

SCALING-UP HIV TESTING AND COUNSELLING SERVICES

A TOOLKIT FOR PROGRAMME MANAGERS

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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
ARV	antiretroviral
CBO	community-based organization
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention (USA)
DRA	drug regulatory authority
EDM	Essential Drugs and Medicines (Policy)
EIA	enzyme immunoassay
ELISA	enzyme-linked immunosorbent assay
FBO	faith-based organization
FHI	Family Health International
GFATM	Global Fund for the Fight against AIDS, TB and Malaria
GNP+	Global Network of People Living with HIV/AIDS
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HIV	human immunodeficiency virus
IDP	internally displaced population
IDU	injecting drug use/user
ILO	International Labour Organization
JSI	John Snow International
M&E	monitoring and evaluation
MSF	Médecins Sans Frontières
MSH-RPM+	Management Sciences for Health – Rational Pharmaceutical Management
MSM	men who have sex with men
MTCT	mother-to-child transmission
NGO	nongovernmental organization
PEP	post-exposure prophylaxis
PLHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
STI	sexually transmitted infection
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UP	universal precaution
VCT*	voluntary counselling and testing
VEN	vital, essential or non-essential (commodities)
WHO	World Health Organization

* See *Introduction: A note about terminology*

I. INTRODUCTION

HIV testing and counselling services are a gateway to HIV prevention, care and treatment. The benefits of a knowledge of HIV status can be seen at the individual, community and population levels. They include the following.

- ▶ For the individual – enhanced ability to reduce the risk of acquiring or transmitting HIV; access to HIV care, treatment and support; and protection of unborn infants.
- ▶ For the community – a wider knowledge of HIV status and its links to interventions can lead to a reduction in denial, stigma and discrimination and to collective responsibility and action.
- ▶ At the population level – knowledge of HIV epidemiological trends can influence the policy environment, normalize HIV/AIDS and reduce stigma and discrimination.

In the communities that have been longest and hardest hit by the epidemic, an increasing number of people with HIV are becoming ill and need care, treatment and support. However, most people with HIV are unaware of their HIV status. Scaling up HIV testing and counselling services is a critical step for scaling up a range of interventions in HIV/AIDS prevention, care, treatment and support. The target announced by WHO in September 2003 of providing access to ARV treatment for three million people in resource-limited settings by 2005 and of working towards universal access requires many more millions of people to be tested for HIV and counselled in order to identify those who can benefit from immediate access to treatment, and to prevention and support services. Indeed, the increased availability of ARV treatment is likely to generate dramatically increased demand for HIV testing and counselling.

Promote planning for future orphan care and will preparation	Ease acceptance of serostatus and coping	Provide access to ARV treatment	Promote and facilitate behaviour change	Provide access to interventions for preventing mother-to-child transmission
HIV testing and counselling				
Normalize HIV/AIDS and reduce stigma	Facilitate referral to social and peer support	Increase access to family planning services, including condom provision	Promote access to early medical care for opportunistic infections and STIs, and to ARVs and preventive therapy for tuberculosis	

Source: adapted from FHI and UNAIDS.

A note about terminology

The acronym VCT (voluntary counselling and testing) is widely used in reference to HIV testing and counselling services. However, HIV testing and counselling is a term that covers a variety of interventions in different service settings:

1. Testing and counseling in clinical treatment settings, where sick people are being offered HIV testing that may possibly aid their clinical diagnosis and management. This process of offering testing and counseling – with the option of “opting out” of testing – is the standard of care in tuberculosis treatment, and hospital/medical in-patient and out-patient services diagnostic;
2. Testing and counseling in services for antenatal care for prevention of mother-to-child transmission, and in STI clinics and targeted interventions for vulnerable and marginalized populations, including MSM, sex workers and injecting drug users routine offer; and
3. Voluntary testing and counseling services for people who are asymptomatic and wish to learn their status client initiated.

As clarified in recent international consultations, VCT in the traditional sense is simply one approach to ethical HIV testing and counselling procedures that should be expanded and radically scaled up to meet the urgent requirement for greater access to ARV treatment and prevention.

- Reference N° 1: *World Health Organization. Increasing Access to HIV Testing and Counselling: Report of a WHO Consultation, 19–21 November 2002. Geneva: World Health Organization; 2003.*
- Reference N° 2: *World Health Organization (2003). The Right to Know: New Approaches in HIV Testing and Counselling.*

The aim of this toolkit is to provide an annotated bibliography of peer-reviewed resources and tools to help planning, implementing and evaluating HIV testing and counselling services in resource-limited settings;

Who is it for?

The toolkit is a resource for people involved in setting up or scaling up HIV testing and counselling services. It has a target audience of programme managers and implementers and their partners in the public and private sectors, including nongovernmental organizations (NGOs), community-based organizations (CBOs) and faith-based organizations (FBOs).

What is in the toolkit?

The toolkit provides references offering practical guidance on the processes of planning and implementing testing and counselling services in resource-limited settings. In order to ensure the broadest possible access and use, the toolkit will be available in several formats, including hard copy, CD-ROM and an Internet version. The toolkit will also be regularly updated to keep the list of tools as current as possible.

Structure

The toolkit is organized in the following sections:

- a. Guiding principles;
- b. Components of HIV counselling and testing services:
 - i. Policy, advocacy and stakeholder mobilization
 - ii. Community mobilization

- iii. Supply and management of commodities
- iv. Service delivery
- v. Capacity-building and training
- vi. Management and coordination
- vii. Determining costs and financing
- viii. Additional resources for HIV counselling and testing; and
- c. Good practice in HIV counselling and testing services: case studies.

Style

The text of the toolkit highlights and discusses key issues. References are included wherever relevant, providing practical direction on how to address the highlighted issues. The references cover:

- ▶ *information* – reports, articles, etc.;
- ▶ *tools* – practical know-how, action-oriented guidance, skill-building;
- ▶ *examples* – documentation of experience (good practice, lessons learnt, what has not worked, new and emerging experience, case studies, etc.);
- ▶ *web sites* – useful web sites containing related resources; and
- ▶ *miscellaneous resources* – academic and other resources for additional information.

In order to learn from and contribute to rapidly evolving experience, the toolkit is structured as a 'living document'. Its content will be regularly updated with the latest experience and developments in good practice and lessons learnt. WHO will manage the updating process. The online version of the toolkit has a user feedback facility, allowing regular monitoring of its use. Feedback will be used to make improvements to the toolkit and ensure that it continues to respond to emerging and changing needs.

Note

Key references are provided in each of the sections. In addition, by using the search facility in the Internet and CD-ROM versions it will be possible to identify complementary references that provide further examples.

Who developed the toolkit?

The toolkit was developed by WHO and the International HIV/AIDS Alliance with support from Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ).

The World Health Organization is the world's leading international public health agency. WHO's aim is to support the attainment by all people of the highest possible level of health – a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. WHO has declared HIV/AIDS a global public health emergency and is committed to working with its partners to support public health approaches for scaling up HIV responses.

The International HIV/AIDS Alliance is an NGO that supports community action on HIV/AIDS in developing countries. It aims to:

- ▶ make a significant contribution to HIV/AIDS prevention, care and support for children affected by the epidemic, by working with communities in developing countries;
- ▶ promote the sustainability and scaling-up of effective community AIDS efforts by building the capacity of CBOs, NGOs and NGO support programmes;
- ▶ influence and improve the HIV/AIDS policies and programmes of international agencies, donors and international NGOs, with particular emphasis on the role of community action.

The International HIV/AIDS Alliance is committed to working with its partners to meet the interim target set by WHO, UNAIDS, and The Global Fund to Fight AIDS, TB and Malaria that three million people in resource-limited settings should be receiving ARV treatment by 2005.

GTZ is a government-owned corporation working in over 130 partner countries to support 2700 development projects and programmes, chiefly under commission from the German Federal Government. This corporation, which has declared HIV/AIDS to be a cross-sectoral corporate concern, offers consultative services on HIV/AIDS prevention, treatment and care, and provides support on issues related to the social consequences of HIV/AIDS. The WHO/GTZ Initiative against AIDS was launched with the supported of the GTZ Backup Initiative, which includes technical and financial cooperation with WHO, UNAIDS, ILO and GFATM.

The Joint United Nations Programme on HIV/AIDS, UNAIDS, is the main advocate for accelerated, comprehensive and coordinated global action on the epidemic.

UNAIDS' mission is to lead, strengthen and support an expanded response to HIV and AIDS that includes preventing transmission of HIV, providing care and support to those already living with the virus, reducing the vulnerability of individuals and communities to HIV and alleviating the impact of the epidemic.

UNAIDS: An exceptional response to AIDS

UNAIDS supports a more effective, comprehensive and coordinated global response to AIDS by providing:

- ▶ Leadership and advocacy for effective action on the epidemic
- ▶ Strategic information and technical support to guide efforts against AIDS worldwide
- ▶ Tracking, monitoring and evaluation of the epidemic and of responses to it
- ▶ Civil society engagement and the development of strategic partnerships
- ▶ Mobilization of resources to support an effective response

II. GUIDING PRINCIPLES

Guiding principles are the foundation of successful HIV testing and counselling services. They provide a basis for developing and promoting good practice in these services, and help to ensure that the services are appropriate and effective and that prevention, care and treatment outcomes are optimal.

These guiding principles should inform the planning, implementation, monitoring and evaluation of HIV counselling and testing services.

A public health approach for scaling up HIV testing and counselling services is based on the following guiding principles.

1. In order to work towards universal access to HIV testing and counselling it is vital to build and sustain political commitment to its scaling up in the context of, and as a key component of, HIV prevention, care, treatment and support.
2. HIV testing and counselling services of satisfactory quality must involve the development of and support for efforts to improve the awareness of the benefits of HIV testing and counselling. This helps to normalize HIV and the corresponding testing and counselling services and to reduce stigma and discrimination.
3. Involving people with HIV, communities and other key stakeholders in planning, implementing, monitoring and evaluating HIV testing and counselling services is critical for ensuring appropriate and effective services and achieving engagement in services being offered.
4. Developing and using standardized HIV testing and counselling protocols as part of a public health approach for scaling up testing and counselling will be important for ensuring a high quality of services.
5. HIV testing and counselling services must be client-centred and have effective links to post-test services and support. Client-centred HIV testing and counselling services respond to the needs of clients and make clients feel accepted and valued.
6. HIV testing and counselling services must be ethical. Mandatory HIV testing is not effective for public health purposes nor is it ethical. The following principles must be respected.
 - ▶ HIV testing must be voluntary. The crucial elements in obtaining informed consent are:
 - providing pre-test information on the purpose of the test and post-test services and support;
 - ensuring understanding; and
 - respecting the client's right to decide whether to be tested.
 - ▶ Post-test support and services are crucial. The results of HIV testing should always be offered to the person being tested, along with appropriate post-test information, counselling, and referral to care, support and treatment.

- o Confidentiality must be protected. In the rare event that confidentiality has to be breached, ethical and rational considerations must guide actions (see *Opening up the HIV/AIDS epidemic*, listed below).
 - o Accountability. Making the best use of resources and monitoring and evaluating HIV testing and counselling services for quality assurance.
- Reference N° 1: *World Health Organization. Increasing access to HIV testing and counselling: Report of a WHO consultation, 19–21 November 2002. Geneva: World Health Organization; 2003.*
 - Reference N° 2: *World Health Organization (2003). The Right to Know: New Approaches in HIV Testing and Counselling.*
 - Reference N° 3: *UNAIDS (2001): Opening up the HIV/AIDS Epidemic – Guidance on Encouraging Beneficial Disclosure, Ethical Partner Counselling and Appropriate Use of HIV Case Reporting.*

UNAIDS/WHO Policy Statement on HIV Testing

The Context

As access to antiretroviral treatment is scaled up in low and middle income countries, there is a critical opportunity to simultaneously expand access to HIV prevention, which continues to be the mainstay of the response to the HIV epidemic. Without effective HIV prevention, there will be an ever increasing number of people who will require HIV treatment. Among the interventions which play a pivotal role both in treatment and in prevention, HIV testing and counselling stands out as paramount.

The current reach of HIV testing services remains poor: in low and middle income countries only 10 per cent of those who need voluntary counselling and testing, because they may have been exposed to HIV infection, have access to it. Even in settings in which voluntary counselling and testing is routinely offered, such as programmes for prevention of mother-to-child transmission, the number of people who avail themselves of these services remains low in many countries. The reality is that stigma and discrimination continue to stop people from having an HIV test.

To address this, the cornerstones of HIV testing and counselling scale-up must include improved protection from stigma and discrimination as well as assured access to integrated prevention, treatment and care services. The conditions under which people undergo HIV testing must be anchored in a human rights approach which protects their human rights and pays due respect to ethical principles. (cf Appendix 1). Young people require special attention to their needs through the provision of confidential youth friendly health services. Public health strategies and human rights promotion are mutually reinforcing.

The conditions of the '**3 Cs**', advocated since the HIV test became available in 1985, continue to be underpinning principles for the conduct of HIV testing of individuals. Such testing of individuals must be:

- **confidential**;
- be accompanied by **counselling**; and
- only be conducted with informed **consent**, meaning that it is both informed and voluntary.

In many low and middle income countries, the primary model for HIV testing has been the provision of **client-initiated** voluntary counselling and testing services. Increasingly, **provider-initiated** approaches in clinical settings are being promoted, i.e. health care providers routinely initiating an offer of HIV testing and counselling in a context in which the provision of, or referral to, effective prevention and treatment services is assured. To reach people in need of treatment, tens of millions of tests will have to be conducted among those who may have been exposed to HIV.

UNAIDS/WHO recommend that the following four types of HIV testing be clearly distinguished:

1) Voluntary counselling and testing

Client-initiated HIV testing to learn HIV status provided through voluntary counseling and testing, remains critical to the effectiveness of HIV prevention. UNAIDS/WHO promote the effective promotion of knowledge of HIV status among any population that may have been exposed to HIV through any mode of transmission. Pre-testing counselling may be provided either on an individual basis or in group settings with individual follow-up. UNAIDS/WHO encourage the use of rapid tests so that results are provided in a timely fashion and can be followed up immediately with a first posttest counselling session for both HIV-negative and HIV- positive individuals.

2) Diagnostic HIV testing is indicated whenever a person shows signs or symptoms that are consistent with HIV-related disease or AIDS to aid clinical diagnosis and management. This includes HIV testing for all **tuberculosis** patients as part of their routine management.

3) A routine offer of HIV testing by health care providers (a.k.a provider-initiated) should be made to all patients being:

- ▶ assessed in a sexually transmitted infection clinic or elsewhere for a sexually transmitted infection – to facilitate tailored counselling based on knowledge of HIV status;
- ▶ seen in the context of pregnancy – to facilitate an offer of antiretroviral prevention of mother-to-child transmission; and
- ▶ seen in clinical and community based health service settings where **HIV is prevalent** and antiretroviral treatment is available (injecting drug use treatment services, hospital emergencies, internal medicine hospital wards, consultations etc.) but who are asymptomatic.

Explicit mechanisms are necessary in provider-initiated HIV testing to promote referral to post-test counselling services emphasising prevention, for all those being tested, and to **medical and psychosocial support**, for those testing positive. The basic conditions of confidentiality, consent and counselling apply but the standard pre-test counselling used in VCT services is adapted to simply ensure informed consent, without a full education and counselling session. The minimum amount of information that patients require in order to be able to provide **informed consent** is the following:

- ▶ the clinical benefit and the prevention benefits of testing;
- ▶ the right to refuse (or “opt-out”);

-
- ▶ the follow-up services that will be offered; and
 - ▶ in the event of a positive test result, the importance of anticipating the need to inform anyone at ongoing risk who would otherwise not suspect they were being exposed to HIV infection. (a.k.a., disclosure)

For provider-initiated testing, whether for purposes of diagnosis, offer of antiretroviral prevention of mother-to-child transmission or encouragement to learn HIV status, patients retain the right to refuse testing, i.e. to 'opt out' of a systematic offer of testing.¹

4) Mandatory HIV screening

UNAIDS/WHO support mandatory screening for HIV and other blood borne viruses of all blood that is destined for transfusion or for manufacture of blood products. Mandatory screening of donors is required prior to all procedures involving transfer of bodily fluids or body parts, such as artificial insemination, corneal grafts and organ transplant.

UNAIDS/WHO do not support mandatory testing of individuals on public health grounds. Voluntary testing is more likely to result in behaviour change to avoid transmitting HIV to other individuals. Recognising that many countries require HIV testing for immigration purposes on a mandatory basis and that some countries conduct mandatory testing for pre-recruitment and periodic medical assessment of military personnel for the purposes of establishing fitness, UNAIDS/WHO recommend that such testing be conducted only when accompanied by counseling for both HIV-positive and HIV-negative individuals and referral to medical and psychosocial services for those who receive a positive test result.

¹ HIV testing without consent may be justified in the rare circumstance in which a patient is unconscious, and/or his or her parent or guardian is absent and knowledge of HIV status is necessary for purposes of optimal treatment.

Appendix 1: Ensuring a rights based approach

The global scaling up of the response to AIDS, particularly in relation to HIV testing as a prerequisite to expanded access to treatment, must be grounded in sound public health practice and also respect, protection, and fulfilment of human rights norms and standards.

The voluntariness of testing must remain at the heart of all HIV policies and programmes, both to comply with human rights principles and to ensure sustained public health benefits.

The following key factors, which are mutually reinforcing, should be addressed simultaneously:

1. Ensuring an *ethical process* for conducting the testing, including defining the purpose of the test and benefits to the individuals being tested; and assurances of linkages between the site where the test is conducted and relevant treatment, care and other services, in an environment that guarantees confidentiality of all medical information;
2. Addressing the implications of a positive test result, including non-discrimination and access to sustainable treatment and care for people who test positive;
3. Reducing HIV/AIDS-related stigma and discrimination at all levels, notably within health care settings;
4. Ensuring a supportive legal and policy framework within which the response is scaled up, including safeguarding the human rights of people seeking services; and
5. Ensuring that the healthcare infrastructure is adequate to address the above issues and that there are sufficient trained staff in the face of increased demand for testing, treatment, and related services.

UNAIDS Global Reference Group on HIV/AIDS and Human Rights
June 2004

III. COMPONENTS OF HIV TESTING AND COUNSELLING SERVICES

Setting up or scaling up HIV testing and counselling services requires careful attention to the following programme areas:

- ▶ policy, advocacy and stakeholder mobilization;
- ▶ community mobilization;
- ▶ supply and management of commodities;
- ▶ service delivery;
- ▶ capacity-building and training;
- ▶ management and coordination; and
- ▶ determining costs and financing.

Experience has shown that each of these programme areas needs careful consideration and planning **before services are established and opened to receive clients**. The following sections provide an overview of essential issues to be considered in respect of each area, together with essential references to guide decision-making, implementation, monitoring and evaluation.

1. Policy, advocacy and stakeholder mobilization

An enabling policy environment comprehensively addresses political, economic, social, legal and health issues so that people will not feel discouraged about learning their status. Such issues form the environment in which efforts to combat HIV/AIDS take place. The ways in which these issues are engaged can either enable or disable HIV counselling and testing services to a marked degree. The development of enabling policies aims to guide and support the implementation of HIV counselling and testing services.

The issues discussed in this section include:

- ▶ building and maintaining political commitment, including commitment to mobilizing resources, and the mobilization of commitment among community members;
- ▶ involving and coordinating a range of stakeholders;
- ▶ ensuring increased involvement of people with HIV;
- ▶ promoting a rights-based approach to HIV counselling and testing;
- ▶ the regulatory environment affecting medical supplies, including laboratory and prevention commodities; and
- ▶ health sector policies.

Policy development for HIV testing and counselling services must be addressed at the operational (implementation), national and international levels. Policies are tools that provide frameworks and supports for planning and implementation. While national and international policy frameworks and advocacy (a process to bring about change in laws, policies and practices) are an essential background to testing and counselling services at the national level, it is also clear that policy and advocacy have an equal and complementary role at the local implementation level. They can be used to engage stakeholders and resources, to challenge legal frameworks, to address issues of equity and social justice, and to harmonize services within specific areas.

Policy and advocacy are necessary for creating and maintaining motivation and support for satisfactory quality in service delivery, e.g. through accreditation or validation processes.

