remain major barriers to preventing HIV transmission and providing treatment, care and support to people who are HIV-infected and their families.

The most effective responses to the HIV epidemic are those that work to prevent stigma and discrimination associated with HIV and protect the human rights of people living with HIV and those at risk.

Slide 4: Stigma

Module 3: HIV testing and counselling and ethics

Stigma

- **Stigma:** unfavourable attitudes and beliefs directed towards someone or something
- **HIV-related stigma:** unfavourable attitudes and beliefs directed towards people living with HIV, their family and friends, social groups and communities

Stigma refers to unfavourable attitudes and beliefs directed towards someone or something (Slide 4).

HIV-related stigma refers to unfavourable attitudes and beliefs directed towards people living with HIV, their family and friends, social groups, and communities. HIV-related stigma is part of 'a process of devaluation' of people either living with or associated with HIV and AIDS.

Slide 5: HIV-related stigma

Module 3: HIV testing and counselling and ethics

HIV-related stigma

- Particularly pronounced when behaviour causing disease is perceived to be under individual's control (sex work or injecting drug use)
- Certain groups bear heaviest burden of HIV-related stigma:
 - People who are HIV-infected are often assumed to be members of these groups, whether they are or not.

Stigma is particularly pronounced when behaviour causing disease is perceived to be under individual's control (sex work, same-sex practices or injecting drug use) (Slide 5).

Certain groups (men who have sex with men, sex workers, people who inject drugs) bear the heaviest burden of HIV-related stigma as people who are HIV-infected are often assumed to be members of these groups, whether they are or not.

Members of these groups are already heavily stigmatized and are more likely to face discrimination than others when diagnosed with HIV infection, especially when the behaviour linked to the origin of the infection is perceived to be under the individual's control, such as sex work, gay sex or injection of drugs.

Slide 6: Examples of stigma

Module 3: HIV testing and counselling and ethics

Examples of stigma

- Believing HIV is divine punishment for moral misconduct
- Thinking women are responsible for transmitting HIV and other STIs in the community
- Feeling "dirtied" by a contact with PLHIV
- Stigma in language
 - "that disease"
 - "walking corpses" or "those expected to die"

Examples of stigma and stigmatizing attitudes are numerous (Slide 6):

- Believing HIV is divine punishment for moral misconduct
- Thinking women are responsible for transmitting HIV and other sexually transmitted infections in the community
- Feeling "dirtied" by contact with a PLHIV
- Stigma in language: referring to AIDS as "that disease" or to PLHIV as "walking corpses" or "those expected to die".

Slide 7: Causes of HIV-related stigma

Module 3: HIV testing and counselling and ethics

Causes of HIV-related stigma

- Research conducted all around the world has revealed **3 key causes** of HIV-related stigma in the community setting:
 - lack of awareness of what stigma looks like and why it is damaging
 - fear of casual contact stemming from incomplete knowledge about HIV transmission (with high levels of fear of contagion among health workers) (related to fear of death)
 - values linking people with HIV to improper or immoral behaviour.

Research conducted all around the world has shown 3 key causes of HIV-related stigma in the community setting (Slide 7):

- lack of awareness of what stigma looks like and why it is damaging
- fear of casual contact stemming from incomplete knowledge about HIV transmission (with high levels of fear of contagion among health workers) (fear of death)
- values linking people with HIV to improper or immoral behaviour.

Slide 8: Discrimination

Module 3: HIV testing and counselling and ethics

Discrimination

- **Discrimination:** the treatment of an individual or group with prejudice
- Discrimination includes the denial of basic human rights such as health care, employment, legal services and social welfare benefits

Discrimination is the treatment of an individual or group with prejudice (Slide 8).

Discrimination includes the denial of basic human rights such as health care, employment, legal services and social welfare benefits.

