

Module 3

HIV testing and counselling and ethics

HIV basic knowledge and stigma reduction in health care settings

Module goals

Module 3: HIV testing and counselling and ethics

Module 1

Participants will be able to:

- 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:

- 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:

- 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:

- 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.

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HIV testing and counselling approaches

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

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)

Qualities of a good counsellor

- Confidentiality
- Genuineness
- Listening
- Unconditional positive regard
- Believing the client
- Cultural sensitivity
- Honesty
- Patience
- Free expression
- Lack of judgment
- Empathy
- Knowledgeability

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

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)

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).

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.

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 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)

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

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)

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"

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 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.

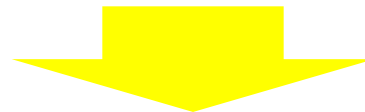
HIV transmission during pregnancy, delivery, labour and breastfeeding

Without 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
- 5–20% of another infants will become infected with HIV during breastfeeding



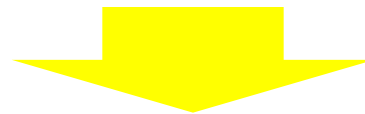
Up to 45% of infants will be HIV-infected



- Interventions included in the prevention of mother-to-child transmission (PMTCT) package can lower this risk to less than 2%

Role of HIV testing and counselling for pregnant women

- To identify women in need of PMTCT services
- To provide health care workers with the opportunity to offer PMTCT services



Determining the HIV status of a pregnant woman
is the gateway to PMTCT interventions

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.

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)

5. Self-testing

Advantages

- 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

Cautions

- Greater potential for inaccurate results (*repeat testing of all positive results essential*)
- Psychological sequelae (testing not linked to counselling)
- More difficult to link to post-test services
- Potential coercion/unethical use
- Safe disposal