- Reference N° 1.1: *FHI – AIDSCAP (2003): Policy and Advocacy in HIV/AIDS Prevention.*
- Reference N° 1.2: *WHO/WPRO (1999): The Role of Public Policy in Prevention and Control of Sexually Transmitted Infections – a Guide to Laws, Regulations, and Technical Guidelines.*
- Reference N° 1.3: *The Commonwealth Regional Health Community Secretariat: Osewe, G. and Ncube, B. (2002): Review of Voluntary Counselling and Testing Policies, Programs, and Guidelines in ECSA.*

Building and maintaining political commitment

Why is building and maintaining political commitment necessary? Experience has shown that endorsement, active involvement and leadership by people in positions of authority are vital for implementing successful HIV testing and counselling services and care, treatment and prevention programmes, as well as for combating stigma and discrimination. The term ‘political’ is used here in its broadest sense, meaning the involvement of people who have influence and decision-making capacity in respect of the lives of people and communities affected by HIV. This includes the areas of health and social welfare but also aspects of business, law, politics and economics. The influential people in question are most often the gatekeepers who, intentionally or otherwise, can allow or block many aspects of combating the HIV epidemic. Once gatekeepers have been identified, strategic information can be shared with them and other partners can be mobilized.

Political commitment to the mobilization of resources is critical to the successful planning and implementation of testing and counselling services. Resource mobilization means identifying possible sources and opportunities, finding appropriate personnel and funding, setting clear priorities, demonstrating success, sharing strategic information and building capacity to strengthen quality programmes.

- Reference N° 1.4: *The Policy Project of the Futures Group International (2000): HIV/AIDS Toolkit: Building Political Commitment for Effective HIV/AIDS Policies and Programmes.*
- Reference N° 1.5: *UNAIDS (2001): Together We Can: Leadership in a World of AIDS.*

Involving and mobilizing stakeholders

HIV is not just a health problem but also a social, political, legal and economic one. Consequently, the importance of involving and mobilizing a range of stakeholders in dealing

Stakeholders include:

- people with HIV;
- local community and traditional leaders;
- health-care workers;
- governments;
- nongovernmental organizations (NGOs);
- community-based organizations (CBOs);
- faith-based organizations (FBOs);
- medical associations;
- drug regulatory authorities;
- the private sector, i.e. employers, unions;
- donors / cooperating partners;
- academic institutions.

with the epidemic, both because they are affected and because they can play a number of different roles, cannot be overstressed.

Involving, coordinating and mobilizing a range of stakeholders means making serious efforts to build and maintain both formal and informal relationships within and between government, communities, business and civil society.

III. COMPONENTS OF HIV TESTING AND COUNSELLING SERVICES

Involving and mobilizing stakeholders should happen at both the central and implementation levels and should be coordinated. Each stakeholder has her or his own reasons for entering into partnership or collaboration with regard to testing and counselling services. Nevertheless, it is important to keep differing interests balanced and focused on the primary purposes, namely those of supporting people with HIV and promoting public health. Moreover, for the public policy environment it is important to facilitate partnership between different stakeholders.

- Reference N° 1.6: *ILO (2001): An ILO Codebook of Practice on HIV/AIDS and the World of Work.*
- Reference N° 1.7: *ILO (2002): Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: an Education and Training Manual (CD).*
- Reference N° 1.8: *GNP+ (Global Network of People Living with HIV/AIDS) (1998): Positive Development: Setting Up Self-Help Groups and Advocating for Change. A Manual for People Living with HIV.*

Ensuring greater involvement of people with HIV

Ensuring greater and more meaningful involvement of people with HIV in all aspects of HIV testing and counselling service planning and implementation is a true reflection of political commitment. Too often this has remained a principle that has not been translated into action. The greater and more meaningful involvement of people with HIV in all aspects of HIV testing and counselling services is also consistent with a rights-based approach, acknowledging that people have a part to play in decisions that affect their lives. Supporting people to play an effective part in such decisions is vital for ensuring greater involvement. This applies as much to HIV testing and counselling as to any other area of policy or action.

- Reference N° 1.9: *UNAIDS (1999): From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA).*
- Reference N° 1.10: *International HIV/AIDS Alliance/Horizons (2003): The Involvement of People Living with HIV/AIDS in the Delivery of Community Based Prevention, Care and Support Services.*

Promoting a rights-based approach to HIV testing and counselling

The promotion of a rights-based approach to HIV testing and counselling services helps to normalize such services in health facilities and in communities. It is also critical for improving people's perceptions about the benefits of HIV testing and counselling and this has a direct impact on the uptake of services.

The rights-based approach to HIV testing and counselling means that:

- ▮ people have a right to know their HIV status;
- ▮ HIV testing must be voluntary, the decision to test or not to test being based on an understanding of accurate, objective and relevant information;
- ▮ post-test counselling & services are crucial;
- ▮ confidentiality must be protected;
- ▮ non-discrimination in service delivery is critical; and
- ▮ testing and counselling must be scaled up, eventually leading to universal access.

Most countries are signatories to international legal instruments, declarations and guidelines that are vital components of the rights-based approach to HIV testing and counselling services.

Signatory countries are required to adhere to the principles laid down in the instruments. These instruments form a framework of rights and give countries a basis for formulating their local laws, policies and practices. International instruments provide standards that facilitate the creation of an enabling environment for HIV testing and counselling.

An enabling environment for scaling up HIV testing and counselling services includes policies and procedures that:

- ▶ enable informed consent for all populations, including youth;
- ▶ enable the promotion of confidentiality and beneficial disclosure and guard against inappropriate disclosure; and
- ▶ ensure non-discrimination in service provision, facilitating access for a range of population groups.

- Reference N° 2: *World Health Organization: (2003): The Right to Know: New Approaches in HIV Testing and Counselling.*
- Reference N° 3: *UNAIDS (2001): Opening the HIV/AIDS epidemic – Guidance on Encouraging Beneficial Disclosure, Partner Counselling and Appropriate use of HIV Case Reporting.*
- Reference N° 1.11: *New York State Department of Health, AIDS Institute (2000): Informed Consent to perform an HIV test.*
- Reference N° 1.12: *National AIDS Control Organization, India (1995): HIV Testing Policy.*
- Reference N° 1.13: *Ministry of Health, Kenya (2001): National Guidelines for Voluntary Counselling and Testing.*
- Reference N° 1.14: *Ministry of Health, Cambodia (2002): Policy, Strategy and Guidelines for HIV Counselling and Testing.*

The most significant barriers that deny people access to HIV testing and counselling are stigmatizing laws and practices. Stigmatizing laws discriminate against vulnerable populations such as sex workers, injecting drug users (IDUs), men who have sex with men (MSM), women and children. Furthermore, they discriminate against people with HIV on issues of employment, marriage and founding a family, and are responsible for denial of access to health care and medicines. Persistent stigmatization and discrimination prevent people from seeking HIV testing and counselling. Stigmatizing, discriminatory laws impede public health objectives and should be repealed or reformed. Care should be taken to ensure that such vulnerable populations have access to ethical, appropriate and effective HIV testing and counselling services as well as to follow-up prevention, care, treatment and support services, otherwise the existing inequities and inequalities can be expected to be exacerbated.

- Reference N° 1.15: *FHI – AIDSCAP (2003): Policy and Advocacy in HIV/AIDS Prevention.*
- Reference N° 1.16: *Canadian HIV/AIDS Legal Network (2000): Information Sheets on HIV Testing.*

International instruments and guidelines essentially set out a commitment on HIV testing and counselling services whereby countries:

- ▶ establish an effective national framework that is transparent and participatory; and
- ▶ take measures to ensure for all persons, on a sustained and equal basis, the availability and accessibility of goods, services and information of satisfactory quality for HIV/AIDS prevention, treatment, care and support, including ARVs, other medicines, diagnostic and related technologies, and HIV testing and counselling services.

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- Reference N° 1.17: *UNAIDS/OCHR (2002): Revised International Guidelines on HIV/AIDS and Human Rights, 3rd International Consultation on HIV/AIDS and Human Rights, July 2002.*
- Reference N° 1.18: *UNGASS (2001): Declaration of Commitment on HIV/AIDS.*
- Reference N° 1.19: *UNGASS (2002): Update on the Declaration of Commitment on HIV/AIDS.*

The regulatory environment affecting medicines and medical supplies, including laboratory and prevention commodities

A complex regulatory environment affects medicines and essential commodities, including laboratory and prevention supplies. Close attention to detail is necessary in order to ensure that the supply chain can deliver the materials required for HIV testing and counselling services. This involves:

- regulation of the quality and safety of medicines and medical supplies;
- regulation of the users of these supplies;
- regulation of trade;
- regulation of the use of public money for medical supplies;
- sanctions for misuse or misappropriation.

The regulatory environment for medicines and medical supplies involves cooperation and collaboration between ministries of health, trade, finance and home affairs. It covers transactions in particular countries and extends to goods sourced outside these countries. Intellectual property rights are an important consideration in the use and availability of medicines and other technologies. Other trade considerations also have to be taken into account, e.g. import licensing and the taxation of imports and sales of medicines and other goods. Legislation and other measures for the protection of valuable commodities from theft must also be considered because such commodities are particularly vulnerable in conditions of scarcity, where they have a high value in illegal trading.

Health sector policies

Various health sector policies have an impact on HIV testing and counselling services. Such policies may be enshrined in national legislation on health or HIV/AIDS and regulations may be in place to enforce them. Once again it is important to assess health sector policies as part of the process of planning and implementing HIV testing and counselling services.

These policies include the following.

- HIV prevention, treatment and care policies, which are likely to cover:
 - national HIV testing and counselling guidelines;
 - prevention of mother-to-child transmission of HIV (PMTCT);
 - post-exposure prophylaxis (PEP) for health and emergency workers or for sexual assault victims;
 - universal precautions (UPs) to prevent occupational transmission of HIV;
 - tuberculosis (TB) prevention and treatment;
 - ARV treatment.
- Public health approaches to HIV/AIDS, including the provision of HIV testing and counselling. These approaches should address such questions as who should be authorized to conduct HIV tests and how HIV testing and counselling should be

supported in order to achieve the best public health benefit. Because of the increasing numbers of people seeking HIV testing and counselling the best possible use should be made of human resources. This requirement has implications for financing, recruitment, training, quality assurance and the accreditation of facilities and health-care workers.

- ▶ The quality and safety of testing and medical supplies for use in HIV testing and counselling programmes are often a responsibility of the drug regulatory authorities (DRAs) of health ministries and other bodies responsible for regulating medical supplies. The regulations of these bodies should indicate the conditions under which new supplies may be registered and should specify who is allowed to dispense or sell these commodities.
 - ▶ Regulations for the selection and use of medicines and medical supplies, including laboratory and prevention commodities, may exist at the national level or may be developed for local use in accordance with existing regulations determining HIV testing strategies and protocols for HIV testing and counselling in different health care settings.
 - ▶ Funding mechanisms for testing and medical supplies, including laboratory and prevention commodities, with reference to how HIV testing and counselling services will be funded and how or if the public or programme users will be expected to contribute towards costs through cost-sharing mechanisms, subsidies, service fees or other models.
- Reference N° 1.20: *East, Central and Southern Africa College of Nursing (ECSACON) (2001): Rising to the Challenge: Zambia Nurses and Midwives Success Story.*
 - Reference N° 1.21: *WHO (draft / in press 2003): Interim TB-HIV Guidelines.*
 - Reference N° 1.22: *WHO (2003): Scaling Up Antiretroviral Therapy in Resource-Limited Settings: Treatment Guidelines for a Public Health Approach.*

2. Community mobilization

When planning and implementing HIV testing and counselling services it is essential to plan and implement community mobilization activities. Social mobilization for HIV testing and counselling means providing the community with adequate information and support about all aspects of these services. This enables:

- ▶ community members to make informed decisions about HIV counselling and testing;
- ▶ HIV counselling and testing services to be normalized and people to know their status;
- ▶ acceptance of HIV/AIDS as an important issue for the community;
- ▶ community involvement and participation in HIV counselling and testing services;
- ▶ increased uptake of these services; and
- ▶ reduction of denial, stigma and discrimination.

Community mobilization for HIV testing and counselling

Encouraging community members to talk about HIV testing and counselling is a very important part of community action on HIV/AIDS. Talking about HIV testing and counselling can raise very personal issues about people's private lives. For example, it may lead people to realize that their behaviour has placed them or other people at risk of HIV/AIDS. Encouraging communities to talk about HIV testing and counselling must be handled with sensitivity and respect. It is important for those working with communities to understand the facts and issues around HIV testing and counselling before they encourage community members to talk about these issues and to become involved in HIV testing and counselling. Increasing the acceptance of HIV as a community issue also mobilizes community members to respond to HIV/AIDS. Increasingly, community mobilization in itself is being seen as an important HIV/AIDS intervention.

- Reference N° 2.1: *Ministry of Health Uganda (2001): Voluntary Counselling and Testing (VCT) – A Guide for Mobilisation of Communities.*

Addressing perceptions about the benefits of HIV testing and counselling

Increasing the demand for HIV testing and counselling services is critical for normalizing HIV, increasing the acceptance of HIV as a community issue, reducing denial, stigma and discrimination and increasing the uptake of ARV treatment and prevention. However, because of the stigma and discrimination associated with HIV/AIDS, many people do not wish to know their status. Community mobilization for HIV testing and counselling must therefore address stigma, discrimination and fear of disclosure as well as people's perceptions of the benefits of HIV testing and counselling. In some settings, mass media and marketing approaches have proved quite successful in improving people's perceptions about the benefits of knowing their status and increasing the uptake of HIV testing and counselling.

- Reference N° 2.2: *International Center for Research on Women (ICRW) (2003): Disentangling HIV and AIDS Stigma in Ethiopia, Tanzania and Zambia.*
- Reference N° 2.3: *Academy for Educational Development (AED) and ICRW (2003): Understanding and Challenging HIV Stigma – a Toolkit for Action*

3. Supply and management of commodities

Reliable and affordable supplies of commodities are critical for the success of HIV counselling and testing services. They affect the quality of the services, and their availability and cost influence the uptake of HIV testing. An effective *commodity management* system must be in place to ensure their accessibility and effective use, both at the service delivery level and in referral services.

Commodity management for HIV counselling and testing services should follow well-established principles but must be flexible and responsive to the varied settings and services offered. This section considers the following operational issues:

- ▶ commodities needed for HIV counselling and testing;
- ▶ basic principles – the drug and health commodity management cycle;
- ▶ management support and the policy/legal framework;
- ▶ resources for commodity management;
- ▶ selection;
- ▶ procurement;
- ▶ distribution; and
- ▶ use.

Key resources

WHO, MSH-RPM+, UNICEF, JSI-Deliver and FHI are international organizations with considerable expertise on various aspects of medical commodity management. These bodies are actively developing guidance for HIV-related programmes. Information about this rapidly developing area can be found on their web sites (below) or can be accessed via their in-country representatives.

- ▶ <http://www.who.int/technology>
- ▶ <http://www.msh.org/rpmplus/index.html>
- ▶ http://www.unicef.org/supply/index_10666.html
- ▶ <http://www.deliver.jsi.com/2002/HIVAIDS/index.cfm>
- ▶ <http://www.fhi.org/en/HIVAIDS/index.htm>
- Reference N° 3.1: *MSH and FHI: Walkowiak, H. and Gabra, M. (2002): Commodity Management in VCT Programmes: A Planning Guide.*
- Reference N° 3.2: *JSI/DELIVER: Fact Sheets: The Importance of Logistics in HIV/AIDS Programs.*
- Reference N° 3.3: *UNICEF (2004): Ensuring Secure and Reliable Supply and Distribution Systems in Developing Countries in the Context of HIV/AIDS and PMTCT: Prevention of Mother-to-Child Transmission of HIV: Checklist for Developing a Supply Management Strategy.*
- Reference N° 3.4: *Family Health International (FHI) (2001): Strategies for an Expanded and Comprehensive Response (ECR) to a National HIV/AIDS Epidemic, Module 7 – Managing the Supply of Drugs and Commodities.*

What commodities are needed for HIV testing and counselling services?

The requirements for commodities depend on the service model chosen and the available referral mechanisms.

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Commodities for HIV testing and counselling services may include:

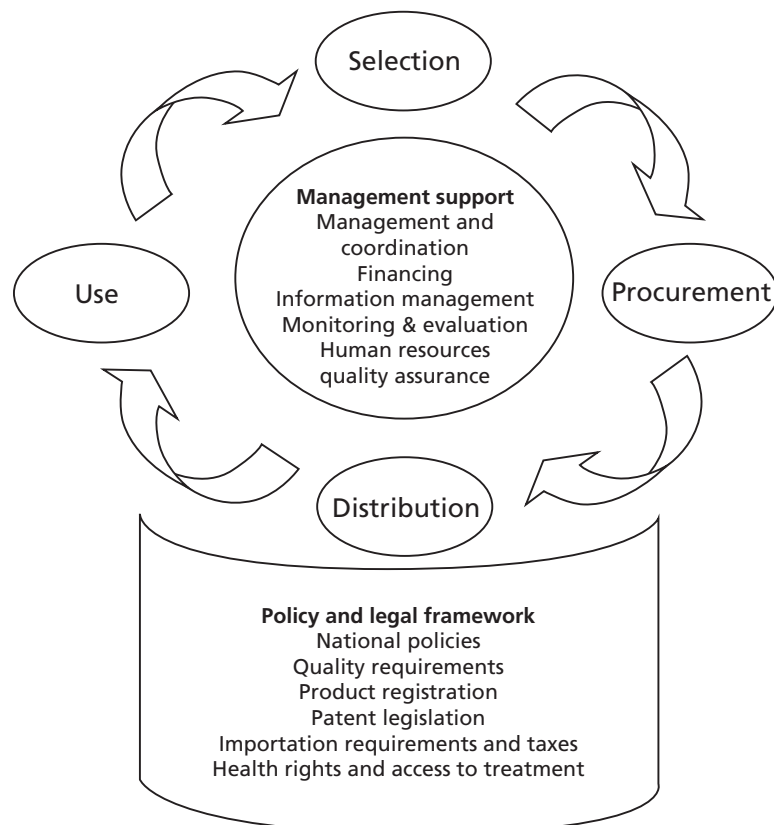
- ▶ laboratory tables / work benches;
- ▶ HIV test kits;
- ▶ automated analysers, e.g. enzyme-linked immunosorbent assay (ELISA) readers;
- ▶ reagents and controls;
- ▶ centrifuges;
- ▶ refrigerators;
- ▶ test tubes, racks, timers, pipettes and other laboratory consumables;
- ▶ commodities for specimen collection, e.g. lancets, needles, syringes, plasters;
- ▶ commodities for universal precautions, e.g. disposable gloves, bleach, cleaning supplies, sharps disposal containers for needles and lancets, waste disposal bags for blood-contaminated materials;
- ▶ male and female condoms and water-based lubricants;
- ▶ safe drinking-water and cups;
- ▶ information materials for training and education;
- ▶ equipment for providing training, e.g. television, videos, flipcharts, pens.

Basic principles: the drug and health commodity management cycle

The management of drugs, diagnostic test kits and other health commodities in any setting, i.e. in the public sector or the private sector, and at any level, i.e. local, regional or national, follows a well-recognized cycle of selection, procurement, distribution and use (see diagram).

Management support is at the centre of the cycle. Its functions hold the cycle together.

The entire cycle rests on a policy and legal framework that establishes the mechanisms for each function and supports the commodity management system.



Management support

The essential functions of management support for HIV testing and counselling services are discussed in other sections of this document. Their importance for the supply cycle includes the following.