Slide 9: Discrimination examples

Module 3: HIV testing and counselling and ethics

Examples of discrimination

- Health care worker denies services to person who is HIV-infected
- Family or village rejects wife and children of man who died from AIDS
- Man loses job because people learn he is HIV-infected
- Community rejects woman who decides not to breastfeed because they assume she is HIV-infected
- HIV-infected clients receive poor care at a clinic because of health care workers' fears about caring for people infected with HIV

Examples of discrimination include the following (Slide 9).

- Health care worker denies services to person who is HIV-infected
- Family or village rejects wife and children of man who died from AIDS
- Man loses job because people learn he is HIV-infected
- Community rejects woman who decides not to breastfeed because they assume she is HIV-infected
- HIV-infected clients receive poor care at a clinic because of health care workers' fears about caring for people infected with HIV

Slide 10: Stigma and discrimination are linked



Stigma is an attitude directed towards someone and discrimination is an act. Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status (Slide 10).

Slide 11: International human rights and HIV stigma and discrimination

Module 3: HIV testing and counselling and ethics

International human rights and HIV stigma and discrimination

- According to United Nations Human Rights Council, *discrimination against people living with HIV or thought to be infected is a clear violation of human rights*

According to United Nations Human Rights Council, discrimination against people living with HIV or thought to be infected is a clear violation of human rights (Slide 11).

Slide 12: Human rights in relation to HIV

Module 3: HIV testing and counselling and ethics

Human rights in relation to HIV

- All people have a right to make decisions about their sexual and reproductive health
- People have the right to HIV testing and counselling and to know their HIV status
- People have a right to choose not to be tested or to choose not to be told their test result

- All people have a right to make decisions about their sexual and reproductive health
- People have the right to HIV testing and counselling and to know their HIV status
- People have a right to choose not to be tested or to choose not to be told their test result

Slide 13: What are the aspects of stigma or discrimination in health care settings?

Module 3: HIV testing and counselling and ethics

What are the aspects of stigma and discrimination in health care settings?

Slide 14: Manifestations of stigma in health facilities

Module 3: HIV testing and counselling and ethics

Manifestations of stigma in health facilities

- *Documented by many studies*
- **Tanzania**
 - neglect
 - differential treatment
 - denial of care
 - testing and disclosing HIV status without consent
 - verbal abuse/gossip

Tanzania stigma-indicators field test group. Measuring HIV stigma: results of a field-test in Tanzania. Washington DC: Synergy; 2005.

Many studies around the world have documented stigma and discrimination taking place in the health care settings. Here are some examples:

In Tanzania, PLHIV can experience (Slide 14):

- neglect
- differential treatment
- denial of care
- testing and disclosing HIV status without consent
- verbal abuse/gossip.

The facilitators should highlight the fact that the examples given here were voluntarily taken from outside the Region in order to avoid any sensitivity, but they should be aware that such manifestations of stigma and discrimination are also taking place in health facilities in countries of the Region.

Slide 15: Manifestations of stigma in health facilities

Module 3: HIV testing and counselling and ethics

Manifestations of stigma in health facilities

- **Ethiopia**
 - designating patients as HIV positive on charts or in wards
 - verbally harassing patients
 - avoiding and isolating HIV-positive patients
 - referring patients for HIV testing without counselling

Banteyerga H, Kidanu A, Nyblade L, MacQuarrie K, Pande R, Yichalaliko. Exploring HIV and AIDS stigma and related discrimination in Ethiopia: causes, manifestations, consequences, and coping mechanisms. Addis Ababa: Miz-Hasab Research Center; 2004.

In Ethiopia (Slide 15):

- designating patients as HIV positive on charts or in wards
- verbally harassing patients
- avoiding and isolating HIV-positive patients
- referring patients for HIV testing without counselling.

Slide 16: Manifestations of stigma in health facilities

Module 3: HIV testing and counselling and ethics

Manifestations of stigma in health facilities

- **India (in hospitals)**
 - informing family members of a patient's HIV status without his or her consent
 - doing the following only with HIV-positive patients:
 - burning their bedding upon discharge
 - charging them for the cost of infection control supplies
 - using gloves during all interactions, regardless of whether physical contact occurred.

