



HIV Prevention Now

Programme Briefs

No. 5 - Voluntary Counselling and Testing (VCT) for HIV Prevention

Voluntary counseling and testing (VCT) for HIV allows individuals to know their HIV status and serves as the gateway for both HIV prevention and for early access to treatment, care and support. Knowing ones status provides for the choice to - for those who are negative, remain negative; and for those who are positive, seek access to treatment, care and support, and to reduce the risk of HIV transmission to future children and partners. UNFPA's mandate as it relates to HIV/AIDS, is Prevention. Many approaches to HIV prevention require people to know their HIV status. In this way, VCT becomes a key component of UNFPA's HIV preventive mandate. To promote VCT as an entry point for HIV prevention, UNFPA needs to continue to advocate for and to support the provision of high quality counseling and testing for HIV in the context of HIV/STI prevention programmes for young people¹, pregnant women² and their partners, and for individuals most vulnerable to the infection.

- *HIV/AIDS Cluster*

Why is VCT important for HIV prevention?

VCT provides the opportunity for people to know their HIV status with quality counseling support to help them cope with a positive or a negative test result. The majority of adult populations are HIV negative, even in high HIV prevalence settings. Knowing one is HIV negative can serve as a strong motivating factor to remain negative, particularly for those who may otherwise assume it is too late to adopt safer sexual practices. For people who test positive, while VCT services can link them to options for treatment if and where they exist, and to care and support, just as important, it allows for adoption of preventive measures. For some, self-protection is a stronger motivator for safer sex than the need to protect others; for others, the responsibility to avoid spreading the virus is itself the critical motivator. Both contribute to HIV prevention.

By knowing one's positive status, HIV positive individuals may become more motivated to adopt a more healthy lifestyle that improves their health status and slows the progression from HIV infection to symptomatic HIV disease and full blown AIDS – for example, avoiding further risks of infection with other viral strains and STIs, seeking early treatment for opportunistic and HIV/AIDS related infections, eating healthy food, avoiding tobacco and reducing stress. Knowing one is HIV positive also provides an opportunity to protect sexual partners and to plan for the future from an informed position - deciding on marriage and on child bearing, and preparing children and family for the progression of disease and death. Today, they are many HIV positive people who are living healthy and positive lives. They serve as strong and effective HIV/AIDS advocates and also provide valuable support and motivation for others infected with HIV and affected by the epidemic.

¹ Refer to Programme Brief #3: Preventing HIV Infections in Young People – Support the access to voluntary counseling and testing for sexually active young people

² Refer to Programme Brief #2: Prevention of HIV Infection in Pregnant Women – Selective VCT should be offered to pregnant women and where possible, their sexual partners, who are determined to be at high risk in all countries, and in high prevalent countries - VCT should be promoted for all pregnant women irrespective of their risk status.

VCT Service Delivery Models

When responding to the needs of specific populations, including young people and pregnant women, the VCT service package and delivery mechanism should be designed to best respond to the client's needs, vulnerabilities and preferences. The following are service delivery options that have been shown to be effective for VCT: -

1. **Free-standing sites:** facilities set up solely to provide VCT services
2. **VCT services integrated with other health services** (such as family planning, maternal care, STI clinics, adolescent/youth sexual and reproductive health services, drug rehabilitation clinics, general outpatient clinics and in-patient care)
3. **VCT services provided within already established non-health locations and facilities** (like youth clubs, youth or community centers, church halls, etc)
4. **Mobile/outreach VCT services** either as solely VCT services or integrated into other mobile services (particularly for hard-to-reach groups, such as sex workers, drug injectors, or refugees).

Depending on the type of delivery mechanism and the sector providing/supporting the service - government, non-governmental, private and community sectors – the cost and content of the service package may vary.

Typically, a classic VCT service package ensures that:

1. Knowledge of status is **voluntary**;
2. **Pre-test counseling** is offered either through one or more sessions with a trained counselor, after which the client may choose to test on the same or different day;
3. **Informed consent** is obtained from the client by a service provider;
4. **HIV test** is performed using approved HIV test kits and testing protocols (refer to appendix 1 - fact sheet of the various types of test available);
5. **Post test counseling** (one or more sessions) that includes informing clients of their HIV test results, takes place on the same or different day.

Testing for HIV without pre- and post-test counseling should not be recommended.

What have we learned so far?

Effectiveness

Many studies have found that VCT is effective as a strategy for facilitating behaviour-change around both preventing HIV and early access to care and support.³

Couple pre- and post-test counseling, when conducted in a skilled manner, has been shown to be relatively more beneficial through facilitating disclosure of HIV status and contributing to behaviour change including risk assessment and risk reduction planning. In addition, particularly for women in countries where gender inequity is significant, couple counseling may play a role in reducing gender-based violence, discrimination, isolation and abandonment experienced by women who test positive. Furthermore, providing services to couples can be relatively more cost efficient.