- ▶ **Financing.** A lack of sufficient and continuous financing and failures in accounting systems for testing and counselling commodities have been widely reported, with a consequent lack of HIV testing capacity and a failure in support for prevention through condom supply.
- ▶ **Management and coordination.** Continuity of supply for HIV testing and counselling is essential to keep programmes functioning; at the same time, when large amounts of drugs and commodities are being procured and distributed, corruption and theft can become significant problems. Active and transparent management is essential throughout the system, with coordination between those responsible for every stage of the cycle, in order to minimize losses and maximize the services that can be provided with limited resources.
- ▶ **Quality assurance.** The achievement of a satisfactory quality of commodities requires: the selection of products on the basis of safety and efficacy; ensuring that good manufacturing practices are followed; ensuring that suppliers can be trusted on product quality and on their delivery performance; the protection of the quality of products during storage and transportation; the removal of defective products; and the redistribution of overstocked products to ensure that they are used before expiry.
- ▶ **Information management, monitoring and evaluation.** These are crucial for good management. Without accurate and timely data, managers do not have sufficient information to make key decisions on HIV test kits or to operate the logistics system efficiently and effectively. Everyone in the supply chain from manufacturer to facility should have data on consumption at the service delivery point and stock level data at all intermediate points. Without creating a burden for service providers a well-functioning logistics information management system can collect and report all the information needed for forecasting HIV test kit needs and making rational decisions on financing, procurement, the scheduling of shipments, and routine ordering.

The policy and legal framework

It is important to be familiar with policies and legislation relevant to medical commodities for HIV testing and counselling services; these include:

- ▶ national policies, such as the HIV testing policy, essential medicines policy and policies governing laboratory and medical practice;
- ▶ quality requirements for tests, medicines, and good laboratory, distribution/storage, prescribing and dispensing practices;
- ▶ product registration, which many countries enforce for medical commodities;
- ▶ patent legislation, determining the products that can be traded and supplied in individual countries;
- ▶ importation requirements and taxes, which control the entry of products into individual countries and can have a significant effect on costs;
- ▶ health rights and access to treatment.

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Policy decisions at the service delivery level are also important for commodity management, including decisions on which services to provide, whether to use enzyme immunoassays (EIAs) or rapid tests, whether to perform serial or parallel HIV testing, and whether to provide treatment services for certain health problems.

- Reference N° 3.5: *WHO (2004): Rapid HIV Tests: Guidelines for Use in HIV Testing and Counselling Services in Resource-Constrained Settings.*

Who can provide support for commodity management?

Systems that are already in place can provide support in different ways for commodity management in respect of HIV testing and counselling.

The WHO prequalification systems for rapid HIV tests and HIV-related medicines (ARVs and others) provide important and constantly updated information on the prices, sources and quality of products. Information from these systems can be found at:

- ▶ http://www.who.int/bct/Main_areas_of_work/BTS/HIV_Diagnostics/HIV_Test%20Kit_Bulk_Procurement_Scheme.htm
- ▶ <http://www.who.int/medicines/organization/par/ipc/sources-prices.pdf>
- ▶ <http://www.who.int/medicines/organization/qsm/activities/pilotproc/pilotproc.shtml>

In many countries the national AIDS reference laboratory is responsible for deciding on the validity of different types of tests to be employed and thus for shaping choices for product selection, developing standard guidelines for product use and setting standards and procedures for monitoring product quality.

National medicines regulatory authorities provide similar support concerning any medicines or medical supplies that are used in testing and counselling services, and they can provide valuable advice on product sources, quality, patent status and safety for use in people with HIV.

Existing national or other bulk medical commodity procurement and distribution systems should be used wherever possible for setting up and maintaining the supply chain for testing and counselling services. These systems may be part of national public health systems or may be run independently by NGOs (especially faith-based health-care providers) or as cooperative buyers' clubs (separate organizations working together to gain price advantages and coordinate distribution). It may be necessary to adapt or strengthen such systems in order to cope with the added requirements of HIV testing and counselling services. If such adaptation and the use of existing systems is not feasible it is necessary to set up a separate system, especially in the early stages. However, this should not be a long-term policy, since medical commodity procurement, especially for HIV-related services, is rapidly developing and requires considerable networking and market intelligence to make the best use of resources.

Commodity selection

Before the selection of commodities can begin, standard HIV testing algorithms/guidelines have to be established, together with treatment guidelines for any related prevention, care or treatment services that require medicines. The development of guidelines requires expertise at the national level, including clinical, financial and procurement input to ensure that the guidelines are practicable in the various contexts in the countries concerned. The widespread application of such guidelines helps to make the demand for commodities more predictable and easier to quantify. It also ensures that product selection is based on expert consensus about which products are suitable and cost-effective for specific settings.

At the national level:

- ▶ the HIV testing guidelines or algorithms should be developed or regularly updated;
- ▶ guidelines should include recommendations on procedures for HIV testing in small-scale settings as well as for HIV testing in central or hospital laboratories;
- ▶ guidelines should be available at testing and counselling facilities in both the public and private sectors;
- ▶ guidelines should be distributed to donors in order to ensure that any HIV test kit donations are compatible with national guidelines; and
- ▶ national standard treatment guidelines should be developed for the prophylaxis and treatment of HIV-related diseases, and the required HIV-related medicines should be included in the national essential drugs list and/or formulary.

At service delivery level:

- ▶ the national guidelines for testing and treatment should be used to identify which specific guidelines and algorithms are required for the interventions to be offered;
- ▶ the specific guidelines should be checked for appropriateness to the local context of testing and counselling services and the available resources;
- ▶ other relevant guidelines should be checked in the same way, e.g. those for TB, STIs, malaria and nutritional supplementation in HIV and/or pregnancy; and
- ▶ if specific national guidelines are lacking or inappropriate for local use, local standard treatment guidelines should be developed.

The evaluation of HIV test kits should preferably be a responsibility of a national technical advisory group. In some countries this group can rely on a national central reference laboratory to evaluate the accuracy and operational characteristics of the kits. This function might also be carried out by a regional laboratory or a testing facility. The WHO prequalification scheme for HIV test kits can be relied on for information about the different tests. Regional laboratories that are independent and non-commercial can be used to gain more information about the use of tests in settings with similar epidemiological profiles. National evaluation is necessary in order to indicate which tests are appropriate for the population in question.

When standard guidelines have been developed and test kit evaluations have been examined it becomes possible to select HIV test kits. Choices depend on the following factors.

- ▶ **Testing format.** Rapid tests that are based on EIAs versus micro ELISAs: this depends on the volume of testing, the local capacity and the importance of providing same-day results.
- ▶ **Sensitivity and specificity of tests.** The first test should have a sensitivity exceeding 99%; the second and third tests should have a specificity exceeding 99%.

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- ▶ **HIV variants and subgroups.** It is essential that in-country evaluations ensure that the right tests are chosen for the HIV variants and subgroups present in the populations concerned.
 - ▶ **Local capacity.** The selection of test kits should be appropriate for the language, training and experience of the staff responsible for testing, and for the available facilities.
 - ▶ **Tests that require minimum equipment and handling of blood samples** help to reduce safety risks for staff, e.g. those involving the use of whole-blood finger-prick samples rather than serum or plasma that must be centrifuged from samples drawn with needles and syringes.
 - ▶ **Packaging, shelf-life and cost.** In low-volume settings, e.g. peripheral or mobile HIV testing and counselling services, small pack sizes of single tests are less likely than large ones to remain unused by their expiry date. Larger packs can be used in high-volume settings, depending on the shelf-life; since most HIV test kits have comparatively short shelf-lives, very little time may remain when they arrive in facilities at the end of a long supply chain.
 - ▶ **Refrigeration and constant power supplies.** These are necessary to preserve the quality of some HIV test kits and reagents but may not be available for some or all of the time, especially in low-resource or remote settings.
- Reference N° 3.5: *WHO (2004): Rapid HIV Tests: Guidelines for Use in HIV Testing and Counselling Services in Resource-Constrained Settings.*

Similar principles apply for other commodities, viz. medicines, supplies and equipment. National drug (medicines) programmes should be able to supply information on the availability, quality and storage characteristics of medicines and some medical supplies. HIV-related guidelines and other national treatment guidelines can provide information on which products are appropriate for different situations and conditions.

A VEN analysis is helpful in budgeting and deciding priorities for procurement. For each item selected a decision has to be made as to whether it is:

- vital* (V), something the provider cannot work without, e.g. specimen collection equipment for HIV testing;
- essential* (E), something the provider would normally expect to have, e.g. sharps containers; or
- non-essential* (N), something desirable without which the work can nevertheless be done, e.g. a video player for educational purposes.

When selections have been made a full list of all commodities should be drawn up so that implementation and procurement managers can take the next steps of quantification and procurement. The list shows the products available to service delivery personnel. It should indicate if special storage conditions are required and may indicate which health care staff can use or prescribe particular products. The VEN category should also be indicated on the full list of commodities.

At the service delivery level the process of selection requires choices to be made from the national list of testing and counselling commodities, in accordance with the service delivery model chosen and the range of services to be provided.

Commodity procurement

The procurement of commodities involves various steps, including quantification, sourcing, pricing and ensuring timely delivery to the central store.

Existing guidance for **good procurement practice** should be used in the design and management of procurement systems for counselling and testing commodities. These follow well-established principles developed from experience with essential drug supplies for public health systems in developing countries, on the basis of five strategic objectives:

- ▶ selection of reliable suppliers of high-quality products;
- ▶ procurement of the most cost-effective products in the right quantities;
- ▶ ensuring timely delivery;
- ▶ ensuring transparency in sourcing, pricing and management of supplies; and
- ▶ providing an early warning system for users about potential or actual problems in the supply chain which will affect the short-term or long-term availability of individual commodities.

- Reference N° 3.6: *WHO Department of Essential Drugs and Medicines Policy (1999): Operational Principles for Good Pharmaceutical Procurement (Interagency Guidelines)*.
- Reference N° 3.7: *World Bank (2000): World Bank Technical Note: Procurement of Health Sector Goods*.
- Reference N° 3.8: *John Snow, Inc./DELIVER (2002): Pro-Q User's Manual*

Quantification

Deciding how much of each commodity to buy is the first practical step in procurement. The principles for estimating quantity are the same at the national level and the service delivery level. Quantification can only be done successfully if users follow agreed policies and guidelines and have based their selection of commodities on them. Otherwise, usage patterns are likely to be erratic and it is difficult or impossible to decide how much of each commodity should be procured.

Accurate quantification is important for ensuring that:

- ▶ a sufficient amount of each product is purchased with adequate expiry dates, so that stock-outs do not occur and all patients receive what they need at the right time; and
- ▶ an excessive amount of each product is not bought, in order to avoid wastage and over expenditure associated with the expiry of products before they can be used.

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Quantification depends on three possible data sets:

- ▶ past usage (consumption) in the programme, generally obtained from well-maintained stock records, this being useful for well-established programmes with predictable needs but not for new or rapidly changing situations;
- ▶ usage in similar programmes or services, obtainable from records of those programmes or, sometimes, from suppliers who are familiar with the programmes, this being useful in new programmes or with new treatments if the programmes or services are sufficiently similar for the comparison to be valid; and/or
- ▶ patient morbidity data and standard treatment protocols, a combination of data reflecting the context of a treatment programme if the figures are accurate, this being more time-consuming but useful in promoting the use of standard treatment and laboratory guidelines; however, careful judgement is necessary if morbidity figures are likely to be inaccurate or if areas of unmet need have not yet been assessed.

At least two of these data sets should be used for comparison each time in order to prepare accurate estimates for procurement.

- Reference N° 3.9: (1997): *Managing Drug Supply: Chapter 14 Quantifying Drug Requirements, Chapter 29. ARV toolkit link: <http://212.74.168.21/en/content.jsp?f=en&d=arv.04.08>*
- Reference N° 3.8: *John Snow, Inc./DELIVER (2002): Pro-Q User's Manual*

Quality assurance – the primary consideration

Quality must be the primary consideration in choosing what commodities to procure, especially for HIV tests and medicines. It must not be compromised by pricing or other considerations. Quality assurance of medicines and health commodities ensures that products are consistently produced and monitored so that patient safety is protected and testing or treatment interventions achieve reliable results and the maximum benefit. Proof is required that production facilities and procedures, distribution and storage conditions are of sufficiently consistent quality to provide confidence that the commodities will be safe and effective when used.

Key activities in quality assurance include:

- ▶ using recognized and trusted suppliers who supply products and backup services of good quality;
- ▶ prequalification of suppliers, especially for bulk procurement at the national level, so that all concerned know which products and suppliers have been approved; and
- ▶ exchanging experiences between programmes and providers about the quality of suppliers and products at the service delivery level and the procurement level in order to accumulate knowledge and expertise on quality assurance.

Well-established guidelines on good manufacturing practice and quality assurance are provided by WHO and a number of internationally recognized regulatory authorities. Individual countries may have such guidelines in place. Guidelines also exist for good storage, distribution and dispensing practice. The application of these guidelines assists in providing tests, medicines and supplies of good quality and in the maintenance of such quality from the time of production until the commodities are used for the care of patients. (See *Prequalification of products and suppliers* section, which covers HIV test kits that have been pre-qualified through WHO quality assurance mechanisms.)

The monitoring of quality throughout the procurement system requires considerable technical expertise and facilities, which are available in some countries, often administered by a medicines regulatory authority. Regulatory systems, which are at different stages of development in different countries, are one of the chief means whereby the medicines supplied to the public can be regulated by countries and the use of substandard or ineffective medicines can be prevented. External assistance is available through WHO and other bodies if there is insufficient in-country capacity in this field.

- Reference N° 3.10: WHO (2002): *WHO Technical Report Series 902: WHO Expert Committee on Specifications for Pharmaceutical Preparations, Thirty-Sixth Report.*
- Reference N° 3.11: WHO (1999): *Effective Drug Regulation: What Can Countries Do?*

Sourcing and pricing

The sourcing and pricing of commodities involves:

- ▶ identifying who produces the required commodities and who will act as suppliers (the producer or an intermediary, e.g. a trader or wholesaler);
- ▶ verifying the quality of the producer and supplier as well of the products they offer, including the quality of service, continuity of production and ability to deliver on time;
- ▶ identifying who can offer the best price when confidence has been established about the quality and equivalence of comparable versions of a particular product; and
- ▶ negotiating further price advantages on the basis of quantity and competition.

It is important to establish good linkages with businesses involved in commodity supply, whereby relationships can be developed which enable testing and counselling services to reach their goals. Good business relationships provide motivation for suppliers to perform well, to avoid exploitation and to respond flexibly and helpfully to public health needs, especially during times of uncertainty.

Sourcing of commodities

Sourcing requires market intelligence, i.e. active research into the global and local markets and into possibilities for procurement in and outside particular countries.

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Commodities identified for procurement through the selection process may be:

- ▶ multiple-sourced (generic and innovative), especially if a product is no longer controlled by patent regulations and competition exists between equivalent versions, e.g. drugs, dressings and condoms;
- ▶ single-sourced (innovative), if the patent-holder has a monopoly of the market for a product in a particular country, viz. proprietary HIV tests and, usually, new medicines; or
- ▶ single-sourced (generic or innovative), if the product is off patent but not commercially profitable and only available from one producer.

Procurement officers may require external assistance in gathering information about sources, both within countries and from the international market. Information can be obtained on HIV-related single-source (innovative) commodities or on both generic and innovative products through United Nations agencies and certain international NGOs.

Documents on various aspects of sources, prices and patents are regularly updated and can be accessed via the Internet.

- Reference N° 3.12: *WHO, UNICEF, UNAIDS, MSF (2004): Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS.*
- Reference N° 3.13: *Global Drug Facility, WHO (No Date): Global Drug Facility: An Initiative of the Global Partnership to Stop TB.*
- Reference N° 3.14: *UNICEF: The UNICEF Procurement Services.*

In deciding on sources and acceptable prices it is necessary to consider the delivery periods that suppliers can offer and their reliability in practice. Unreliable deliveries can be seriously harmful to individuals and to the success and credibility of programmes, so an ability to achieve timely delivery should be considered as well as quality and price.

Requirements for storage space and shelf-life should also be considered during the process of supplier selection and price negotiation, for both individual products and bulk supplies. Individual products may have special temperature requirements for storage, and this influences the provision of facilities during procurement and after dispensing to patients, especially in hot or extremely cold countries. The bulk volume of supplies depends on the packaging as well as on the product, and different suppliers may provide equivalent products in vastly different volumes. An assessment should therefore be made of dimensions and storage requirements before a firm order is placed for a product.

HIV test kits have some of the shortest shelf-lives of all commodities used in health services. Many of them have pipelines that are longer than their shelf-lives, including the periods between storage chains and transportation links from the point of manufacture until they reach the customer. If the shelf-lives of HIV test kits are not considered during product selection, service planning and procurement planning, the risk of wasted financial resources is great when these items expire. Generally, unless locally manufactured, HIV test kits arrive in countries with at least three months less than their total shelf-life remaining. Selecting a supplier that can provide smaller, more frequent shipments reduces the risk of wastage through expiry.

- Reference N° 3.9: (1997): *Managing Drug Supply, Chapter 13*. ARV toolkit link: <http://212.74.168.21/en/content.jsp?d=arv.04.12>
- Reference N° 3.15: *JSI DELIVER: HIV Test Kit Selection: Operational Considerations for VCT and PMTCT Services*.

Donations of commodities

Four basic rules for donations of medical commodities

1. Copies of standard HIV testing and treatment guidelines should be sent to donors, and the VEN analysis and quantification process should be used to inform donors what and how much is needed.
2. If donors are unreliable or their delivery dates are erratic they should be asked to donate non-essential items only.
3. Important requirements should be specified, e.g. minimum acceptable shelf-life on delivery, language of instructions and labels, and delivery dates when commodities will be needed.
4. If donations of commodities for HIV testing and counselling are likely to be more harmful than helpful, donors should be requested to find other ways of supporting programmes and activities, e.g. by donating money for the purchase of appropriate commodities.

Donations may be considered or suggested as a source of HIV tests and medicines for underfunded programmes. However, experience shows that there are severe constraints on their usefulness for ongoing public health programmes. Supposedly free gifts often carry significant hidden costs, including registration fees, customs duties and storage and distribution charges. Donors are often unable to supply tests and medicines that conform exactly to those listed in national or local guidelines. As a rule, continuity of supply cannot be guaranteed over a prolonged period, and this has a bearing on the continuity and quality of testing services. Furthermore, many rapid HIV tests have short shelf-lives after the date of production. Recipients may easily find themselves with the problem of destroying unwanted or expired test kits in situations with very limited waste disposal facilities.

However, there has been some success with carefully planned and controlled single-source donation schemes, e.g. in respect of ivermectin for river blindness and nevirapine for PMTCT. The Interagency Guidelines for Drug Donations should be observed and WHO/EDM should be consulted for advice on ways in which donation programmes can be implemented and made successful.

- Reference N° 3.16: *WHO/EDM (revised 1999): Guidelines for Drug Donations*.

What prices can be achieved?

Pricing is usually done at the same time as sourcing and is a responsibility of procurement staff. Several lists of indicative prices exist for HIV-related commodities. They can be used for the selection process and at the beginning of price negotiations. A supplier may offer individual products from a standard price list but there are often possibilities for negotiating price reductions, especially with regard to bulk purchases or regular repeat orders.

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Individual programmes or facilities may not be able to achieve sufficient order volume to gain the best prices, but experience with the procurement of essential drugs has shown that joint procurement arrangements by different programmes (pooling) or the use of a national clearing house can make it possible to negotiate price reductions.

Some innovative companies have agreed to sell their products at significantly reduced cost under price agreements (differential or tiered pricing) for resource-limited countries experiencing serious public health problems. Well-resourced countries pay higher prices for the same products. Suppliers of differentially priced products generally seek safeguards to ensure that there is no leakage of low-price products into countries not benefiting from such price agreements. In other countries the government sets maximum price levels or reference prices indicating the maximum payable for each product by the public health system.

- Reference N° 3.17: *WHO (2002): Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS.*
- Reference N° 3.18: *WHO/EDM (2003): Guidelines for Price Discounts of Single-Source Pharmaceuticals.*

Prequalification of products and suppliers

The prequalification of products and suppliers involves verifying manufacturers' claims about quality assurance, good manufacturing practice and other standards, and the quality and safety of commodities such as medicines and tests. Many countries and programmes lack adequate testing laboratories and the process of verifying supplier claims about quality is time-consuming and requires special expertise.

There are various schemes for sharing verified information about the quality of pharmaceuticals and HIV tests. They have focused on evaluating products and manufacturers of the new essential commodities for the treatment of HIV. The WHO schemes aim particularly at providing assistance for countries without a local capacity for quality assurance or testing. The drugs prequalification list includes both generic and originator drugs.