Mahendra VS, Gilborn L, Bharat S, Mudoi R, Gupta I, George B, Samson L, Daly C, Pulerwitz J. Understanding and measuring AIDS-related stigma in health care settings: a developing country perspective. Journal of Social Aspects of HIV/AIDS. 2007, 4(2):616-25.

Module 3

In hospitals in India (Slide 16):

- informing family members of a patient's HIV status without his or her consent
- following certain practices only with HIV-positive patients
 - burning their bedding upon discharge
 - charging them for the cost of infection control supplies
 - using gloves during all interactions, regardless of whether physical contact occurs.

Slide 17: Manifestations of stigma in health facilities

Module 3: HIV testing and counselling and ethics

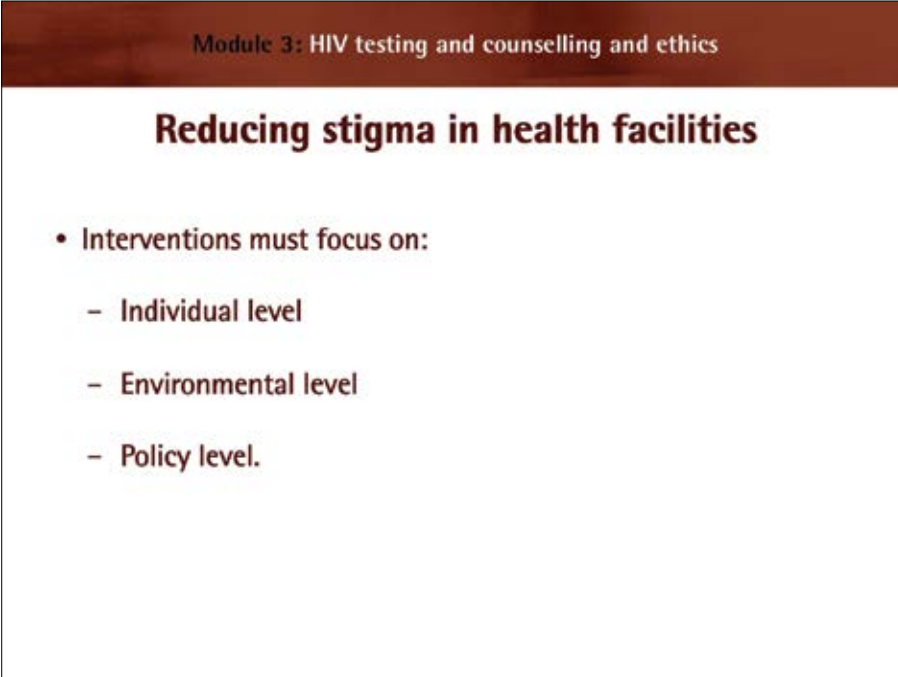
Manifestations of stigma in health facilities

- Even loving and supportive caregivers may stigmatize and discriminate against people with HIV (e.g. blaming, scolding, saying "those people")
 - May not recognize behaviour as stigmatizing
- Stigmatizing happens even among health care workers opposed to HIV-related stigma

Even loving and supportive caregivers may stigmatize and discriminate against people with HIV (e.g. blaming, scolding, saying "those people") (Slide 17).

Stigma happens even among health care workers opposed to HIV-related stigma who are not aware of their attitudes.

Slide 18: Reducing stigma in health facilities



Module 3: HIV testing and counselling and ethics

Reducing stigma in health facilities

- Interventions must focus on:
 - Individual level
 - Environmental level
 - Policy level.