Costs and feasibility

The initial high cost of VCT - attributable to facility constructions and/or renovation; the cost of procuring and distributing HIV test kits and confirmatory reagents; training service providers to ensure high quality and sustainable counseling services including supportive supervision; and promotional and community mobilization activities - is gradually declining with the introduction of rapid test kits (refer to fact sheet on HIV test kits), with economies of scale, and with increased use of lay counselors and volunteers. Start up cost for freestanding sites are high as compared to integrated into existing services and infrastructures.

As demand increases for VCT it becomes increasingly likely that appropriately selected and trained volunteers (lay counselors) will be needed to provide the service or, at least, provide the HIV/AIDS information aspects. This may greatly expand the reach and sustainability of the service. Costs can also be reduced and time saved

³ Allen et al, 1992; Campbell et al, 1997; Kamenga et al, 1991; Van der Straten et al, 1995; Voluntary HIV-1 Counseling and Testing Efficacy Study Group 2000, UNAIDS 2001 ; The impact of Voluntary Counseling and Testing: A global review of the benefits and challenges, Geneva, UNAIDS 2001

by pre-test information sessions in groups, a strategy already being applied in few antenatal settings.

Confidentiality or secrecy

While confidentiality should be a necessary element of quality VCT service, in some cultural contexts, over-stressing the confidential aspect of HIV/AIDS has fed into increased stigma, discrimination and fear. In parts of sub-Saharan Africa the concept “shared confidentiality⁴” is more current than strict confidentiality, in line with traditional patterns of family communication, interaction and decision-making. In designing VCT services, these cultural perspectives need to be taken into account.

Test kits

The initial ELISA (Enzyme Linked Immunosorbent Assay) test, Western blot and other HIV antibody tests are increasingly being replaced by high-quality rapid HIV tests that give results in a few minutes. Many advantages accrue from their use: clients need not return for a second visit to learn their results; the test can be administered by a counselor rather than by a laboratory technician; and the rather costly laboratory facilities and equipment are not required. The test kits are highly portable, facilitating mobile and community outreach VCT services. They are highly specific and sensitive, giving very few false results, and confirmatory tests can be performed using rapid tests by serial or parallel testing methods⁵.

Rapid HIV tests do incur certain disadvantages, however. Sometimes people do not believe that such a simple test can accurately convey such serious information as an HIV result. Some view the waiting period for test results as a time for reflection, giving pre-test counseling a greater impact and allowing individuals to cope better with a positive result.

Potential outcomes of VCT

A few studies have revealed that when counseling is not of high quality, or in the absence of a supportive environment and back-up services, VCT has led to negative client outcomes. Without support, some HIV-positive clients become so distressed or angry that they increase sexual risk behaviour and/or suffer depression and anxiety. More common are experiences of stigma,

discrimination, violence and rejection by partners, families or communities. Women, especially, often fear and experience violence and rejection from their partners or husbands, making many women reluctant to share their HIV results.

Reducing these risks requires VCT services to offer **high quality counseling**, with sufficient time to cover the main areas of concern, and the possibility of follow up and ongoing counseling and support. The services should be able to provide, or refer, clients as required, for further support, including for medical treatment, nursing, psychosocial support and counseling, nutritional, material and other assistance. Post-test and HIV/AIDS support clubs can play a valuable role in motivating safer sexual behaviour in both HIV-negative and -positive clients, as well as providing other needed support.

What are the guiding principles for VCT?

VCT presupposes the right to: know one’s HIV status; link with further and ongoing information, supportive counseling, treatment, care and support systems; and efforts to raise public awareness about HIV/AIDS and reduce stigma and discrimination.

Critical to the provision of VCT services are the principles of voluntary attendance, informed consent and confidentiality, and of high quality, reliable and affordable counseling services. These are basic essentials and should be adhered to. If there is any doubt about their implementation in a given situation, VCT should not be supported.

Linkage to support systems

VCT should not be provided as an end in itself, but as part of a continuum of services and support, ranging from advocacy and community mobilization to reduce stigma and discrimination around HIV/AIDS, behaviour change strategies to prevent HIV/STI infections and re-infections, and psychosocial support, care and medical treatment including treatment for opportunistic infections and anti-retroviral (ARV) therapy where it exists. When introducing VCT services in a community, concerted effort must be made to ensure the range of services and support systems either through direct pro-

⁴ Shared confidentiality means individuals and one or two close relatives, friends or neighbours being informed and counseled together, either at the point of breaking the news of HIV infection or at a later stage.

⁵ **Serial testing** – HIV tests are performed in series - Individuals are tested with a rapid HIV test – if test is positive, a second, different rapid test is performed. Discordant test results are further tested with a third type of rapid HIV test. This protocol is recommended by both WHO and UNAIDS. **Parallel testing** – individuals are tested using two tests simultaneously (in parallel). If tests are discordant a third type of rapid test is used as “tiebreaker.”

vision or by referral and linkage with other programmes providing these aspects.