When preparing to select the commodities to be used, independent information on the patent situation of medicines and tests should be sought. There are ongoing efforts by WHO, MSF and others to enable easier access to this information and quicker purchase of drugs of good quality.

Reliance on the WHO lists of prequalified HIV diagnostics and medicines is strongly recommended. This saves time and effort and provides an independent verification of claims about quality. However, the fact that a product or producer is not listed does not necessarily imply bad quality. It may simply be that the requirements for inclusion in the scheme have not yet been met. The prequalification list is constantly being revised and extended: the latest version should always be consulted. In-country procurement managers can set up their own prequalification schemes if the facilities and human resources are adequate.

- Reference N° 3.19: *WHO (2003): HIV/AIDS Drugs Pre-Qualification, Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS Drugs of Acceptable Quality.*
- Reference N° 3.20: *WHO: HIV Diagnostics: HIV Test Kit Evaluation.*
- Reference N° 3.21: *UNAIDS (2002): Patent Situation of HIV/AIDS Related Drugs in 80 Countries.*
- Reference N° 3.22: *JAMA: Attaran A, Gillespie-White L. (2001) Vol 286:15:Oct 17 Do Patents for Antiretroviral Drugs Constrain Access to AIDS Treatment in Africa?.*
- Reference N° 3.23: *World Trade Organization (2000): Technical Note: Pharmaceutical Patents and the TRIPS Agreement.*

Methods of procurement

Procurement methods vary with the availability, quantity required and price of the product concerned. Procurement at a centralized national procurement facility has the advantage of a concentration of skill, experience and bulk-handling capacity. This is likely to be crucial when careful monitoring of supply and demand is required. On the other hand, procurement may be decentralized to the service provision level, thus allowing greater control and responsiveness to change at the local level.

Procurement methods include:

- ▶ competitive bidding or tendering (either open or limited);
- ▶ shopping, i.e. comparison of quotations for small off-the-shelf quantities;
- ▶ contracting with specific suppliers for a period of repeat supply;
- ▶ procurement from UN or not-for-profit supply agencies.

Different methods are required for different commodities and quantities. Some donors, e.g. the World Bank, impose their own guidelines for procurement when their funds are being used. Procurement staff must understand the range of options and their advantages or disadvantages. In some instances, existing donor guidelines may introduce long delays before orders can be placed with suppliers. It may be necessary to negotiate with donors to streamline procedures so that HIV programmes are not held back from providing testing and treatment services.

- Reference N° 3.9: (1997): *Managing Drug Supply, Chapters 16* Link: <http://212.74.168.21/en/content.jsp?f=en&d=arv.04.15>
- Reference N° 3.24: *World Bank (2004): World Bank Technical Guide for Procurement of HIV/AIDS Medicines and Related Supplies.*

Commodity distribution

Careful management of distribution, including storage and transport, is essential for the smooth running of the supply cycle and for ensuring continuity of supply. The aims are to:

- ▶ ensure the maintenance of product quality;
- ▶ reduce waste;
- ▶ prevent theft, pilfering or diversion to outlets other than those intended; and
- ▶ control use and gather information for ongoing procurement needs.

Good storage and distribution practice

The processes of storage and distribution occur at several stages in the supply chain. They require adequate premises and transport facilities that are secure and of sufficient capacity for the volume of goods to be handled and maintained so as to preserve their quality. This means that the premises must be clean and dry, that the goods are stored off the floor,

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that there is adequate temperature control, and that sufficient space exists between stacks to facilitate handling and stock control. Different commodities require different storage and distribution conditions. In this connection, temperature-sensitive goods require special attention. These requirements must be taken into account when storage and distribution needs are being assessed.

- Reference N° 3.9: (1997): *Managing Drug Supply, Chapter 21, Link to ARV Toolkit: <http://212.74.168.21/en/content.jsp?f=en&d=arv.04.17>*
- Reference N° 3.10: WHO (2002): *WHO Technical Report Series 902: WHO Expert Committee on Specifications for Pharmaceutical Preparations, Thirty-Sixth Report, Annex 9.*

Inventory control

Inventory or stock control refers to the amount, location and value of each commodity in a supply system. The management of inventory depends on information systems that provide methods and feedback for:

- ▶ tracking the storage and movement of goods at every level within the supply system, from central storage to stocks ready for use in health facilities;
- ▶ ensuring proper stock rotation by issuing products such as HIV tests and medicines with expiry dates so that the items with the earliest expiry dates are used first;
- ▶ enabling managers to know the total amounts of a commodity that are within the supply system and where they are located, thus allowing the possibility of redistribution or emergency supply;
- ▶ recording the acquisition and issuing of stocks;
- ▶ providing data for monitoring and further procurement.

Simple systems of inventory control can provide adequate data for most programmes and may be paper-based or computer-based. Access to supplies should be restricted to commodities that are permitted for use within the programme in question. Inventory records should be regularly monitored in order to confirm that items are being issued correctly and not diverted or misused. Inventory records of good quality are essential as a source of data for review and decisions about future procurement.

In changing conditions, e.g. the scaling up of HIV testing and counselling services, it is essential to review inventory levels frequently, for instance monthly, rather than bi-annually or annually as is usual for inventory control. It is important to include in inventories sufficient stock to cover occasional unforeseen problems or emergencies.

- Reference N° 3.9: (1997): *Managing Drug Supply, Chapter 15 Link in ARV Toolkit: <http://212.74.168.21/en/content.jsp?f=en&d=arv.04.18>*
- Reference N° 3.1: MSH and FHI: Walkowiak, H. and Gabra, M. (2002): *Commodity Management in VCT Programmes: A Planning Guide.*

Use of commodities

The use of commodities completes the supply management cycle and is the starting point of a new cycle of selection, procurement, distribution and use. Supply aspects that are important at the point where commodities are put into use include:

- ▶ adherence to guidelines for HIV testing, counselling, diagnosis or prevention;
- ▶ recording which commodities are used for which patients and why;
- ▶ feedback into the supply system of data required for planning continuity and further procurement, including prescribing, dispensing and laboratory records;
- ▶ feedback about product acceptability to patients;
- ▶ communication of requirements for new products or changes in guidelines which will result in variations in usage and changes in procurement; and
- ▶ introduction of stock management principles at all levels.

Prescribing and patient support

These are primarily clinical and technical responsibilities for technologists, doctors, nurses and pharmacists. However, it is essential to have mechanisms for a two-way exchange of information between clinical staff and procurement staff. Continuity is critical in HIV prevention and care and depends to a high degree on the continued efficiency and reliability of supply.

Monitoring and evaluation

Systems for monitoring and evaluating the supply management cycle should include methods of matching data about performance of the supply cycle with experience at the service delivery level. There are methods for monitoring the usage of essential medicines which can be applied to HIV testing and counselling services as well as to ARV treatment services. Methods also exist for monitoring effectiveness in procurement systems. However, there is little published information about methods that would match HIV commodity usage data against procurement performance, which would help to indicate effects on continuity and effectiveness in the context of HIV testing and counselling services.

- Reference N° 3.9: (1997): *Managing Drug Supply, Chapters 31 and 32*. ARV toolkit link: <http://212.74.168.21/en/content.jsp?f=en&q=managing+drug+supply+31+32&d=arv.04.19>
- Reference N° 3.25: MSH, University Research Corporation, PAHO (1995): *Rapid Pharmaceutical Management Assessment: an Indicator-Based Approach*.
- Reference N° 3.26: WHO (2003): *WHO HIV Test Kit Bulk Procurement Scheme*.
- Reference N° 3.27: UNICEF (2003): *UNICEF List of MTCT Plus Drug Prices*.
- Reference N° 3.28: MSF (2003): *Untangling the Web of Price Reductions: a Pricing Guide for the Purchase of ARVs for Developing Countries*.
- Reference N° 3.29: MSH (2002): *International Drug Price Indicator Guide*.

4. Service delivery

This section discusses the service delivery aspects of HIV testing and counselling services. Service delivery encompasses a range of activities including the assessment, strategic planning, and monitoring and evaluation of a programme. Models of service delivery vary with local, regional and national requirements.

The assessment of service delivery includes determining the current and required infrastructure, site readiness, staff selection, referral networks and the phasing and time frame for implementation and scaling up of HIV testing and counselling services. Strategic planning includes developing criteria for site selection, client registration and intake, testing protocols, counselling protocols, informed consent, disclosure, laboratory protocols, integration with other HIV/AIDS initiatives (e.g. HIV prevention, PMTCT, ARV treatment), establishing referral networks, and post-test care. Monitoring and evaluation cover service accessibility, site monitoring, the evaluation of testing techniques, the adequacy of protocols, patient flow, referral use, and various methods of quality assurance, e.g. tools for counsellors, staff competency and client satisfaction. The issues discussed in this section include:

- ▶ the context of HIV testing and counselling;
- ▶ models of service delivery;
- ▶ planning service delivery;
- ▶ operational issues and components of service delivery:
 - standardized protocols and patient selection;
 - linkages to other services, with involvement of a range of stakeholders including people with HIV;
 - strengthening service components related to HIV testing and counselling;
 - raising awareness of the benefits and availability of HIV testing and counselling;
 - strategies to promote prevention;
 - strategies to address stigma and discrimination;
 - monitoring and evaluation.

Context

HIV testing and counselling has to be scaled up in order to meet the increasing demand for access to treatment, care and prevention services. While the guiding principles of traditional VCT models remain, i.e. HIV testing should be voluntary, it should be provided on a basis of informed consent, and confidentiality should be protected, scaling up requires a more routine and widespread public health approach than has previously been used. HIV testing and counselling should be offered as standard practice in the following circumstances:

- ▶ when it is requested in order to assist in the prevention of transmission or acquisition of HIV;
- ▶ where medically indicated in the context of clinical care;
- ▶ for the prevention of transmission from mothers to children (see *Guiding principles* section).

Minimum standards

The minimum acceptable standards for approaches to HIV testing and counselling require all models of service delivery respect the following principles.

- ▶ HIV testing and counselling should be voluntary.
- ▶ Individuals should have sufficient information, understanding and freedom of choice to be able to give informed consent to testing.
- ▶ Pre-test information should describe the purpose and procedure of HIV testing and the treatment and support that is available after testing.
- ▶ There should be appropriate post-test information, counselling and/or referral.
- ▶ There should be consistent commitment and ethical support to encourage partner participation and disclosure to significant others.
- ▶ Persons whose test result is positive should receive counselling and referral to care, support and treatment, where available.
- ▶ HIV test results and counselling records should be treated confidentially and only those health-care workers with a direct role in the management of patients should have access to this information.
- ▶ Persons whose test results are negative should receive counselling to enable them to remain free of HIV.

(See *Guiding principles* section.)

- Reference N° 1: *World Health Organization. Increasing Access to HIV Testing and Counselling: Report of a WHO consultation, 19–21 November 2002. Geneva: World Health Organization; 2003.*

Models of service delivery

A range of viable and valid approaches is necessary for scaling up HIV testing and counselling, particularly in resource-limited settings. The present provision of HIV testing and counselling frequently occurs in stand-alone community-based and hospital-based centres offering standard, individualized voluntary counselling and testing and employing ELISA technology.

Present HIV testing and counselling approaches

- ▶ **Model 1.** Individual pre-test and post-test counselling and HIV testing (classic model, used by most free-standing VCT sites).
- ▶ **Model 2.** Group information, opt-in individual pre-test counselling, individual post-test counselling.
- ▶ **Model 3.** Group information*, opt-out individual testing, individual post-test counselling for seropositives; seronegatives are informed of their negative status.
- ▶ **Model 4.** Group information, opt-in couple/family pre-test counselling, individual/couple/family post-test counselling (shared confidentiality model).
- ▶ **Model 5.** No pre-test information, screening/testing (with possibility of opting out), individual post-test counselling for persons found to be HIV-positive (screening of STI attendees, drug-treatment programme attendees and women attending antenatal clinics).
- ▶ **Model 6.** Mandatory HIV testing.
- ▶ **Model 7.** Counselling without testing.

* May include/consist of written information.
(See *Guiding principles* section.)

- Reference N° 4.1: *UNAIDS/London School of Hygiene and Tropical Medicine (2001): Voluntary Counselling and Testing (VCT): Paper for the UNAIDS Expert Panel on HIV Testing in UN Peacekeeping Operations.*
- Reference N° 1: *World Health Organization. Increasing Access to HIV Testing and Counselling: Report of a WHO Consultation, 19–21 November 2002. Geneva: World Health Organization; 2003.*

HIV testing and counselling services are best supported through approaches based on integrated HIV/AIDS care, treatment, support and prevention. The rate of HIV testing and counselling uptake may become inextricably linked with access to ARV treatment, as individuals may be encouraged to find out their HIV status if they have access to better treatment options. Rapid scaling up of care also requires a diversification and expansion of HIV testing and counselling services linked to clinical care and antenatal care (ANC) settings. This involves various approaches to HIV testing and counselling implementation, among them the following.

- ▶ Use of HIV rapid tests in settings situated away from provincial treatment centres and in areas of high prevalence and vulnerability to HIV.
- ▶ Diversification of sites where testing and counselling can be provided. This implies, for instance, the availability of rapid testing in areas where vulnerable populations may be greatest, e.g. STI / reproductive health care services, TB services, IDU services, and in non-clinical areas where prevention may be optimized, e.g. antenatal care and services for young people.
- ▶ Outreach and mobile initiatives may be necessary in order to improve access to HIV testing and counselling among hard-to-reach groups, e.g. IDUs, sex workers and young people.

Although there may be different approaches to service delivery within and between countries, the principles of the recommended public health approach for scaling up HIV testing and counselling should be common to the varying approaches. (See *Guiding Principles* section.)

As the number of people seeking HIV care, treatment and prevention is rapidly increasing, there is an urgent need to provide decentralized services in order to cope with the demand and improve access. Services should therefore be implemented in ways that address the need for decentralization and should embrace a range of approaches for delivering testing and counselling, including community-based or district-based approaches.

This requires functions, roles and responsibilities to be clearly defined at each level.

- Reference N° 1: *World Health Organization. Increasing Access to HIV Testing and Counselling: Report of a WHO consultation, 19–21 November 2002. Geneva: World Health Organization; 2003.*
- Reference N° 4.2: *WHO EURO (2004): WHO HIV/AIDS Treatment and Care Protocols for Countries of the Commonwealth of Independent States.*
- Reference N° 4.3: *WHO (2003): Perspectives and Practice in Antiretroviral Treatment: Antiretroviral Therapy in Primary Health Care: Experience of the Khayelitsha Programme in South Africa.*

Planning service delivery

Planning along the lines indicated below helps to determine the service delivery approach, i.e. where HIV testing and counselling will occur, how it will be provided and who will be involved.

- ▮ Clarification of infrastructure needs: current and required. Is a new service being provided or is an addition being made to the existing service? What different preparatory activities, staff roles and responsibilities are required?
 - ▮ Situation analysis including epidemiology, geographical mapping of testing and counselling facilities, referral sites and networks.
 - ▮ Assessment of uptake of HIV testing and counselling. How many people choose to find out their serostatus? Targeting services to groups most in need.
 - ▮ Assessment of health-seeking behaviour: whether individuals understand the need for care, treatment and prevention and where they choose or are able to access them.
 - ▮ Assessment of various models of service delivery. Flexibility in models of service delivery is required in order to ensure responsiveness of the planned service to target groups, health systems in place, and context.
 - ▮ Determination of linkages and referral mechanisms in order to provide additional and/or follow-up services; determination of capacity of referral sites to accept additional clients.
 - ▮ Determination of training and resource needs of testing and counselling service and referral sites, and of staff.
 - ▮ Determination of management structure (for staff and human resources, financial matters, service delivery approach, commodities).
 - ▮ Community mobilization to increase uptake of services and address barriers, e.g. lack of information or understanding, stigma, marginalization and affordability, thus ensuring access.
 - ▮ Phasing and time frame for implementation and scaling up; plans for resources to be in place (human, financial, commodities and management systems).
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- Reference N° 4.4: *CDC, Global AIDS Program (Draft April 2003): Voluntary Counselling and Testing (VCT): Program Tools for Implementing VCT.*
 - Reference N° 4.5: *Academy for Educational Development (AED), Center for Community-Based Health Strategies (1999): Assessing the Need for HIV Prevention Services: A Guide for Community Planning Groups.*

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- Reference N° 4.6: *Uganda Ministry of Health (2003): Uganda National Policy Implementation Guidelines for HIV Voluntary Counselling and Testing Services.*
- Reference N° 4.7: *HST: Maganga, B., Magwaza, S., Mathamba, V. and Makhanya, N. (2002): National Report on the Assessment of the Public Sector's Voluntary Counselling and Testing Programme.*
- Reference N° 4.8: *David Wilson and FHI (2001): HIV/AIDS Rapid Assessment Guide.*
- Reference N° 4.9: *UNAIDS (2000, second reprint 2002): Tools for Evaluating HIV Voluntary Counselling and Testing.*
- Reference N° 4.10: *Sangiwa, G. (1999): Zimbabwe VCT Program: New Start Centre Operating Procedure Manual.*
- Reference N° 4.11: *FHI (2002): A Guide to Establishing Voluntary Counselling and Testing Services for HIV.*
- Reference N° 4.12: *Ministry of Health Uganda (2000): Project Expansion Proposal Submitted by the Government of the Republic of Uganda to NORAD.*
- Reference N° 4.13: *WHO/AFRO (draft March 2003): Regional Guidelines for Voluntary HIV Counselling and Testing.*

Operational issues and components of service delivery

The components of service delivery that have to be addressed in order to provide testing and counselling programmes of satisfactory quality include:

- clarification of requirements for staff, space, equipment and supplies;
- staffing and human resource management training;
- standardized protocols and patient selection;
- linkages to other services for post-test support, and involvement of a range of stakeholders, especially people with HIV;
- raising awareness of the benefits and availability of testing and counselling;
- strategies to address stigma and discrimination;
- monitoring and evaluation (M&E).

Estimating requirements for space, equipment, supplies and staff

The requirements for setting up stand-alone or integrated testing and counselling services vary. Among the factors to consider are the setting (e.g. mobile services, home-based care teams, integration with other medical care such as TB or STI screening), the volume of clients expected, the availability of staff, the testing protocols adopted, and the available equipment, supplies and infrastructure. The required infrastructure includes private counselling space and waiting areas, counselling rooms and a testing area. The supplies include HIV test kits, condoms, gloves and other medical supplies, including those for universal precautions (UPs), post-exposure prophylaxis (PEP), blister packs for accidental exposure, sharps disposal containers, contaminated waste containers, and disinfectant. (See *Supplies and management of commodities* section.)

Staffing requirements vary with the expected volume but all individuals providing HIV testing and counselling services, e.g. counsellors, testing personnel, receptionists and supervisors, whether on a paid or volunteer basis, should be adequately trained to perform these duties in a professional and credible manner, ensuring a satisfactory quality of service and encouraging clients to feel confident in the skills and discretion of staff.

- Reference N° 4.10: *Sangiwa, G. (1999): Zimbabwe VCT Program: New Start Centre Operating Procedure Manual.*
- Reference N° 4.13: *WHO/AFRO (draft March 2003): Regional Guidelines for Voluntary HIV Counselling and Testing.*

Staffing and human resource management

Human resources are the most critical component of HIV testing and counselling services. A commitment is required at all levels to develop and support human resources, e.g. training, motivation, ensuring a safe working environment. Many different types of human resources are needed for the effective delivery of HIV testing and counselling services, including people with skills in management, administration, supply management, clinical care and community-based care. Health-care staff groups and volunteers can be trained in the core principles and delivery of testing and counselling services. Training in the core competencies and skills associated with these services should be included as a module in the training curricula of all physicians, nurses, social workers and other health-care staff. All counsellors and other staff (paid and voluntary) should participate in ongoing training and supervision. It is necessary to have clear job descriptions, lines of management, codes of conduct, case conferences, staff meetings, and programme vision and goals. (See *Capacity-building and training* section.)