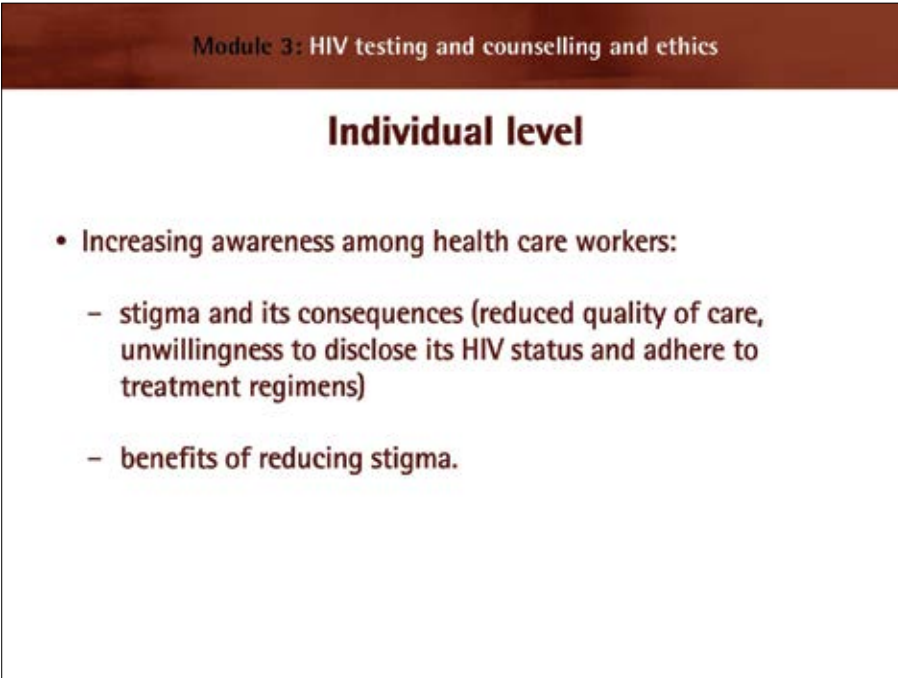
Stigma and discrimination are now recognized as one of the greatest challenges to slowing the spread of the disease key barriers to the delivery of quality services by health providers and to their utilization. HIV-related stigma is particularly harmful to any efficient response.

The pervasive effects of HIV-related stigma and discrimination are devastating in many ways and have been documented in numerous studies.

In order to reduce stigma and discrimination, especially in health care settings, interventions must focus on three levels (Slide 18):

- Individual level
- Environmental level
- Policy level.

Slide 19: Individual level



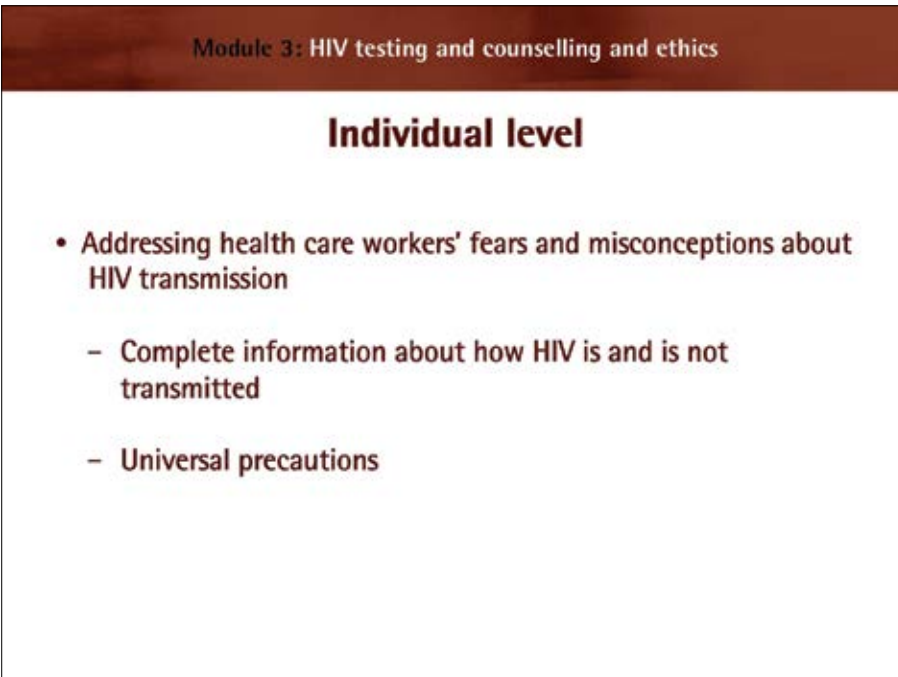
Module 3: HIV testing and counselling and ethics