Couple Counseling

While couple counseling has many benefits, not everyone is part of 'a couple'. Providers of VCT services must not insist on partner consent or presence as a prerequisite to providing HIV counseling and testing. Couple counseling must uphold voluntary, consensual practice. Coercion by one partner and/or organization (for example in the case of pre-marital mandatory testing) may result in adverse consequences for either party, but particularly for women that test positive.

Voluntary Testing

In some countries mandatory testing has been introduced for certain categories of individuals – prospective students applying to enter University (Ecuador), new military recruits (China), first time antenatal attendants, refugees, those in institutionalized care like orphanages, detention centers, prisons, etc. A common feature of mandatory testing is the lack of counseling and supportive services offered after testing. UNFPA should not support the concept of mandatory testing and should ensure that individuals and couples are provided with all the information necessary to make an informed decision as to whether or not to test, and the enabling environment to cope with the outcome/results of the test.

What can UNFPA do?

Advocating for and supporting the provision of counseling and testing services for HIV is a relatively new area for UNFPA. However, within the context of our response to the HIV/AIDS pandemic through preventing HIV infections – the Fund is well placed to integrate quality VCT services in the programmes and activities it supports. UNFPA's overall aim should be to ensure those at highest risk of HIV infection have access to affordable and acceptable VCT services, and that VCT becomes an integral component of programmes addressing HIV prevention among young people, pregnant women and their sexual partners. In addition, following aspects may be considered:

- Support the development of innovative ways to provide VCT services to vulnerable sub-groups of populations (pregnant women, potential users of condoms, injecting drug users, victims of rape

and sexual abuse, street youth, etc.) – when focusing on such sub-groups it is important not to increase marginalisation, stigma and discrimination. Quality counselling should be driving force in supporting VCT interventions.

- Critically analyse models of good practice for VCT services and support the scaling up, expansion and/or replication of such successful models

Actions specific to UNFPA's core areas:

VCT for Young People

1. Work with appropriate sector ministries, including health, education, youth and sports, and youth and youth-serving organizations to include promotion of VCT benefits for young people within existing life and livelihood skills training and other educational curricula and to enhance and or revise protocols and guidelines to incorporate VCT services within sexual and reproductive health services for young people. VCT should be promoted as part of an essential package of information and services that should be available for sexually active young people in- and out-of-school. Combining VCT with a range of other youth-focused activities has many advantages in attracting youth rather than freestanding services,
2. Ensure that programmes for young people which incorporate VCT also provide or refer/link to programmes that can provide psychosocial and emotional support through ongoing HIV/AIDS information and education, HIV-related counseling and post test HIV/AIDS clubs for young people.

VCT and Condom Programming

VCT sites are a valuable venue for condom promotion and distribution. Such sites should routinely have sufficient supplies of male and female condoms to meet ongoing client needs. The pre- and post-test counseling sessions provide the opportunity for ongoing support for effective condom use. VCT services need to explore the merits of condom social marketing and free distribution according to their client groups to promote demand for VCT services. To maximize their effectiveness for condom programming, they should advertise themselves as condom distribution points irrespective of HIV testing.

VCT for Pregnant Women

1. Both to prevent infection in pregnant women and to reduce transmission to children, VCT needs to be integrated early into antenatal care services. UNFPA's core focus should be helping pregnant women to stay HIV negative or to prevent further infection by promoting the benefits of knowing ones status and of safer sex practices including the use of condoms throughout pregnancy and lactation. Appropriate mechanisms to enable HIV positive women to access antiretroviral treatment to protect their infants should be established in collaboration with other partners.
2. Promote couple counseling for VCT, and male involvement in all aspects of SRH so that men take increasing responsibility for sexual and reproductive health and understand the need for dual protection or, during pregnancy, for STI/HIV infection prevention.

Other General Actions for UNFPA's Support:

- **Policy and Programmatic Development:-** Using its distinct relationship with governments and sector ministries, UNFPA has an urgent and vital role to play in facilitating, through continued advocacy and technical assistance, the development and/or realignment of policies, and national strategic plans and programmatic guidelines including testing protocols, that provide a supportive environment for the incorporation and delivery of quality VCT services in RH settings. These include policies and programmatic issues related to amongst others discrimination and stigma, disclosure and openness about status, age of informed consent and mandatory testing.
- **Capacity Building:-** Support for capacity building of service providers working in antenatal and maternity care, with youth as part of youth friendly health services, in family planning and STI management settings, to deliver quality VCT through clarifying providers values around HIV/AIDS and testing for HIV, and improving their behavioural change information, communication and counseling skills.
- **BCC/IEC:-** Continue to contribute to the development and dissemination of appropriate behaviour change information and communication messages and materials around VCT and HIV/AIDS.
- **Provision of Rapid HIV Test Kits:-** As part of commodity management, ensure support to government to effectively coordinate the procurement, logistics and distribution of HIV rapid test kits and other HIV preventive commodities including male and female condoms through strengthening commodity management and logistic management systems at all functional levels.
- **Operations Research:-** Contribute in collaboration with others, to operational research on VCT good practice regarding, for instance, quality of service, feasibility, accessibility, acceptability, sustainability, cost effectiveness, cost benefit, integration into different settings and scaling up.
- **Partnerships:-** Establish effective partnerships with other UN cosponsors, NGOs, particularly women and youth serving NGOs, governments, community organizations, the private sector and individuals living positively with AIDS, so as to ensure a continuum of care. In particular, collaborate with UNICEF and WHO regarding VCT provision for young people and pregnant women and their partners.

Comments or questions on Programme Briefs should be addressed to Dr. Suman Mehta, HIV/AIDS Coordinator, Technical Support Division, UNFPA or sent by email to hiv@unfpa.org

Published Programme Briefs available on the UNFPA Website (<http://www.unfpa.org/aids/index.htm>):

- No. 1 - Overview
- No. 2 - Prevention of HIV Infection in Pregnant Women
- No. 3 - Preventing HIV Infections in Young People
- No. 4 - Addressing Gender Perspectives in HIV Prevention

APPENDIX FACT SHEET ON HIV TEST KITS

1. SIMPLE and/or RAPID HIV TEST KITS

Assay Name (Manufacturer)	HIV Serotype	Equipment Required ¹	Cost/Test (USD)	No. of units per kit
Capillus HIV-1/HIV-2 (Trinity Biotech)	HIV-1+2	G	1.10	100
SERODIA HIV-1/HIV-2 (Fujirebio)	HIV-1+2	D, G	JP Y 130	220
IMMUNOCOMB II BISPOT HIV- 1/HIV-2 (Orgenetics Ltd)	HIV-1+2+0	D, G	1.10	36
DIPSTICK HIV-1/HIV-2 (Pacific Biotech)	HIV-1 +2	G, D optional	0.60	48,96,192
*Determine HIV-1/HIV-2 (Abbott)	HIV1+2	D, G	1.20	100
HIV-1/HIV-2 Doublecheck (Orgenics Ltd)	HIV-1 +2	G	1.35	40
HIV TRIDOT (Mitra & Co., India)	HIV-1+2	G	1.20	10,20,50
SERO Strip HIV-1/HIV-2 (Chembio Diagnostic Sys.)	HIV-1+2	G	1.40	30

* **Determine HIV-1 and HIV-2 (Abbott)** Rapid HIV Test kit can be purchased through UNFPA's Procurement Section

2. ENZYME LINKED IMMUNOSORBENT ASSAY (ELISA) TEST²

Enzygnost Anti-HIV 1 & 2 plus (Dade Behring AG)	HIV -1+2+0	A, B, C, D, E, F	053	192, 960, 960
DETECT HIV I+II (Biochem)	HIV-1+2	A, B, C, D, E, F	043	96, 192
Biotest HIV-TETRA HIV1+2 (Biotest)	HIV-1+2	A, B, C, D, E, F	050	480
Recombigen HIV -1/2 EIA (Trinity Biotech plc)	HIV -1+2	A, B, C, D, E, F	045	192
Innotest HIV-1/HIV-2 Ab s.p. (Innogenetics)	HIV-1+2+0	A, B, C, D, E, F	045	96, 480
HIV-Chex (Xcyton)	HIV-1+2	A, B, C, D, E, F	042	96
HIV EIA (Thermo Labsystems)	HIV-1+2	A, B, C, D, E, F	045	96, 960
Vironostika HIV Uni-form II Plus 0 Vers 3.3 (Organon Teknika)	HIV-1+2+0	A, B, C, D, E, F	EUR 058	192, 576
Genscreen HIV 1+2 V2 (Bio-Rad)	HIV-1+2+0	A, B, C, D, E, F	060	96, 480
UBI HIV1/2 EIA (United Biomedical)	HIV-1+2	A, B, C, D, E, F	045	192, 960
HIV-1/HIV-2 GO EIA (Abbott)	HIV-1+2+0	Abbott Equip, C, D, E, F	085	100

(Adapted from UNAIDS Best Practice Collection – May 2001 – Sources and prices of selected drugs and diagnostics for people living with HIV/AIDS)

¹ A=ELISA reader; B=ELISA washer; C=Consumables; D=Pipette; E=Power Supply; F=for large volume testing, ie: more than 40 samples daily; G=for small volume testing, ie: from 1 to 40 samples daily.

² Using ELISA-based technology VCT clients must typically wait at least 72 hours for their results