Training, supervision and support help to decrease attrition and staff burnout, to maintain staff motivation and to facilitate dealing with equity and stigma in the workplace. The content, appropriateness and delivery of training for different staff groups depend on the allocated roles and responsibilities based on the service delivery approach. Training should be based on standard testing and counselling protocols and clinical management guidelines. The standardization of training and the development of guidelines for the accreditation of counsellors help to ensure service of satisfactory quality and follow-up of training. The building of skills and competencies through training should be linked to opportunities to use the skills in practice. The evaluation of training and continuing education should be budgeted for and supported. Networking and the development of links between staff and other providers and with national counselling networks, where they exist, should also be undertaken in order to ensure good standards in testing and counselling. (See *Capacity-building and training* section.)

Health-care workers are among those affected by HIV/AIDS. The impact of HIV can increase staff turnover and adversely affect the morale of staff and their ability to perform their tasks. A safe working environment requires the provision of workplace programmes for HIV prevention, treatment, psychosocial support, and the management of violence and assault, and also the availability of PEP, hepatitis B vaccination and UPs for staff. These are important measures for dealing with the impact of HIV/AIDS on health-care workers. These workers should benefit from the available HIV treatment services so that their ability to perform their jobs is not adversely affected. Innovative approaches are needed whereby health-care workers can access HIV testing and counselling and other HIV-related care, treatment and support.

- Reference N° 4.14: CDC, *Global AIDS Program (revised March 2003): Voluntary Counselling and Testing (VCT) Trainer's Manual*.
- Reference N° 4.15: CDC, *Global AIDS Program (revised March 2003): Voluntary Counselling and Testing (VCT) Participant's Manual*.
- Reference N° 4.16: CDC, *Global AIDS Program (revised March 2003): Voluntary Counselling and Testing (VCT) Training Curriculum (CD-ROM)*.
- Reference N° 4.17: CDC, *Global AIDS Program (draft April 2003): Voluntary Counselling and Testing (VCT) Communication about Sexual Health (CASH)*.
- Reference N° 4.18: Miller, D. (2000): *Dying to Care? Work, Stress and Burnout in HIV/AIDS*.
- Reference N° 4.19: UNAIDS (2000): *Caring for Carers: Managing Stress in Those Who Care for People with HIV and AIDS*.

Standardized protocols and quality standards

Clear operational policies, quality standards and protocols are required for service delivery. The areas that have to be covered include:

- ▮ client registration and intake;
- ▮ delivery of HIV testing and counselling;
- ▮ PEP;
- ▮ laboratory protocols;
- ▮ pre-test counselling;
- ▮ obtaining informed consent;
- ▮ maintaining confidentiality;
- ▮ beneficial disclosure;
- ▮ post-test counselling, care and support;
- ▮ ensuring non-discrimination in service provision;
- ▮ referral mechanisms.

Protocols and monitoring procedures should be regularly reviewed and used for the training of health-care workers. Information management systems are needed for monitoring client registration, intake and referral which maintain confidentiality and can be used to reconfigure services and protocols as required.

Quality improvement processes are required for auditing adherence to policies, protocols and procedures. It is important to use these processes to assess issues such as staff competency, counsellor skills, counselling protocols, the adequacy of laboratory testing and the perspective of clients on the accessibility and acceptability of testing and counselling services.

- Reference N° 4.20: *CDC, Global AIDS Program (draft April 2003): Voluntary Counselling and Testing (VCT) Implementation Manual.*
- Reference N° 4.21: *FHI: Rehle et al. (2001): Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries, a Handbook for Program Managers and Decision Makers.*
- Reference N° 4.22: *FHI (2002): Quality Assurance Measures for Voluntary Counselling and Testing (VCT) Services.*
- Reference N° 4.23: *USAID: Brown, Lianne, Amara Singham et al. (2000): Handbook of Indicators for HIV/AIDS/STI Programs.*
- Reference N° 4.24: *The Synergy Project (2003): Implementation Monitoring Plan APDIME Toolkit Version 1 (CD-ROM).*
- Reference N° 4.25: *WHO/AFRO, CDC, PHL: Guidelines for Appropriate Evaluations of HIV Testing Technologies in Africa.*
- Reference N° 4.12: *Ministry of Health Uganda (2000): Project Expansion Proposal Submitted by the Government of the Republic of Uganda to NORAD.*
- Reference N° 4.26: *UNAIDS (2000): National AIDS Programmes. A Guide to Monitoring and Evaluating HIV/AIDS Care and Support.*
- Reference N° 4.6: *Ministry of Health Uganda (2003): Uganda National Policy Implementation Guidelines for HIV Voluntary Counselling and Testing services.*
- Reference N° 4.27: *NACO (DRAFT, 2004): NACO Standard Operating Procedures for VCTCs*
- Reference N° 4.28: *UNAIDS (2000): Tools for Monitoring and Evaluating HIV Testing and Counselling,*
- Reference N° 4.2: *WHO EURO (2004): WHO HIV/AIDS Treatment and Care Protocols for Countries of the Commonwealth of Independent States.*

Linkages to other services and involvement of a range of stakeholders, including people with HIV

Comprehensive HIV testing and counselling services should be delivered as part of a package of prevention, treatment, care and support interventions. This involves close linkages to

community members and structures including post-test clubs, NGOs, CBOs, private and public health providers, traditional healers and people with HIV. Effective referral networks are necessary between the range of stakeholders and services at health facility and community level in order to achieve continuity of care, treatment and prevention and to meet the needs of people accessing testing and counselling and of people with HIV. Linking and integrating with other health services may involve, for example, services for the prevention of HIV in infants and young children, ARV treatment, STIs, TB, family planning and paediatric care. It is important to refer people to services of good quality.

- Reference N° 4.26: *UNAIDS (2000): National AIDS Programmes. A Guide to Monitoring and Evaluating HIV/AIDS Care and Support.*
- Reference N° 4.3: *WHO (2003): Perspectives and Practice in Antiretroviral Treatment: Antiretroviral Therapy in Primary Health Care: Experience of the Khayelitsha Programme in South Africa.*

Raising awareness of the benefits and availability of HIV testing and counselling

In order to increase access to HIV testing and counselling it is necessary to raise awareness of the accessibility of services and of the benefits of individuals knowing their HIV status. This includes increasing awareness of the benefits obtainable from advances in the prevention of HIV infection, e.g. PMTCT and treatment of HIV-related diseases, including ARV treatment where available.

For the purposes of service delivery it is important to consider reducing the barriers to access to HIV testing and counselling services for vulnerable populations such as women, young people, sex workers, MSM, IDUs, refugees and prison populations. Strategies for raising awareness and promoting the uptake of services can include outreach and peer-based methods to mobilize the community. Cost-sharing and financial arrangements aimed at encouraging vulnerable groups to use services, e.g. the waiving of fees and the use of vouchers, may also increase uptake. HIV testing and counselling services should be developed in ways that respond to the specific needs of these populations.

- Reference N° 1: *World Health Organization. Increasing Access to HIV Testing and Counselling: Report of a WHO Consultation, 19–21 November 2002. Geneva: World Health Organization; 2003.*

Strategies against stigma and discrimination

Stigma and discrimination prevent people from accessing HIV testing, counselling, care, treatment and prevention. The involvement of a range of stakeholders, including health-care workers, communities, post-test clubs and people with HIV, can contribute significantly to reducing stigma and providing a supportive environment for people accessing HIV testing and counselling services and people with HIV. NGOs, CBOs, post-test clubs and people with HIV also play an important role in providing information and education and in working with service providers to increase the coverage and use of services. Efforts in the area of community education also help to create a more supportive environment for treatment, care and prevention programmes. (See *Involving and mobilizing stakeholders* section.)

- Reference N° 4.29: *International HIV/AIDS Alliance (2002): Sex Workers: Part of the Solution.*
- Reference N° 4.30: *WHO (2003): Adolescent Friendly Health Services: An Agenda for Change.*
- Reference N° 4.31: *FHI – IMPACT: Boswell, D. and Baggaley, R. (2002): VCT and Young People: a Summary Overview.*
- Reference N° 4.32: *FHI: Boswell, D. and Baggaley, R. (2001): Voluntary Counselling and Testing: A Reference Guide. Responding to the Needs of Young People, Children, Pregnant Women, and their Partners.*

Monitoring and evaluation

The goals of M&E of HIV testing and counselling services are to:

- ▶ increase the efficiency, effectiveness and quality of services delivered by providers; and
- ▶ improve the availability, accessibility and acceptability of testing and counselling services and their use by clients.

An important objective of M&E is to provide managers and decision-makers with information enabling them to improve or scale up service delivery. HIV testing and counselling services should consider developing M&E as part of the planning process. M&E strengthen the quality of services, covering methods for assessing service accessibility, site monitoring, country evaluation of HIV testing techniques, the adequacy of protocols, activity levels (e.g. at minimum sex and age) and patient flow. Included are all interactions from entry to exit of HIV testing and counselling services, ethical guidelines, referral use, return rates, follow-up and various methods of quality assurance (e.g. tools for counsellors, the competency of staff, including laboratory staff, and client satisfaction). Systems for information management are required for M&E and the data gained can be used to reconfigure services as required.

- Reference N° 4.21: *FHI: Rehle et al. (2001): Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries, a Handbook for Program Managers and Decision Makers.*
- Reference N° 4.22: *FHI (2002): Quality Assurance Measures for Voluntary Counselling and Testing (VCT) Services.*
- Reference N° 4.23: *USAID (2000): Brown, Lisanne, Amara Singham et al.: Handbook of Indicators for HIV/AIDS/STI Programs.*
- Reference N° 4.33: *UNAIDS/WHO Working Group on Global HIV/AIDS/STI Surveillance (2001): Guidelines for Using HIV Testing Technologies in Surveillance.*
- Reference N° 4.24: *The Synergy Project (2003): Implementation Monitoring Plan APDIME Toolkit Version 1 (CD-ROM).*
- Reference N° 4.25: *WHO/AFRO, CDC, PHL: Guidelines for Appropriate Evaluations of HIV Testing Technologies in Africa.*
- Reference N° 4.6: *Ministry of Health Uganda (2003): Uganda National Policy Implementation Guidelines for HIV Voluntary Counselling and Testing Services.*
- Reference N° 4.9: *UNAIDS (2000): Tools for Evaluating HIV Testing and Counselling.*
- Reference N° 4.2: *WHO EURO (2004): WHO HIV/AIDS Treatment and Care Protocols for Countries of the Commonwealth of Independent States.*
- Reference N° 4.34: *Liverpool VCT Centre, Kenya (2003): Quality Assurance Resource Pack for Voluntary Counseling and Testing Service Providers.*

5. Capacity-building and training

The scaling up of HIV testing and counselling services requires effective capacity-building and training in order to ensure that services are of consistently high quality and that they meet the needs of the communities they serve. Capacity-building goes beyond training and the attainment of skills. It includes the strengthening of organizations and systems, and establishing and supporting linkages and networks. Training and support for all cadres of staff are essential components of capacity-building.

The capacity-building and training requirements of HIV testing and counselling services vary with the setting and the services offered. This section considers the following operational issues:

- ▶ capacity-building for setting up a service centrally and for service delivery;
- ▶ training needs for different types of counsellors, trainers, managers, testing staff, laboratory staff, M&E personnel, community volunteers and people with HIV;
- ▶ training on specialized counselling for different population groups, e.g. young people, women, and couples attending PMTCT clinics, IDUs, sex workers and IDPs; and
- ▶ ongoing support and supervision, and mechanisms for avoiding burnout and dropout among staff.

Central coordination

Central coordination is recommended in order to build and support capacity for the effective running and development of a testing and counselling service or programme. This could be achieved by appointing a full-time national HIV testing and counselling coordinator and an HIV testing and counselling steering committee, comprising people with skills in:

- ▶ monitoring and evaluation for progress and quality assurance;
- ▶ training;
- ▶ finance;
- ▶ policy;
- ▶ logistics;
- ▶ laboratory work;
- ▶ counselling; and
- ▶ data management.

These people may already be in place and working with, for example, ARV, MTCT, STI / reproductive health and TB programmes. This would facilitate linkages and collaborations with these programmes. Different countries have developed different approaches and models for providing testing and counselling services. If NGOs have a significant role in delivering services it would be important to include them at this central level.

The HIV testing and counselling coordinator and the steering committee should:

- ▶ assess the capacity-building and training requirements at the local, district and national levels which are necessary to carry out development and scaling up of HIV testing and counselling services;
- ▶ develop a capacity-building and training strategy;
- ▶ review training materials and modify them as appropriate;
- ▶ review available capacity-building and training expertise;
- ▶ utilize existing institutions to provide skills and support for management and staff, such as counsellors and laboratory personnel;
- ▶ monitor the progress and quality of service development.

The committee should include:

- ▶ technical experts in HIV testing and counselling;
- ▶ communications experts for publicity and advocacy;
- ▶ data managers involved in service delivery and M&E;
- ▶ logistics and supplies experts;
- ▶ community development experts (to use community mobilization for promoting and supporting service utilization for specific target groups, e.g. young people).

- Reference N° 4.34: *Liverpool VCT Centre, Kenya (2003): Quality Assurance Resource Pack for Voluntary Counseling and Testing Service Providers.*

Capacity-building

A lack of capacity is often given as the reason for not implementing services. Capacity-building should be seen as an essential and ongoing component of implementation.

The importance of capacity-building has been largely overlooked in many global HIV initiatives. Sometimes this has led to inefficient implementation and failure to scale up services. For example, in some HIV testing and counselling programmes there has been an emphasis on the initial training of a target number of counsellors, whereas inadequate thought has been given to the selection of specific types of counsellors and their ongoing support and supervision. This can lead to high attrition rates among counsellors and a decline in the quality of the services they provide.

Capacity should be developed at all levels in order to ensure that HIV testing and counselling services:

- (1) **develop in a coordinated way.** In many countries there is a wide range of public, NGO and private HIV testing and counselling providers. It can be beneficial to encourage them to share experiences, resources and challenges, thus enabling them to learn from each other.
- (2) **reach different population groups and different geographical areas.** In many countries, services are confined to large urban areas. As a result, vulnerable population groups with special needs may not have access to services. Such groups include young people, prisoners, sex workers, migrant workers, IDPs and IDUs.
- (3) **support quality control of HIV testing and counselling.** National guidelines on HIV testing policy and practice and a national quality assurance system help to guarantee

that HIV testing is carried out in a consistent way and to the highest standard. The development of standard practices for counselling training and selection may help to raise the quality of counselling.

- (4) **enable bulk purchase of commodities.** Central coordination of the purchase and distribution of commodities such as testing kits, condoms and HIV educational material may reduce costs and increase the reliability of supply chains.

Institutional capacity-building for the development and provision of HIV testing and counselling services is important in order to allow the:

- ▶ capacity of current institutions to scale up;
- ▶ capacity of an area to support a new service; and
- ▶ training of managerial staff at this level.

Skills for assessing the suitability of new HIV testing and counselling sites

In order to increase access to HIV testing and counselling it is necessary to identify a wide range of new sites that can provide services. For example, a site assessment should be done when consideration is being given to the incorporation of HIV testing and counselling services into a youth club, community centre or health clinic etc. The following issues should be considered.

- ▶ **Mission/interest of organization/NGO/CBO** – Is it compatible with the inclusion of HIV testing and counselling services and is there an indication of need?
- ▶ **Success in current field of work** – How is the organization performing in its current field of work?
- ▶ **Leadership** – Is the leadership strong and supportive of incorporating HIV testing and counselling?
- ▶ **Community involvement** – How is the organization viewed in the community and what is the coverage/use of the site?
- ▶ **Effective board/management** – Would the board and management be supportive of including HIV testing and counselling services?
- ▶ **Efficient accounting/financial system** – Does the organization already have management information systems, record management and data management procedures? If so, how effective are they?
- ▶ **M&E** – Are any M&E activities currently being undertaken? If so, what are the results?
- ▶ **Space/site** – Is there sufficient space for group education, individual counselling and storage of testing equipment?
- ▶ **Staff** – Are there staff who could take on HIV testing and counselling duties? If so, what are their training needs?
- ▶ **Target population** – Are the people who are already attending the service likely to benefit from HIV testing and counselling services?
- ▶ **Accessibility** – Is the site easy to get to?

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Specific training requirements

Basic training is essential for all HIV testing and counselling staff members, including reception and administrative staff, and for lay volunteers working in conjunction with formal health service sites and community-based health services. Some areas are common to all staff members but particular subgroups need additional technical training.

Specific issues to be covered through training for all staff

- ▶ Basic HIV awareness (HIV transmission and prevention)
- ▶ Purpose and benefits of HIV testing and counselling
- ▶ Process of HIV testing and counselling
- ▶ Confidentiality issues
- ▶ How the HIV testing and counselling team works together, including roles and responsibilities and line management
- ▶ Health and safety issues.

Training needs for counselling and testing staff

Basic training in counselling (pre-service and in-service). All counsellors need basic training for routine/uncomplicated cases. This includes:

- ▶ pre-test education / pre-test counselling;
 - ▶ post-test counselling;
 - ▶ ongoing counselling.
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- Reference N° 4.16: CDC, *Global AIDS Program (revised March 2003): Voluntary Counselling and Testing (VCT) Training Curriculum (CD-ROM)*.
 - Reference N° 5.1: CDC (1993): *Project RESPECT: Enhanced and Brief Counselling Intervention Guide*.
 - Reference N° 4.15: CDC, *Global AIDS Program (revised March 2003): Voluntary Counselling and Testing (VCT) Participant's Manual*.
 - Reference N° 5.2: CDC (2001): *Revised Guidelines for HIV Counselling, Testing and Referral*.
 - Reference N° 4.14: CDC, *Global AIDS Program (revised March 2003): Voluntary Counselling and Testing (VCT) Trainer's Manual*.
 - Reference N° 5.3: WHO (1995) *Global Programme on AIDS – Source Book for HIV/AIDS Counselling training*.
 - Reference N° 5.4: WHO (2003): *Integrated Management of Adolescent and Adult Illness – Interim Guidelines for First-Level Facility Health Workers: Acute Care*.
 - Reference N° 5.5: WHO (2003): *Integrated Management of Adolescent and Adult Illness – Interim Guidelines for First-Level Facility Health Workers: Palliative Care: Symptom Management and End-Of-Life Care*.
 - Reference N° 5.6: WHO (2003): *Integrated Management of Adolescent and Adult Illness – Interim Guidelines for First-Level Facility Health Workers: Chronic HIV Care with ARV Therapy*.
 - Reference N° 5.7: WHO (2003): *Integrated Management of Adolescent and Adult Illness – Interim Guidelines for First-Level Facility Health Workers: General Principles of Good Chronic Care*.
 - Reference N° 5.8: Ministry of Health Kenya (2003): *Kenya National Manual for Training Counsellors in Voluntary Counselling and Testing (VCT) for HIV; 1: Training Manual*.
 - Reference N° 5.9: Ministry of Health Kenya (2003): *Kenya National Manual for Training Counsellors in Voluntary Counselling and Testing (VCT) for HIV; 2: Handouts*.
 - Reference N° 5.10: Ministry of Health Kenya (2003): *Kenya National Manual for Training Counsellors in Voluntary Counselling and Testing (VCT) for HIV; 3: Trainers' Notes*.

Advanced/specialized training in counselling. Some counsellors in the services can be trained in more advanced counselling skills so that they can support less experienced counsellors with complex cases or have clients/patients referred to them. Specialized

training is also needed for counsellors seeing young people, families/couples and vulnerable groups such as sex workers and IDUs. This training may cover counselling in respect of:

- ▶ domestic violence and rape;
 - ▶ premarital matters / couples;
 - ▶ discordant couples;
 - ▶ sexual behavioural risk negotiation;
 - ▶ managing HIV disclosure and its consequences in environments with high stigma or denial.
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- Reference N° 5.11: *WHO SEARO (2004): Guidelines on VCT Training.*
 - Reference N° 4.17: *CDC, Global AIDS Program (draft, April 2003): Voluntary Counselling and Testing (VCT) Communication about Sexual Health (CASH).*
 - Reference N° 5.12: *South African AIDS Training Programme (2000): Counselling Guidelines on Disclosure of HIV Status.*
 - Reference N° 5.13: *South African AIDS Training Programme (No Date): HIV Status and Disclosure: Choices and Consequences.*

Training of trainers. The training of trainers is essential in many settings where a rapid scaling up of HIV testing and counselling services is planned.