Individual level

- Increasing awareness among health care workers:
 - stigma and its consequences (reduced quality of care, unwillingness to disclose its HIV status and adhere to treatment regimens)
 - benefits of reducing stigma.

At the individual level, it is important to increase awareness among health care workers on stigma and its consequences (reduced quality of care, unwillingness to disclose its HIV status and adhere to treatment regimens) and at the same time, on the benefits of reducing stigma for the country (Slide 19).

Slide 20: Individual level



Module 3: HIV testing and counselling and ethics

Individual level

- Addressing health care workers' fears and misconceptions about HIV transmission
 - Complete information about how HIV is and is not transmitted
 - Universal precautions

It is also important to address health care workers' fears and misconceptions about HIV transmission by giving the complete information about how HIV is and is not transmitted and enforcing the use of the universal precautions (Slide 20).

Slide 21: Individual level

Module 3: HIV testing and counselling and ethics

Individual level

- Addressing the issues of the association of HIV and AIDS with assumed immoral and improper behaviours
 - Helping health care workers to disassociate PLHIV from the behaviours considered improper or immoral often associated with HIV infection
 - Providing health care workers with a safe space to reflect on the underlying values that lead to the shame and blame

Issues of the association of HIV and AIDS with assumed immoral and improper behaviours can be addressed by (Slide 21):

- Helping health care workers to disassociate PLHIV from the behaviours considered improper or immoral often associated with HIV infection
- Providing health care workers with a safe space to reflect on the underlying values that lead to the shame and blame

Slide 22: Individual level

Module 3: HIV testing and counselling and ethics

Individual level

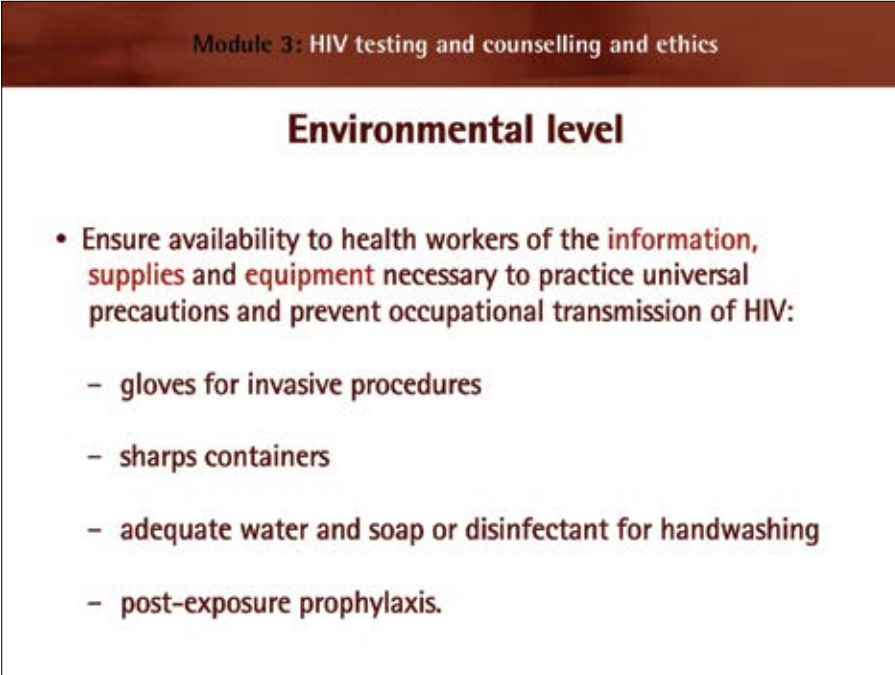
Health care workers should serve as role models

