Home-based model for HIV voluntary counselling and testing

Sir—Mary Jane Rotheram-Borus and Mark Etzel (Feb 15, p 611)1 suggest a model of voluntary counselling and testing (VCT) that includes only post-test counselling and provision of results to people with HIV, because many people never receive their test results in the USA.

We did a population-based study in rural Uganda to assess whether receipt of HIV test results would be improved if VCT was provided in participants’ homes. Participants were interviewed in their homes and, after giving informed consent, a venous blood sample was drawn to test for several infections, including HIV. Participants were given the option of receiving HIV VCT results at home, at the nearby study office, or not at all. The consent form explicitly stated that to participate they did not have to agree to HIV testing or to receive their HIV test results. Of 3338 participants aged 1 week to 92 years (94% of the total population of the community), 3323 (99%) consented to HIV testing and 3286 (98%) requested their HIV test results. Of these, 3072 (93%) received HIV results and counselling that combined the key elements of traditional pre-test and post-test counselling. Of those who requested but did not receive results (214), 194 (91%) could not be reached at home after three visits, three (1%) died, and 17 (8%) changed their mind and did not want to receive their results. 3034 (99%) preferred to receive their results at their home rather than the study office.

Of the 1330 people aged 15–59 years who agreed to testing, HIV prevalence was 7% (88 of 1330). A VCT model concentrating on home-based provision of counselling at the time people receive HIV test results was highly acceptable in this community. In our study with over 3000 participants, no breaches of confidentiality were reported.

HIV VCT changes risk behaviours2,3 and helps people with HIV access treatment. Programmes and researchers interested in helping more people learn their HIV status should consider home-based services, especially in resource-limited settings where transport to a clinic is a considerable barrier to access. The cost-effectiveness of home-based VCT may be especially high in situations in which HIV testing is already being done as part of surveillance or research.

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1 Rotheram-Borus MJ, Etzel M. Rethinking the HIV counselling and testing model in the USA. Lancet 2003; 361: 611.

More money for AIDS

Sir—Your Feb 15 editorial (p 539),1 talks of the decision made by US President George Bush to commit US$15 billion during the next 5 years to Africa and the Caribbean for activities related to AIDS. These resources bring new impetus in confronting the HIV/AIDS pandemic, despite uncertainties with respect to how the plan will relate to or affect other programmes, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

The editorial also touches on what could be one of the most important developments for the HIV/AIDS pandemic: its link with national and global security. This perception began to take hold during 2002; whereas AIDS had been, and continues to be, variously understood in terms of risk behaviour, poverty, underdevelopment, and regional inequalities, it is now also thought of as a factor that could destabilise countries, foment wars, and threaten global security. These notions were stated explicitly in a US government document released in October, 2002,2 which warned of the impending danger that HIV/AIDS casts on the future stability of Nigeria, Ethiopia, Russia, India, and China. In this respect, the increase in the American financial contribution for AIDS might point to concerns beyond humanitarian ones.3 Furthermore, that the coordinator of the plan will report directly to the Secretary of State underscores the importance being given to the initiative and suggests that security is one of the principal driving forces behind the commitment.

The destabilising potential of AIDS has also linked with future risks of terrorism, though this connection appears more explicitly in the media than in official government documents. The New York Times,4 for example, emphasised that politicians in Washington perceive AIDS “as a national security threat, creating political and economic instability that will breed the next generation of terrorists”, and the Wall Street Journal reported that world leaders were saying that “post-Sept 11, Africa must be assisted to it from becoming the next crucible of terrorists who feed off failed states and impoverished, frustrated populations.”

Although the effect of the increased US commitment to AIDS will not be known for some time, the emerging concern with security could be pointing toward new models for confronting the HIV/AIDS pandemic, as well as to new challenges and possibilities for global health.

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