Continuing education. HIV testing and counselling is a rapidly changing field. For example, the new ARV treatments and PMTCT opportunities mean that it is highly advantageous for people to know their status. Counsellors need continuing education so that they are familiar with current treatment options and, for example, with areas such as counselling on infant feeding if they are involved in PMTCT. Staff involved in HIV testing also need to have access to continuing education so that they can be aware of new test kits, technologies and procedures.

Ongoing supervision, support and mentoring. Burnout and staff attrition have been noted in many HIV testing and counselling services. A senior counsellor should be trained to develop a programme of support, supervision and mentoring for counsellors. Regular staff appraisals can help to keep staff motivated and maintain a high quality of service.

Monitoring and evaluation

M&E are important for assessing the effectiveness HIV testing and counselling services and for future planning. Many counsellors are uncertain about carrying out M&E activities and can benefit from basic training in M&E skills.

- Reference N° 4.9: *UNAIDS (2000): Tools for Evaluating HIV Counselling and Testing.*
- Reference N° 5.14: *WHO (2003): ARV Toolkit: A Public Health Approach for Scaling Up Antiretroviral Therapy.*

Staffing: counsellors

It is necessary to train counsellors from a wider range of backgrounds than previously in order to achieve significantly improved access to testing and counselling services. The type of counsellor selected depends on the circumstances and needs in the countries concerned.

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WHO advocates that, in order to achieve “3 x 5”, non-formal and lay volunteers should be engaged in testing and counselling. While the content of basic training may be similar for all cadres of counsellors it should be tailored to the educational background and previous experience of each counsellor or group of counsellors.

Counsellors may be people from the following groups.

- ▶ *Traditional counsellors* with a background in health or social work.
 - ▶ *School-leaver/counsellors* with secondary school education have been recruited in some settings, particularly in countries where there is a lack of tertiary education facilities and high unemployment among school-leavers.
 - ▶ *People with HIV*. In many settings, people with HIV have been trained as counsellors. They can offer particularly valuable services and can help to support others who are HIV-positive. However, people with HIV working as counsellors may themselves be vulnerable to work-related stress and burnout and they need careful support and supervision in order to avoid these problems.
 - ▶ *Retired professionals*. Retired health workers, teachers and preachers often already have counselling skills and hold the trust of their communities. They can often work part-time or cover out-of-hours services.
 - ▶ *Community/peer counsellors*. Community counsellors, who are often without formal education but are respected members of their communities and have wide life experience, e.g. mothers, can sometimes offer ongoing support to people who have received HIV testing and counselling.
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- Reference N° 5.4: WHO (2003): *Integrated Management of Adolescent and Adult Illness – Interim Guidelines for First-Level Facility Health Workers: Acute Care*.
 - Reference N° 5.5: WHO (2003): *Integrated Management of Adolescent and Adult Illness – Interim Guidelines for First-Level Facility Health Workers: Palliative Care: Symptom Management and End-Of-Life Care*.
 - Reference N° 5.6: WHO (2003): *Integrated Management of Adolescent and Adult Illness – Interim Guidelines for First-Level Facility Health Workers: Chronic HIV Care with ARV Therapy*.
 - Reference N° 5.7: WHO (2003): *Integrated Management of Adolescent and Adult Illness – Interim Guidelines for First-Level Facility Health Workers: General Principles of Good Chronic Care*.

Staffing: HIV testing staff

Away from clinic/hospital settings, non-laboratory staff often carry out testing. Training is needed for:

- ▶ facility-based staff who are required to take samples and perform rapid tests;
 - ▶ laboratory staff who are required to perform confirmatory tests and assist with the training of facility-based testing staff. Moreover, it is necessary to set up linkages to reference laboratory services for routine quality control.
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- Reference N° 3.5: WHO (2004): *Rapid HIV Tests: Guidelines for Use in HIV Testing and Counselling Services in Resource-Constrained Settings*.
 - Reference N° 5.15: NACO, Government of India (2003): *Voluntary Counselling and Testing Services. Revised Operational Guidelines for Establishing VCTC*.
 - Reference N° 4.34: Liverpool VCT Centre, Kenya (2003): *Quality Assurance Resource Pack for Voluntary Counseling and Testing Service Providers*.

Human resources management

The following issues should be considered in planning for staff capacity-building and training needs.

- ▶ Staff recruitment (laboratory personnel, counsellors, testing staff, etc.)
 - Decisions on whom to recruit (motivation, roles and responsibilities, background)
 - Formulating job descriptions (duties and responsibilities)
 - Identification of staff support requirements

- ▶ Staff retention

Retaining trained testing and counselling staff can be a major challenge. High staff turnover is costly, inefficient and may result in low morale for remaining staff. The following areas should be reviewed in order to prevent staff attrition and burnout.

- **Salaries** (consideration should be given to local factors, e.g. salary scales in similar programmes)
- **HIV/AIDS morbidity and mortality**, including emotional requirements and the need to deal with stigma (staff in many high-prevalence settings are affected by HIV in a similar way to the general population). This can be addressed through:
 - support for HIV workplace policy development;
 - HIV education and support programmes for staff and families;
 - access to HIV testing and counselling for all staff and families;
 - access to health care with or without ARVs; and
 - universal prevention and control of infection.
- **Mobility issues.** Many HIV testing and counselling services report a high turnover of staff: qualified and trained personnel move to other posts. Other HIV testing and counselling services have reported difficulties in recruiting staff to rural or remote areas. Staff retention may be favoured by the introduction of:
 - incentives;
 - career structures;
 - professional development;
 - continuing medical education;
 - differentials between urban and rural work, perhaps involving the payment of supplements to staff in unpopular and remote locations or cost-of-living considerations; and
 - policies and environments discouraging active recruitment of well-qualified staff to other countries, in parallel with encouragement at the national level for the placement of new graduates.
- **Stress and psychological management:**
 - provision of ongoing supervision, support and mentoring;
 - provision of a supportive working environment, e.g. coffee breaks;
 - role recognition;
 - reduction/modification of workload;
 - facilitation of flexible and part-time working;

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- development of a staff appraisal system, including recognition of different roles and feedback to staff;
 - sympathetic consideration of performance issues associated with burnout (not necessarily retention issues); and
 - provision of a programme of staff development and in-service training.
- Reference N° 4.19: *UNAIDS (2000): Caring for Carers: Managing Stress in Those Who Care for People Living with HIV/AIDS.*
- Reference N° 4.18: *Miller, D. (2000): Dying to Care? Work, Stress and Burnout in HIV/AIDS.*

Information and guidance on training in counselling for counsellors working with young people and on PMTCT programmes are given in the following documents.

- Reference N° 5.16: *Ministry of Health Botswana, CDC, UNICEF, BOTUSA (2002): The Botswana Prevention of Mother-to-Child Transmission of HIV; Programme Handbook and Facilitators' Guide*
- Reference N° 4.31: *FHI: Boswell, D. and Baggaley, R. (2002): VCT Toolkit Voluntary Counselling and Testing and Young People: A Summary Overview.*
- Reference N° 4.10: *Sangiwa, G. (1999): Zimbabwe VCT Program: New Start Centre Operating Procedure Manual.*
- Reference N° 5.17: *Moynihan, M. (2001): Interviewing and Counselling at the Grass Roots.*

Critical issues for capacity-building and training for HIV testing and counselling services

► Counselling for other vulnerable populations

There is a lack of training materials that focus on needs of IDUs, sex workers, migrants, IDPs, prisoners, incarcerated populations and young people.

► Advanced counselling

This includes counselling in connection with, e.g. discordant couples, suicidal clients, rape victims, domestic violence and child sex abuse.

► Training institution resources

Some high-prevalence countries have other development challenges, such as a poor educational infrastructure and a corresponding lack of experts to carry out capacity-building and training. This is particularly problematic in countries emerging from conflict.

► Selecting appropriate staff for training

This can be a particular problem when staff members are being selected for in-depth training or for training opportunities abroad.

► Mainstreaming training in HIV counselling

This includes training in counselling and HIV testing in other curricula, e.g. those of medical schools, religious institutions, teacher training colleges and nursing schools.

6. Management and coordination

The scaling up of HIV testing and counselling services requires an effective system of management and coordination in order to ensure that policies, guidelines, systems, resources (financial, human and material), roles, responsibilities and deadlines are translated into programme activities and implemented so as to achieve HIV testing and counselling service delivery as equitably as possible.

Management and coordination vary with the setting. Coordination is important for ensuring the quality of HIV testing and counselling services and links to other services, the efficiency of HIV testing and counselling services, and better use of resources to reduce the duplication of services. Communication between managers is essential in order to achieve these aims. This section considers:

- ▶ operational issues requiring consideration (e.g. establishing a clear vision for the planning and implementation of HIV testing and counselling services, management of day-to-day activities, monitoring and evaluation, coordination and quality assurance);
- ▶ the need for efficient management and coordination when services are being decentralized and scaling up is taking place; and
- ▶ key questions relating to the development of effective management systems.

(See Policy, advocacy and stakeholder mobilization, Supply and management of commodities, and Determining costs and financing sections.)

- Reference N° 6.1: *MSH (1996): Guidelines for Setting Up a Managed Health Care Plan.*
- Reference N° 6.2: *USAID/Quality Assurance Project: International Development Quality Assurance Project: Health Manager's Guide: Monitoring the Quality of Hospital Care.*
- Reference N° 4.10: *Sangiwa, G. (1999): Zimbabwe VCT Program: New Start Centre Operating Procedure Manual.*

Management system

At the national level the management system should be defined during the planning of HIV testing and counselling services, ensuring that it has the capacity and resources for coordination and for making connections between policies, decision-making and implementation. Management functions can be carried out at different levels and may be centralized or decentralized, depending on the degree of delegation possible within the operational settings concerned. Leadership requires clear vision in respect of the programme and the quality of care.

The functions of the management system for HIV testing and counselling services include:

- ▶ an **advisory function**, responsible for addressing policy issues regarding the implementation of HIV testing and counselling services;
- ▶ **day-to-day management** for the implementation of HIV testing and counselling services;
- ▶ **monitoring and evaluation**; and
- ▶ **coordination** within HIV testing and counselling services, with other relevant services and with external stakeholders.

The advisory function should be fulfilled by a formal advisory body whose tasks are to support the management system and advise on policy issues. Membership of this body should include: health professionals who are directly involved in the programme, e.g. public health workers, counsellors and clinicians; user representatives; and representatives of professional bodies, social security services and other providers of services, e.g. insurance companies and employers. Where possible, HIV testing and counselling services should be integrated with ARV treatment and care programmes.

Issues to be addressed by an advisory body include:

- ▶ national policy formulation on the provision of HIV testing and counselling, including financing and a phased approach;
- ▶ development of country-specific practical guidelines;
- ▶ estimation or assessment of required scale of HIV testing and counselling services;
- ▶ selection of clinics/sites suitable for the provision of HIV testing and counselling services;
- ▶ capacity-building for clinicians, counsellors and testing technicians at identified sites;
- ▶ development of process indicators and evaluation tools; and
- ▶ dissemination of information on the impact of HIV testing and counselling services

(See Policy, advocacy and stakeholder mobilization section.)

The day-to-day project management function of testing and counselling services requires different service-related and administrative aspects of the programme to be overseen, e.g. capacity-building (i.e. infrastructure and training), procurement and distribution, monitoring and evaluation, and finance.

Management can be provided within an existing health system or can be established before the implementation of new testing and counselling services. Management systems can also be implemented within overall, i.e. national, HIV strategy. They should clearly define lines of authority, communication and roles and responsibilities at different levels. Managers need ongoing training programmes based at existing training institutions. The programmes should cover such areas as quality assurance, the development of leadership skills, and finance and resource management.

- Reference N° 4.10: *Sangiwa, G. (1999): Zimbabwe VCT Programme: New Start Centre Operating Procedure Manual.*

Managers' responsibilities may include:

- ▮ ensuring that service providers are familiar with minimum standards for HIV testing and counselling services and with procedures of service delivery on an ongoing basis (see Service delivery section);
- ▮ linking government services with other providers and services;
- ▮ facilitating positive institutional and service provider attitudes aimed at reducing stigma and discrimination among health-care providers, possibly through ongoing training;
- ▮ providing systems for information and data management for decision-making (including proper documentation, analysis, a reporting system, communication, and confidentiality);
- ▮ implementing a monitoring and evaluation strategy for testing and counselling services and implementation with clearly defined indicators and an implementation plan (including setting targets and goals which may vary between settings);
- ▮ monitoring goals, targets and achievements to demonstrate success and facilitate trust, including reporting systems for local and global requirements;
- ▮ familiarization with costing of HIV testing and counselling services and resource management (see Determining costs and financing section);
- ▮ establishing referral networks;
- ▮ assuring quality, accountability and transparency; and
- ▮ providing ongoing communication, job plans, feedback, training, supervision, a support system, investment and motivation for programme staff (e.g. counsellors, technicians and volunteers) in order to minimize attrition (e.g. as a result of death and illness or because of out-migration of health staff pursuing opportunities in other countries or sectors), burnout and dropout of carers.

- Reference N° 4.26: *UNAIDS (2000): National AIDS Programmes. A Guide to Monitoring and Evaluating HIV/AIDS Care and Support.*
- Reference N° 4.21: *FHI: Rehle et al. (2001): Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries, a Handbook for Program Managers and Decision Makers.*
- Reference N° 6.3: *FHI (2001): Voluntary Counselling and Testing for HIV: A Strategic Framework.*
- Reference N° 5.15: *NACO, Government of India (2003): Voluntary Counselling and Testing Services. Revised Operational Guidelines for Establishing VCTC.*
- Reference N° 4.10: *Sangiwa, G. (1999): Zimbabwe VCT Program: New Start Centre Operating Procedure Manual.*
- Reference N° 6.4: *Ministry of Health Kenya (2001): National Guidelines for Voluntary Counselling and Testing.*
- Reference N° 4.19: *UNAIDS (2000): Caring for Carers: Managing Stress in Those Who Care for People Living with HIV/AIDS.*
- Reference N° 4.27: *NACO India (draft 2004): NACO Standard Operating Procedures for Voluntary Counselling and Testing Centres*

Centralized and decentralized management

It has been argued that the scaling up process in HIV/AIDS programmes and services requires a shift from a centralized approach to one of decentralized mechanisms of planning and implementation. These include a broader range of factors for the different components

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of an HIV/AIDS programme (e.g. ARV treatment and care, sexual health care, TB screening, prevention and reduction of MTCT, youth-friendly services and orphan care).

HIV testing and counselling services can be implemented in a number of locations (e.g. the health sector, the community, businesses, religious organizations, prisons, schools and the armed forces) where certain aspects of scaling up through a more decentralized approach can be applied. Strong central coordination and capacity at the local level are necessary. However, the focus of the central management function in a decentralized approach is more on the setting of policies and programme parameters, the financing of projects, facilitation, training, and monitoring and evaluation than on implementation, which takes place at decentralized levels.

- Reference N° 4.12: *Ministry of Health Uganda (2000): Project Expansion Proposal Submitted by the Government of the Republic of Uganda to NORAD.*
- Reference N° 6.5: *WHO (2003): Guidelines for Implementing Collaborative TB and HIV Programme Activities.*
- Reference N° 4.2: *WHO EURO (2004): WHO HIV/AIDS Treatment and Care Protocols for Countries of the Commonwealth of Independent States.*

Coordination

The coordination of HIV testing and counselling services involves the following.

- ▶ *Coordination of different programmes for delivering HIV testing and counselling services*
The use of standardized protocols for the provision of HIV testing and counselling services ensures that common standards are met, supports the efficiency of programmes and avoids duplication. This is especially important if programmes are to build on existing experience, pilot projects and other small-scale experiences.
- ▶ *Coordination of HIV testing and counselling services with other AIDS activities and other health sector undertakings*, e.g. the Global Fund for AIDS, TB and Malaria (GFATM), the Country Coordinating Mechanism (CCM) and national strategic plans. This also helps to ensure integration with health care systems (see *Policy, advocacy and stakeholder mobilization* section).
- ▶ *Coordination of activities between the central and implementation levels* is also critical for effective management, for sharing expertise and for ensuring effective service delivery. This is because different but inextricably linked activities occur at different levels, e.g. the procurement of essential commodities at the central level and the provision of HIV testing and counselling services at the implementation level.
- Reference N° 4.20: *CDC, Global AIDS Program (draft April 2003): Voluntary Counselling and Testing (VCT) Implementation Manual.*
- Reference N° 6.6: *USAID-PVO Steering Committee on Multisectoral Approaches to HIV/AIDS (2003): Multisectoral Responses to HIV/AIDS: A Compendium of Promising Practices from Africa.*

Critical issues for management and coordination of HIV testing and counselling services

► Management resources

Identifying and defining leadership in HIV testing and counselling services is a key task for programme developers. It includes establishing clear guidelines on management and operational systems for scaling up these services. Adequate resources are required for the provision of current and projected management systems for this scaling up.

► Management training

Identifying opportunities for enhancing managerial skills and training is required for scaling up HIV testing and counselling services. Key tasks include identifying whom to train and the required level of training. It is also necessary to develop support systems and supervision for managers.

► Quality assurance

In order to minimize waste and duplication, improved coordination is required between partner agencies, managers, service providers and beneficiaries of services. This results in a better use of resources, the sharing of expertise, and improvements in quality, efficiency and all components needed for enhancing the scaling up of testing and counselling services. The development of appropriate indicators to monitor HIV testing and counselling services is required, including the use of effective information management systems.

► Human resource management

Human resource management is a major challenge in the scaling up of HIV testing and counselling services. For example, it is desirable to avoid high attrition rates among staff and counsellors and to increase the number of trained staff and volunteers so as to meet the requirements for scaling up. Among the issues to consider are the provision of adequate resources, training and support for staff, including access to HIV testing and counselling services and health care (see *Capacity-building and training* section).

7. Determining costs and financing

When planning HIV testing and counselling services it is essential to have accurate **cost** estimates from which budgets can be constructed. In order to implement and scale up it is necessary to secure adequate **financing** for all aspects of the programme. Failure to predict realistic costs and secure sufficient funding has sometimes led to existing HIV testing and counselling services' inability to scale up so as to meet demand.

The costing and financing requirements of HIV testing and counselling services vary with the setting and services offered. This section considers the following issues:

- ▶ estimating costs by developing a costing framework;
- ▶ cost implications of different models of HIV testing and counselling services;
- ▶ cost-sharing and cost recovery;
- ▶ financing mechanisms and resource mobilization;
- ▶ resources available including accounting materials; and
- ▶ challenges and opportunities in estimating costs and securing funding.

Estimating costs

The estimation of costs for a testing and counselling programme requires detailed data about the number of people who are expected to access the services and the planned components of the services and their costs. Several tools exist for estimating the costs of HIV/AIDS programmes.

In order to estimate programme costs it is necessary to:

- ▶ define programme targets (number of people expected to access testing and/or related services);
- ▶ estimate start-up and ongoing costs for the site or sites;
- ▶ estimate start-up and ongoing costs for all cadres of staff; and
- ▶ estimate any potential income generated by the programme (e.g. cost-sharing / cost recovery).

- Reference N° 7.1: *World Bank (2001): Costs of Scaling HIV Programme Activities to a National Level in Sub-Saharan Africa: Methods and Estimates*
- Reference N° 7.2: *Abt Associates Inc. (2000): Design and Application of a Costing Framework to Improve Planning and Management of HIV/AIDS Programmes.*
- Reference N° 7.3: *Abt Associates Inc. (2001): A Step-by-Step Methodological Guide for Costing HIV/AIDS Activities.*

Costs to consider

The cost and financing needs depend on the site chosen. HIV testing and counselling may be integrated into existing health services (ANC, TB, STI), added to the work of community organizations (youth centres, community centres) or set up on stand-alone sites. When planning HIV testing and counselling services and/or writing funding proposals it is important

to be as comprehensive as possible and not to underestimate costs, particularly the start-up costs. It is also a good idea to include a contingency in the budget to cover unexpected or emergency expenditures.