- Treat PLHIV same as clients assumed to be HIV-negative
- Be aware of own feelings, thoughts, attitudes about HIV
- Ensure feelings, thoughts, attitudes do not have negative effect on care provided

Health care workers should serve as role models (Slide 22):

- Treat PLHIV same as clients assumed to be HIV-negative
- Be aware of own feelings, thoughts, attitudes about HIV
- Ensure feelings, thoughts, attitudes do not have negative effect on care provided.

Slide 23: Environmental level



Module 3: HIV testing and counselling and ethics

Environmental level

- Ensure availability to health workers of the information, supplies and equipment necessary to practice universal precautions and prevent occupational transmission of HIV:
 - gloves for invasive procedures
 - sharps containers
 - adequate water and soap or disinfectant for handwashing
 - post-exposure prophylaxis.

At the environmental level, it is important to ensure availability to health workers of the information, supplies and equipment necessary to practice universal precautions and prevent occupational transmission of HIV (Slide 23):

- gloves for invasive procedures
- sharps containers
- adequate water and soap or disinfectant for handwashing
- post-exposure prophylaxis.

At the policy level, policies need to be enacted that protect the safety and health of patients, as well as health workers, to prevent discrimination against PLHIV (Slide 24).

- developed in a participatory manner
- clearly communicated to staff
- routinely monitored after implementation

All staff members need to be involved, not just health professionals. This includes doctors, nurses, guards, cleaners and administrative staff.

Training needs to be provided on both stigma and universal precautions.

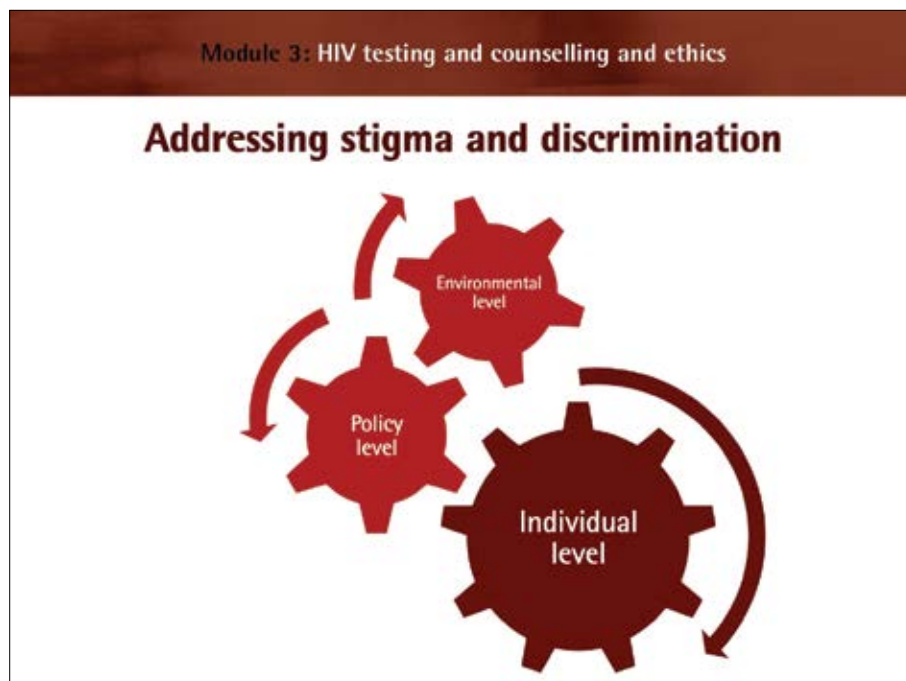
Slide 24: Addressing stigma and discrimination