When determining costs and organizing accounting practices it is helpful to separate start-up costs from permanent ongoing costs as well as separating fixed costs from variable costs. Fixed costs are those that stay the same in total over the relevant range but change inversely per unit as activity changes. Variable costs stay the same per unit but change overall in direct proportion to changes in activity or scale.

The following is a non-exhaustive checklist of costs that may have to be considered when a testing and counselling site and programme are being set up and run:

Fixed costs

- ▶ Site
- ▶ Salaries
- ▶ Utilities
- ▶ Furniture, equipment
- ▶ Services related to HIV testing and counselling, including community mobilization
- ▶ Administration
- ▶ Transport
- ▶ Monitoring and evaluation, including external evaluation
- ▶ Staff health and safety
- ▶ Training and technical assistance

Variable costs

- ▶ HIV test kits
- ▶ Consultants
- ▶ Other supplies
- ▶ Advertising

■ Reference N° 7.4: *Baggaley, R. and Osewe, P. (2003): Costing Checklist.*

■ Reference N° 4.9: *UNAIDS (2000): Tools for Evaluating HIV Testing and Counselling.*

Key challenges in the preparation of budgets

- ▶ **Lack of data when projections and predictions are being made.** This can be a particularly difficult matter when a service is being set up, because it may be difficult to anticipate how many people will attend HIV testing and counselling services, how many people from different populations groups will attend, and how many people will need follow-up services.
- ▶ **Means and ways of justifying costs and budgets.** This is important for presentations to potential funding sources, which may have a clear idea of what similar projects cost and what competing projects may be requesting. It is important for the budget to be as realistic and comprehensive as possible. Evidence of changing epidemiological and demographic trends can be presented as part of the justification for the required budget.
- ▶ **Inflation and exchange rates.** Many developing countries have high inflation or fluctuating exchange rates. This may make it difficult to budget for both expenditure

III. COMPONENTS OF HIV TESTING AND COUNSELLING SERVICES

within the countries and for consumables (such as test kits) which are purchased outside the countries. It is therefore important to make realistic predictions of inflation with a stated margin of error. Donor agencies may have regulations about currencies in which budgets should be made and exchange rates used should be stated.

- ▶ **Unplanned activities.** Even if the most careful plans and budgets have been made there are often additional activities that require funding and other unplanned expenses. This is a particular problem for new HIV testing and counselling services. However, circumstances may change even for well-established services. For example, one HIV testing and counselling site relied on supplies of free condoms from another NGO. When this NGO ceased to provide condoms they had to be purchased from the central medical stores. A **contingency** for such unplanned or emergency expenses should be made in budgets. Some donor agencies may be reluctant to agree to contingency budget lines but respond by providing additional funding if circumstances change.

- ▶ **Competition with other programmes and organizations for donor resources.** Despite an increased emphasis on funding for HIV activities through new funding mechanisms, e.g. the global fund, there is still intense competition for limited funds. Participation in coordinating funding approaches such as GFATM's CCM may facilitate access to funds. Furthermore, this can help organizations that provide or intend providing testing and counselling to form linkages with other HIV support organizations capable of giving ongoing care and support after HIV testing and counselling services, community based advocacy work and legal services. For example, linkages with groups of people with HIV, health service providers, condom social marketing programmes and church-based, faith-based and other community groups enhance testing and counselling services and may reduce costs if support services are available from these bodies.

Financing

Funding requirements vary widely with countries and contexts. There is a wide range of options for funding. Many HIV testing and counselling sites receive funding from a combination of sources.

Funding sources

- ▶ **Local and central government.** Many integrated and national programmes may be fully funded by government and be part of an integrated comprehensive HIV programme. In other settings the government may provide some funding or may supply and fund or second staff or pay for or supply commodities, e.g. test kits.
- ▶ **Bilateral and multilateral donors.** Bilateral and multilateral donors remain a major source of funding for HIV interventions in most developing countries. Access to funds depends on local criteria.
- ▶ **International agencies.** GFATM and private foundations have become major sources of new funding for HIV interventions. Governments or NGOs can access funding for HIV testing and counselling services from these organizations.
- ▶ **Private sector.** Increasingly, workplaces are considering offering testing and counselling as part of workplace medical schemes or are using voucher schemes to fund testing and counselling for their workforces at independent sites. Private medical

services frequently offer HIV testing with or without counselling to clients. In this circumstance the clients have to pay the full cost of testing. This is beyond the reach of some people.

- ▶ **User fees / cost recovery.** Some NGOs charge clients a small fee for HIV testing and counselling services. This is usually a fraction of the actual costs and in practice does not contribute significantly to the costs of the service. It is recognized that if more people are given the opportunity to know their HIV status the testing and counselling services will not be sustainable and will rely on external funding, at least in the short term.
- ▶ **Local fundraising.** Some testing and counselling services may be able to engage in local fundraising or to raise funds by providing training or other services for other organizations or by renting out temporarily available facilities and services to other bodies.

Fundraising techniques

Because of the complexities of funding sources and mechanisms in many countries it can often be cost-effective to employ a person to source and secure funding. Some testing and counselling programmes employ resource mobilizers who are knowledgeable about funding sources and are experts in preparing funding applications.

Resource mobilizers' tasks may include:

- ▶ identifying local and international funding sources;
- ▶ ascertaining, for each funding source, areas of focus and interest of the donor, funding cycles and deadlines;
- ▶ preparing proposals with a clear strategic plan and budget tailored to the donor's interests;
- ▶ exploring ways of being represented on the CCM in order to facilitate access to funding;
- ▶ coordinating with other team members (programme manager, accountant, etc.) to ensure that reports are on time and in line with donor requirements with a view to securing continuing and future funding;
- ▶ documenting past successes and disseminating the results widely, as funders often want to support programmes that have already proved themselves effective, acceptable and successful; and
- ▶ arranging dissemination workshops and presentations at meetings and conferences.

- Reference N° 7.5: *Management Sciences for Health (2003): Managing your Finances.*
- Reference N° 7.6: *Management Sciences for Health (2003): Analysing Costs for Management Decisions.*
- Reference N° 7.7: *Management Sciences for Health (2003): Using Cost and Revenue Analysis Tools.*

Costing and financing capacity

When testing and counselling services are being planned the emphasis is often on service provision, i.e. the provision of services of high quality, whereas the need for expertise in costing and financing is frequently overlooked. For smaller services it may not be practical or cost-effective to employ full-time staff. The use of part-time employees or the hiring of consultants may be more efficient.

Once funds have been received, their efficient management is crucial and the best accounting practices, whether accrual-based or cost-based, should be implemented in order to ensure this.

Skills needed in costing and financing for HIV testing and counselling services

- ▶ **Management.** Management training is needed to support the accounting and finance staff and to coordinate financial systems and processes.
- ▶ **Proposal-writing.** A key part of any project proposal is to ensure that the budget is as accurate and realistic as possible and that it is presented in a consistent way.
- ▶ **Accounting.** Training in accounting is needed but varies with the site. The method and complexity of accounting depends on the size and scope of HIV testing and counselling services and the reporting required by donors and government.
- ▶ **Inventory control.** Basic inventory control skills are needed at all sites in order to ensure a consistent supply of consumables such as test kits and condoms and to provide a check against possible loss or theft.
- ▶ **Record-keeping and monitoring and evaluation.** Many testing and counselling services find it useful to be able to report on the costs of the services for the purposes of future planning, comparison with other sites or service providers and costing over time. Staff require training in accurate record-keeping as part of a monitoring and evaluation programme.

Staff retention/burnout

Many HIV testing and counselling services have a high turnover of staff, sometimes because of burnout. This can lead to high recruiting and training costs and may result in a service of reduced effectiveness if experienced staff are lost. Planning for staff support services and ongoing supervision and education for staff can prevent this and is eventually beneficial in respect of service provision and cost-cutting. It is also necessary to pay staff realistic market salaries in order to dissuade them from moving as soon as they gain experience (see *Capacity-building and training* section).

Costs for clients

Client costs:

- ▶ transport;
- ▶ child care;
- ▶ loss of income because of time off work.

The indirect costs for clients accessing HIV testing and counselling services are often overlooked. They can be minimized if careful thought is given to the setting of the services and to the adoption of flexible opening times. If sites are open during lunch times, after work and on Saturdays, clients may be able to attend without missing work or needing child care.

- Reference N° 4.9: *UNAIDS (2000): Tools for Evaluating HIV Testing and Counselling.*
- Reference N° 7.8: *Engender Health: Cost-Analysis Methodology for Clinic Based Family Planning Methods.*
- Reference N° 7.9: *Management Sciences for Health (2003): Cost and Revenue Analysis Tool (CORE).*
- Reference N° 7.10: *World Bank (1994): A Supply Demand Model of Health Care Financing with an Application to Zaire: A Training Tool.*

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- Reference N° 4.12: *Ministry of Health Uganda (2000): Project Expansion Proposal Submitted by the Government of the Republic of Uganda to NORAD.*
 - Reference N° 7.11: *UNAIDS (2001): Counselling and Voluntary HIV Testing for Pregnant Women in High HIV Prevalence Countries.*

IV. ADDITIONAL RESOURCES FOR HIV TESTING AND COUNSELLING

In addition to the resources indicated in the previous sections, other resources, listed below, provide important information and lessons learnt in the provision of expanded HIV testing and counselling.

Users of the toolkit are invited to recommend any resources that may be helpful, particularly ones relating to national policies, policies and guidance concerning professional standards, quality assurance, implementation and case studies. Resources are especially welcome from countries where HIV testing and counselling have been implemented for scaling up access to treatment.

- Reference N° 4.19: *UNAIDS (2000): Caring for Carers: Managing Stress in Those Who Care for People with HIV and AIDS.*
- Reference N° 4.29: *International HIV/AIDS Alliance (2002): Sex Workers: Part of the Solution.*
- Reference N° 5.17: *Moynihan, M. (2001): Interviewing and Counselling at the Grass Roots.*
- Reference N° 8.1: *UNAIDS (2002): HIV/AIDS Counselling, Just a Phone Call Away: 4 Case Studies of Telephone Hotline/ Helpline Projects.*
- Reference N° 8.2: *FHI (2003): USAID Success Story: New Voluntary Counselling and Testing Sites Reach Growing Numbers.*
- Reference N° 8.3: *UNAIDS (2000): Opening Up the HIV/AIDS Epidemic – Guidance on Encouraging Beneficial Disclosure, Ethical Partner Counselling and Appropriate Use of HIV Case Reporting.*
- Reference N° 8.4: *UNAIDS (2002): HIV Voluntary Testing and Counselling: A Gateway to Prevention and Care.*
- Reference N° 8.5: *UNAIDS (1999): Knowledge is Power: VCT in Uganda.*
- Reference N° 8.6: *UNAIDS (2001): Comfort and Hope.*
- Reference N° 8.7: *International HIV/AIDS Alliance (2002): HIV/AIDS NGO/CBO Support Toolkit (CD-ROM and website).*
- Reference N° 8.8: *International HIV/AIDS Alliance (2003): Alliance Publications and Resources.*
- Reference N° 8.9: *UNAIDS (1998): UNAIDS Guide to the Strategic Planning Process for a National Response to HIV/AIDS: Situation Analysis.*
- Reference N° 8.10: *UNAIDS (1998): UNAIDS Guide to the Strategic Planning Process for a National Response to HIV/AIDS: Response Analysis.*
- Reference N° 8.11: *Academy for Educational Development (AED) (1999): The Needs Assessment: Tools for Long-Term Planning.*
- Reference N° 8.12: *FHI (2001): Lesotho and Swaziland: HIV/AIDS Risk Assessments at Cross-Border and Migrant Sites in Southern Africa.*
- Reference N° 8.13: *MEASURE Evaluation (2001): A Pilot Study of a Rapid Assessment Method to Identify Areas for AIDS Prevention in Cape Town, South Africa.*
- Reference N° 8.14: *The Synergy Project (2003): Situational Assessment Cost Worksheet.*
- Reference N° 8.15: *International HIV/AIDS Alliance (2000): Building Partnerships: Sustaining and Expanding Community Action on HIV/AIDS.*
- Reference N° 8.16: *International HIV/AIDS Alliance (1999): Pathways to Partnerships Toolkit.*
- Reference N° 8.17: *MSH (1993): The Manager's Electronic Resource Center: How to Write SMART Objectives.*
- Reference N° 8.18: *USAID (1996): Performance Monitoring and Evaluation Tips: Establishing Performance Targets.*
- Reference N° 8.19: *PACT (2001): Survival is the First Freedom: Applying Democracy and Governance to HIV/AIDS Work.*
- Reference N° 8.20: *EngenderHealth (2001): Cost Analysis Tool: Simplifying Cost Analysis for Managers and Staff of Health Care Services.*
- Reference N° 8.21: *FHI (2002): Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences.*
- Reference N° 1.16: *AIDSLAW: Information Sheets on HIV Testing.*
- Reference N° 8.22: *Ministry of Health Uganda (2001): Policy for Reduction of the Mother-to-Child HIV Transmission in Uganda.*
- Reference N° 8.23: *South Africa AIDS Training Programme (SAT) (2003): Guidelines for Counselling Children Who are Infected with HIV or Affected by HIV and AIDS.*
- Reference N° 8.24: *Ministry of Health Uganda (2003): Uganda National Policy Guidelines for HIV Counselling and testing.*
- Reference N° 8.25: *UN General Assembly Special Session on HIV/AIDS (2003): Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators.*
- Reference N° 8.26: *FHI (2000): Proceedings of the Consultative Technical Meeting on HIV Voluntary Counselling and Testing.*
- Reference N° 8.27: *Ministry of Health South Africa (1999): National Policy for Health Act 1990 (Act N°. 116 of 1990) N°. 1479.*

- Reference N° 8.28: *The Naz Foundation (India) Trust (1996): The Naz Foundation (India) Trust Guide to Teaching about Testing and Counselling.*
- Reference N° 8.29: *Commonwealth Regional Health Community Secretariat (CRHCS) for East, Central and Southern Africa (ECSA) (2002): HIV/AIDS Voluntary Counselling and Testing: Review of Policies, Programmes and Guidelines in East, Central and Southern Africa.*
- Reference N° 8.30: *Vega, A. for PAHO (2003): A Youth-Centred Counselling Model for HIV Prevention and the Promotion of Sexual and Reproductive Health.*
- Reference N° 8.31: *WHO (2003): Adherence and HIV/AIDS.*
- Reference N° 8.32: *WHO (2003): Stigma and HIV/AIDS.*
- Reference N° 8.33: *John Snow Inc. (2000): PipeLine.*
- Reference N° 8.34: *AIDS Information Centre (AIC) (2002): AIDS Information Centre Information Pack.*
- Reference N° 8.35: *FHI (2002): VCT (CD-ROM).*
- Reference N° 8.36: *European Commission (2001): Project Cycle Management Handbook.*
- Reference N° 8.37: *Mildmay International: Guidelines for HIV Testing in Children and Counselling about Issues Related to HIV Testing.*
- Reference N° 8.38: *Ministry of Health Kenya: An Orientation Package for Health-care Workers on VCT Services in Kenya.*
- Reference N° 8.39: *Ministry of Health Nigeria (2002): National Guidelines for HIV/AIDS Voluntary Counselling and Testing in Nigeria.*
- Reference N° 8.40: *Ministry of Health Ethiopia: National Guidelines for HIV/AIDS Voluntary Counselling and Testing in Ethiopia.*
- Reference N° 8.41: *Ministry of Health Senegal (2002): Les Centres de Dépistage Volontaire et Anonyme: Normes et Protocoles, Sénégal.*
- Reference N° 8.42: *Ministry of Health Rwanda (2002): Stratégies Nationales du Dépistage du VIH et Directives Nationales pour le Conseil et Dépistage Volontaire du VIH.*
- Reference N° 8.43: *Ministry of Health Rwanda (2002): Manuel du Conseiller en Conseil et Dépistage Volontaire du VIH/SIDA.*
- Reference N° 8.44: *Ministry of Health Senegal (2002): Guide de Counselling VIH/SIDA.*
- Reference N° 8.45: *Ministry of Health Nigeria (2002): Training Manual on HIV/AIDS Voluntary Counselling and Testing Services in Nigeria.*
- Reference N° 8.46: *WHO/SEARO (2004): Voluntary HIV Counselling and Testing Manual for Training of Trainers (Part I).*
- Reference N° 8.47: *WHO/SEARO (2004): Voluntary HIV Counselling and Testing Manual for Training of Trainers (Part II).*
- Reference N° 8.48: *Miller, D., Bitalabehe, A., Shakow, A.D.A., Chersich, M., Wong, V., Hieber-Girardet, L., De Zoysa, I., Kim, J.M., Gilks, C., World Health Organization, (WHO), (2004): The Gateway to Treatment: An Increased Role of Provider-Initiated HIV Testing and Counselling in Resource-poor Settings.*
- Reference N° 8.49: *FHI-IMPACT Project (January 2003): FHI Focus on: Comprehensive Care and Support for HIV/AIDS.*
- Reference N° 8.50: *FHI-IMPACT Project (January 2003): FHI Focus on: CASE STUDY – Expanding VCT in Kenya.*
- Reference N° 8.51: *FHI-IMPACT Project (No Date): VCT Toolkit.*
- Reference N° 8.52: *Family health International (FHI) (2003): VCT Toolkit, Voluntary Counselling and Testing for HIV: A Strategic Framework.*
- Reference N° 8.53: *UNAIDS/WHO (2001): Guidelines for Using HIV Testing Technologies in Surveillance.*
- Reference N° 8.54: *International HIV/AIDS Alliance (July 2002): Alliance Technical Support Publications (CD-ROM).*
- Reference N° 8.55: *FHI-AIDSCAP (1991 – 1997): Policy Development and HIV/AIDS Prevention: Creating a Supportive Environment for Behaviour Change.*
- Reference N° 8.56: *Miller, D., Casey, K. (1997): Consultancy on Strategic Counselling Development in Thailand, Chiang Mai.*
- Reference N° 8.57: *FHI, HRSA, USAID, WHO (2004): National AIDS Programmes. A Guide to monitoring and Evaluating HIV/AIDS Care and Support.*
- Reference N° 8.58: *Canadian International Development Agency (2000): Counselling Guidelines in Disclosure of HIV Status.*
- Reference N° 8.59: *Family health International (FHI) (2002): VCT Toolkit, A Guide to Establishing Voluntary Counselling and Testing Services for HIV.*
- Reference N° 8.60: *Muadinohamba, A., Centre for Disease Control and Prevention, Global AIDS Program (2003): Voluntary Counselling and Testing: The Use of Lay Counsellors in Namibia.*
- Reference N° 8.61: *Frankowski, S., Kluwer Law International (1998): Legal Responses to AIDS in Comparative Perspectives.*

Good practice in HIV testing and counselling services: case studies

- Reference N° 1.5: *UNAIDS (2001): Together We Can: Leadership in a World of AIDS.*
- Reference N° 2.3: *International Center for Research on Women (ICRW) (2003): Disentangling HIV and AIDS Stigma in Ethiopia, Tanzania and Zambia.*
- Reference N° 4.19: *UNAIDS (2000): Caring for Carers: Managing Stress in Those Who Care for People with HIV and AIDS.*
- Reference N° 4.3: *WHO (2003): Perspectives and Practice in Antiretroviral Treatment: Antiretroviral Therapy in Primary Health Care: Experience of the Khayelitsha Programme in South Africa.*
- Reference N° 6.7: *USAID-PVO Steering Committee on Multisectoral Approaches to HIV/AIDS (2003): Multisectoral Responses to HIV/AIDS: A Compendium of Promising Practices from Africa.*
- Reference N° 8.1: *UNAIDS (2002): HIV/AIDS Counselling, Just a Phone Call Away: 4 Case Studies of Telephone Hotline/Helpline Projects.*
- Reference N° 8.2: *FHI (2003): USAID Success Story: New Voluntary Counselling and Testing Sites Reach Growing Numbers.*
- Reference N° 8.4: *UNAIDS (2002): HIV Voluntary Testing and Counselling: A Gateway to Prevention and Care.*
- Reference N° 8.5: *UNAIDS (1999): Knowledge is Power: VCT in Uganda.*
- Reference N° 8.6: *UNAIDS (2001): Comfort and Hope.*
- Reference N° 8.12: *FHI (2001): Lesotho and Swaziland: HIV/AIDS Risk Assessments at Cross-Border and Migrant Sites in Southern Africa.*
- Reference N° 8.13: *MEASURE Evaluation (2001): A Pilot Study of a Rapid Assessment Method to Identify Areas for AIDS Prevention in Cape Town, South Africa.*
- Reference N° 8.21: *FHI (2002): Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences.*
- Reference N° 8.29: *Commonwealth Regional Health Community Secretariat (CRHCS) for East, Central and Southern Africa (ECSA) (2002): HIV/AIDS Voluntary Counselling and Testing: Review of Policies, Programmes and Guidelines in East, Central and Southern Africa.*