Module 3: HIV testing and counselling and ethics

Policy level

- Enact policies that protect the safety and health of patients, as well as health workers, to prevent discrimination against PLHIV
 - developed in a participatory manner
 - clearly communicated to staff
 - routinely monitored after implementation
- Involve all staff members, not just health professionals: doctors, nurses, guards, cleaners and administrative staff
- Provide training on both stigma and universal precautions

Slide 25: Addressing stigma and discrimination



All three levels are linked and any effective response must address the three aspects simultaneously (Slide 25).

- Stigma is unfavourable attitudes and beliefs directed towards someone or something and is particularly pronounced when behaviour causing disease is perceived to be under individual's control (sex work or injection drug use).
- There are 3 key causes of HIV-related stigma in the community setting:
 - lack of awareness of what is stigma looks and why it is damaging
 - fear of casual contact due to an incomplete knowledge about HIV transmission
 - values linking people with HIV to improper or immoral behaviour.
- Discrimination is the treatment of an individual or group with prejudice.
- Discrimination includes the denial of basic human rights such as health care, employment, legal services and social welfare benefits.
- Stigma and discrimination are major barriers to preventing HIV transmission and providing treatment, care and support and are a clear violation of human rights.
- Interventions to reduce stigma and discrimination should focus on:
 - Individual level by increasing awareness among health care workers
 - Environmental level by ensuring availability to health workers of the information, supplies and equipment necessary to practice universal precautions
 - Policy level by enacting policies that protect the safety and health of patients, as well as health workers and by providing training on both stigma and universal precautions.

Activity 5

Use this activity as a wrap-up.

Show Slide 26, ask the participants to state whether those attitudes are discriminative and stigmatizing in a large group discussion.

For each sentence, the group must agree on an answer, "yes" or "no". Each participant who expresses his or her opinion has to justify it and the group must reach a consensus at the end of the discussion.

Please note that all the attitudes described are discriminatory and stigmatizing.

Slide 26

Module 3: HIV testing and counselling and ethics

State whether these actions are discriminatory and stigmatizing

- Refusing to provide treatment to PLHIV
- Providing poor quality of care for PLHIV
- Breaking confidentiality
- Providing care in specialized settings
- Segregating PLHIV in specific locations
- Using gloves only with clients thought to be HIV-infected rather than with all clients
- Insisting that a PLHIV undergo a procedure (e.g. abortion or sterilization) not routinely suggested for women who are not HIV-infected
- Isolating HIV-positive patients in specific rooms
- Referring patients for HIV testing without counselling

Adapted from different resources including:

- WHO/SEARO. *Voluntary HIV counselling and testing: manual for training of trainers*, 2004.
- WHO/CDC. *Testing and counselling for prevention of mother-to-child transmission of HIV, Reference Guide* 2006.
- FHI. *VCT Toolkit. Trainer's manual: counselling supervision and training*. 2005.

End-of-module quick evaluation

Module title:

Please give us your opinion about the session by giving a score using the following rating scale.

1: Strongly disagree

2: Disagree

3: Neither agree nor disagree

4: Agree

5: Strongly agree

Item	Score
1. The objectives of the session were clearly stated	
2. The trainer communicated effectively	
3. The information presented was new to me	
4. The trainer was enthusiastic about the subject	
5. The session content was practical and not too theoretical	
6. The session was well-organized	
7. The trainer asked questions and involved me in the session	
8. The content was relevant to my work	

Which aspects of the module were not clear?

Comments:

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HIV-related stigma and discrimination are major barriers to the delivery of quality services by health care providers. This comprehensive training package consists of essential information and tools for training health care workers in countries of the WHO Eastern Mediterranean Region. It comprises four modules covering the key activities and information necessary to reduce HIV-related stigma and discrimination in the health care setting.