ANNOTATIONS

REF# 1	Increasing Access to HIV Testing and Counselling: Report of a WHO Consultation, 19-21 November 2002	En
	World Health Organization, (2003)	
	Report of an expert consultation on increasing access to T&C in resource-limited areas. The report recommends radical up-scaling of T&C in clinical and prevention settings, including tuberculosis and STI services, ANC services, and strengthening of VCT services. Also emphasised are the challenges to increasing T&C access, guiding principles of T&C service delivery, models of service delivery, supportive environments and experiences from Brazil, Zambia and Zimbabwe.	
	HIV/AIDS Department World Health Organization 20 Avenue Appia, CH-1211 Geneva 27 Switzerland. Tel: +41 22 791 1494 – Fax: +41 22 791 4834 Web: http://www.who.int/hiv/en	
<i>Key words:</i> guiding principles, service delivery, access, environment		
REF# 2	The Right to Know: New Approaches in HIV Testing and Counselling	En, Fr, Sp
	World Health Organization, (2003).	
	This document is the executive summary, printed separately, of the WHO Consultation on Increasing Access to HIV Testing and Counselling, held in Geneva on 19-21 November 2002. It forms the basis of current WHO policy on T&C and emphasizes guiding principles for T&C implementation and activities.	
	David Miller HIV/AIDS Department World Health Organization 20 Avenue Appia, CH-1211 Geneva 27 Switzerland. Tel: +41 22 791 1494 – Fax: +41 22 791 4834 Email: millerd@who.int Web: www.who.int	
<i>Key words:</i> policy, guiding principles, status, implementation		
REF# 3	Opening up the HIV/AIDS Epidemic – Guidance on Encouraging Beneficial Disclosure, Ethical Partner Counselling & Appropriate Use of HIV Case Reporting http://www.unaids.org/publications/documents/epidemiology/surveillance/JC485-Opening-E.htm	En, Fr, Ru, Es
	UNAIDS (2001)	
	This guide provides recommendations for encouraging beneficial disclosure, ethical partner counselling and appropriate use of HIV case reporting. The annex comprises for general guiding principles that need to be taken into consideration by governments and policy makers when planning national strategies.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
<i>Key words:</i> guide, policy, disclosure, report		

REF#	Policy and Advocacy in HIV/AIDS Prevention http://www.fhi.org/en/HIVAIDS/Publicationspolicy+and+Advocacy+in+HIV-AIDS+Prevention.htm	En
1.1	FHI – AIDSCAP (2003)	
	The document includes assessing current policies, steps in developing policy recommendations and advocacy for policy adoption.	
	Family Health International – Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington, Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
	<i>Key words:</i> policy, advocacy	

REF#	The Role of Public Policy in Prevention and Control of Sexually Transmitted Infections – A Guide to Laws, Regulations, and Technical Guidelines	En
1.2	WHO/WPRO,(1999).	
	This document is meant to assist programme managers and other health professionals in the <ul style="list-style-type: none"> • "evaluation of the adequacy of existing public health legislation, and programme policies • assessment of areas where improvements should be considered • and the design of new legislation and/or policy instruments Operational considerations and key questions are included in the document that serve as useful guidelines when considering means and ways of approaching policy issues, particularly implementation. <p>The annex includes excellent examples of national policy and strategies for prevention and control of STIs as well as an outline on the technical guideline on STI partner referral.</p>	
	World Health Organization Regional Office for the Western Pacific STI, HIV and AIDS focus United Nations Avenue PO Box 2392 1000 Manila, Philippines Tel: +63 2 528 800 – Fax: + 63 2 521 1036 or 526 0279 or 526-0362 Email: sti@who.org.ph Web: www.who.org.ph	
	<i>Key words:</i> policy	

REF#	HIV/AIDS Voluntary Counselling and Testing: Review of Policies, Programmes, and Guidelines in ECSA	En
1.3	Osewe, G, and Ncube, B., The Commonwealth Regional Health Community Secretariat, (Final Report-July 2002).	
	This report recounts experience of ECSA countries and discusses: <ul style="list-style-type: none"> • VCT implementation and its challenges • VCT policy development • Guidelines for VCT implementation • VCT programs The document also includes priorities for future action and issues for further research. The appendices provide a VCT questionnaire as well as a grid depicting the scope of national VCT guidelines in the various ECSA countries.	
	Commonwealth Regional Health Community Secretariat ECSA AICC Building Serengeti Wing, 7 th floor PO Box 1009 Arusha Tanzania Tel: +255 27 250 8368 or 250 4105/6 – Fax: +255 27 250 4124 or 250 8292 Email: regsec@crhcs.or.tz	
	<i>Key words:</i> policy, guidelines, quality assurance, best practices,	

REF# 1.4	HIV/AIDS Toolkit: Building Political Commitment for Effective HIV/AIDS Policies and Programs www.policyproject.com/pubs/toolkit.html	En
	The Policy Project of the Futures Group International. (August 2000).	
	This Toolkit contains six step by step modules to assist activists interested in increasing political commitment for effective HIV/AIDS policies and programs at the district and national level: <ul style="list-style-type: none"> • Building Political Commitment • Measuring Political Commitment • The AIDS Impact Model (AIM) Approach • Building Political Commitment at Sub-national Levels • Building Political Commitment through Broadening Participation in the Policy Process 	
	The POLICY Project Futures Group (Washington) 1050 17 th Street NW Suite 1000 Washington, DC 20036 USA Tel: +1 202 775 9680 – Fax: +1 202 775 9694/9698 Email: policyinfo@tfgi.com Web: www.policyproject.com	
	<i>Note:</i> The Futures Group also has an HIV/AIDS Policy Compendium Database containing more than 3,400 annotated citations from policy papers from approximately 50 countries. In addition to searching by topic and/author, regional searching is possible.	
	<i>Key words:</i> plan, politic, enabling environment, assess, stakeholder mobilization, indicator	

REF# 1.5	Together We Can: Leadership in a World of AIDS	En
	UNAIDS (2001).	
	This report is designed to complement the United Nations Special Session on HIV/AIDS (2001) by setting out some of the key elements of effective responses, based on the global experiences of tackling the epidemic. It focuses on the importance of leadership commitment from every level from the village to the global.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org ; Website: www.unaids.org	
	<i>Key words:</i> United Nations, Special Session, advocacy, leadership	

REF# 1.6	An ILO Codebook of Practice on HIV/AIDS and the World of Work http://www.ilo.org/public/english/protection/trav/aids/code/languages/index.htm	En, Es, Fr, Ru, Zh, Ar, 10more
	International Labour Organization, (2001).	
	<p>"The Code contains fundamental principles for policy development and practical guidelines from which concrete responses can be developed at enterprise, community and national levels in the following key areas:</p> <ul style="list-style-type: none"> • prevention of HIV/AIDS • management and mitigation of the impact of HIV/AIDS on the world of work • care and support of workers infected and affected by HIV/AIDS • elimination of stigma and discrimination on the basis of real or perceived HIV status." 	
	<p>ILO Programme on HIV/AIDS and the world of work International Labour Office 4 route des Morillons, CH -1211 Geneva 22 Switzerland Tel: +41 22 799 6486 – Fax: +41 22 799 6349 Email: iloaims@ilo.org Web: www.ilo.org</p>	
	<p><i>Note:</i> a note on counselling on pg 28 and testing on pg 26, checklist for planning and implementing a workplace policy on HIV/AIDS on pg 41 (Appendix III)</p>	
	<p><i>Key words:</i> policy, law,</p>	

REF# 1.7	Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: an Education and Training Manual (CD) http://www.ilo.org/public/english/protection/trav/aids/code/manualen/index.htm	En
	International Labour Office, (2002)	
	<p>This document contains case studies, tools, samples of legislation etc... The Manual contains the following 8 modules:</p> <ol style="list-style-type: none"> 1. HIV/AIDS: the epidemic and its impact on the world of work 2. HIV/AIDS and human rights 3. Workplace action through social dialogue: the role of employers, workers and their organizations 4. A legal and policy framework on HIV/AIDS in the world of work: the role of government 5. The gender dimensions of HIV/AIDS and the world of work 6. Workplace programmes for HIV/AIDS prevention 7. Care and support 8. HIV/AIDS and the informal economy 	
	<p>ILO Programme on HIV/AIDS and the world of work International Labour Office 4 route des Morillons, CH -1211 Geneva 22 Switzerland Tel: +41 22 799 6486 Fax: +41 22 799 6349 Email: iloaims@ilo.org Web: www.ilo.org</p>	
	<p><i>Note:</i> Module 4 is helpful for VCT policy initiatives. Module 7 places great emphasis on VCT and care.</p>	
	<p><i>Key words:</i> policy, government,</p>	

REF# 1.8	Positive Development: Setting up Self-Help Groups and Advocating for Change. A Manual for People Living with HIV.	En
	Global Network of People Living with HIV/AIDS, (1998).	
	This manual has been hailed as a critical resource for developing and sustaining of grass-roots support and advocacy initiatives for people living with HIV/AIDS.	
	GNP+ PO Box 11726 1001 GS Amsterdam The Netherlands Tel: +31 20 423 4114 – Fax: +31 20 423 4224, Email: gnp@gn.apc.org Web: http://www.hivnet.ch/gnp	
	<i>Key words:</i> advocay, self-help, positive development, sustainability, grassroots	
REF# 1.9	From Principle to Practice: Greater Involvement of People Living with HIV/AIDS in the Delivery of Community Based Prevention, Care and Support Services.	En
	UNAIDS, (1999).	
	This publication documents challenges and responses to the greater involvement of people living with, or affected by, HIV/AIDS (GIPA). Case studies include The AIDS Service Organisation in Uganda, and others in Malawi and Zambia.	
	UNAIDS 20 avenue Appia 1211 Geneva 27 Switzerland Tel: + 41 22 791 4651 – Fax: + 41 22 791 4165 Email: unaids@unaids.org Web: www.unaids.org	
	<i>Key words:</i> involvement, community-based, GIPA, Malawi, Zambia, Uganda	
REF# 1.10	The Involvement of People Living with HIV/AIDS in the Delivery of Community Based Prevention, Care and Support Services. http://www.aidsalliance.org/_res/civil_society/research/PLHA_International_Report.pdf	En
	International HIV/AIDS Alliance/Horizons (2003).	
	This is a multi-country diagnostic study of the involvement of PLHA in the delivery of community-based prevention, care and support services in developing countries and their involvement in NGOs in Burkina Faso, Ecuador, Zambia and Maharashtra State, India, between October 1998 and August 2001. The goal of the study was to identify the conditions that foster PLHA involvement and the strategies that organizations can use to achieve meaningful involvement of PLHA.	
	International HIV/AIDS Alliance Queensberry House 104-106 Queens Road Brighton, BN1 3XF United Kingdom Tel: +44 1273 718 900 – Fax: +44 1273 718 901 Email: mail@aidsalliance.org Web: www.aidsalliance.org	
	<i>Key words:</i> multi-country study, PLHA, involvement, strategies	

REF# 1.11	Informed Consent to Perform an HIV Test http://www.health.state.ny.us/nysdoh/hiv aids/hivpartner/forms.htm	En, Fr, & 15 others
	New York State Department of Health, AIDS institute (June 2000)	
	This is a form that provides information on HIV testing with an attached attestation to be signed by the client as well as the counsellor in accordance with New York's Public Health Laws.	
	Director, HIV Educational Materials AIDS Institute/NYS Department of Health 5 Penn Plaza, First Floor New York, NY 10001 USA Tel: +1 800 541 AIDS (Accessing Anonymous Counselling and Testing) Fax: +1 212 268 6128 Email: hivct@health.state.ny.us Web: http://www.health.state.ny.us/nysdoh/hiv aids	
	<i>Note:</i> The website includes consent forms for a variety of settings and for client, provider etc...	
	<i>Key words:</i> consent, disclosure, confidential, form	

REF# 1.12	HIV Testing Policy.	En
	NACO, Government of India, (1995)	
	The HIV testing policy in India.	
	NACO, Government of India Ministry of Health and Family Welfare Government of India 9 th Floor, Chandra Lok Building 36 Janpath New Delhi, 110001 India Tel: +91 2 332 5343 or 2 373 1774 or 2 373 1778– Fax: + 91 2 373 1746 Website: www.naco.nic.in	
	<i>Key words:</i> testing, policy, India	

REF# 1.13	National Guidelines for Voluntary Counselling and Testing	En
	Ministry of Health, Kenya (2001)	
	This document contains guidelines for operational procedures for VCT services, guidelines for HIV test related counselling, guidelines for HIV testing, VCT record keeping, data management, monitoring and evaluation. The appendices include aspects of Human rights and VCT, confidentiality and a code of ethics for counsellors.	
	Republic of Kenya Ministry of Health Afya House, Cathedral Road P.O. Box 30016 Nairobi Kenya Tel: + 254 2 717077 Web: http://www.kenyaweb.com/government/ministries/health.html	
	<i>Key words:</i> policy, Kenya, guidelines, confidentiality, special counselling	

REF#	Policy, Strategy and Guidelines for HIV Counselling and Testing	En
1.14	Ministry of Health, Cambodia, 2002	
	This document sets out Cambodia's: <ul style="list-style-type: none"> • Policy for HIV testing • Counselling and testing strategy • Guidelines for establishing counselling and testing services 	
	Dr Mean Chhi Vun, Director National Centre for HIV/AIDS Dermatology and STD (NCHADS) Ministry of Health 170 Sihanouk Blvd. Sangkat Boeng Keng Korn I Khan Chamkar Morn Phnom Penh Cambodia Tel: +855 23 216 515 Email: mchhivun@online.com.kh	
	<i>Key words:</i> Guidelines, Cambodia	
REF#	Policy and Advocacy in HIV/AIDS Prevention. http://www.fhi.org/en/HIVAIDS/Publications/Policy+and+Advocacy+in+HIV-AIDS+Prevention.htm	En
1.15	Family Health International (FHI) – AIDSCAP, (2003).	
	The handbook provides an overview of how to contribute to making policy an effective component of HIV/AIDS prevention. The document includes assessing current policies, steps in developing policy recommendations and advocacy for policy adoption.	
	Family Health International – Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org/en/HIVAIDS/index.htm	
	<i>Key words:</i> policy, advocacy	
REF#	Information Sheets on HIV Testing http://www.aidslaw.ca/Maincontent/infosheets.htm#isoht	En, Fr
1.16	Canadian HIV/AIDS Legal Network, (2000).	
	This document contains information on Canada's laws and policies regarding counselling and testing that includes issues regarding consent, access, anonymity, counselling, home testing, mandatory testing, confidentiality, partner notification, etc...	
	Canadian HIV/AIDS Legal Network 417 Saint-Pierre Street, Suite 408 Montréal Québec H2Y 2M4 Canada Tel: +1 514 397 6828 – Fax: +1 514 397 8570 Email: info@aidslaw.ca Web: www.aidslaw.ca	
	<i>Key words:</i> Canada policy, law	

REF# 1.17	Advancing Care, Treatment and Support for People Living with HIV/AIDS: Updating Guideline 6 of the HIV/AIDS and Human Rights: International Guidelines; Report of the 3rd International Consultation on HIV/AIDS and Human Rights, July 2002	En
	UNAIDS/OCHR, (July 2002).	
	Report of the 3 rd International Consultation on HIV/AIDS and human rights.	
	UNAIDS 20 avenue Appia CH-1211 Geneva 27 Switzerland Tel: +41 22 791 4651 – Fax:+41 22 791 41 87 Email: unaids@unaids.org Web: http://www.unaids.org/en/default.asp	
	<i>Key words:</i> human rights, guidelines, international, consultation	

REF# 1.18	Declaration of Commitment on HIV/AIDS http://www.icaso.org/ungass/dclonofcommnt.pdf	En
	UNGASS, (2001).	
	This is the text of the Declaration of Commitment on HIV/AIDS, adopted by the General Assembly in June 2001.	
	ICASO Secretariat 65 Wellesley St. East Suite 403, Toronto Ontario, M4Y 1G7 Canada Tel: +1 416 921 0018 – Fax: +1 416 921 9979 Web: http://www.icaso.org/index.html	
	<i>Key words:</i> declaration, commitment	

REF# 1.19	Update on the Declaration of Commitment on HIV/AIDS. http://www.icaso.org/UNGASS%20Update%20-%20E%20-20Web%20-%20after%20move.pdf	En, Fr, Sp
	UNGASS, (2002).	
	This document looks at what has been achieved since the Declaration of Commitment on HIV/AIDS one year on. It looks at a number of different areas, including: innovative ways that NGOs have been using the declaration; how ICASO networks are promoting the declaration; how activities to promote the declaration have been integrated throughout the UN system, and plans for monitoring and evaluating the implementation of the declaration.	
	ICASO Secretariat 65 Wellesley St. East Suite 403, Toronto Ontario, M4Y 1G7 Canada Tel: +1 416 921 0018 – Fax: +1 416 921 9979 Web: http://www.icaso.org/index.html	
	<i>Key words:</i> declaration, commitment, update	

REF#	Arising to the Challenge: Zambia Nurses and Midwives Success Story	En
1.20	East, Central and Southern Africa College of Nursing (ECSACON), (2001).	
	A document which discusses the policy processes undertaken to respond to emerging needs in health care in Zambia, where advocacy led to change in law and policy which allowed nurses and midwives to provide services previously provided by doctors.	
	East, Central and Southern Africa College of Nursing (ECSACON) General Nursing Council of Zambia P.O. Box 33521 Plot 9171 Road Reserve Lusaka Zambia Tel: +260 1 221 284 Email: gnc@coppernet.zm	
	<i>Key words:</i> Zambia, advocacy, nurses, midwives, law, policy	
REF#	Interim Policy on Collaborative TB-HIV guidelines	En
1.21	World Health Organization, (In press, 2003).	
	This policy responds to a demand from countries for immediate guidance on which collaborative TB/HIV activities to implement and under what circumstances. It is complementary to and in synergy with the established core activities of tuberculosis and HIV/AIDS prevention and control programmes. The document is intended for decision-makers in the field of health, for tuberculosis and HIV/AIDS programme managers working at all levels in the health sector, as well as donors, development agencies and NGOs supporting TB and HIV/AIDS programmes. The recommendations made in this document also have important implications for the strategic directions and activities of other ministries.	
	Stop TB Department Communicable Diseases Programme World Health Organization 20 Avenue Appia Geneva 27, CH 1211 Switzerland Fax: +41 22 791 4285 Email: cdsdoc@who.int	
	<i>Key words:</i> tuberculosis, collaboration, policy, guidelines, coordination	
REF#	Scaling up Antiretroviral Therapy in Resource-Limited Settings: Treatment Guidelines for a Public Health Approach	En, Fr
1.22	World Health Organization, (2003).	
	These treatment guidelines are intended to support and facilitate the proper management and scale-up of ART in the years to come by proposing a public health approach to achieve these goals. The topics addressed in these treatment guidelines include when to start ART, which antiretroviral regimens to start, reasons for changing ART, and what regimens to continue if treatment needs to be changed. It also addresses how treatment should be monitored, with specific reference to the side effects of ART, and makes specific recommendations for certain patient subgroups.	
	HIV/AIDS department HTM Cluster World Health Organization, 20 Avenue Appia Geneva 27, CH 1211 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Email: hiv-aids@who.int Web: www.who.int	
	<i>Key words:</i> management, scale-up, public health, treatment, guidelines, regimens	

REF#	Voluntary Counselling and Testing (VCT) – A Guide for Mobilization of Communities	En
2.1	Kasozi, R., Ministry of Health Uganda, (2001).	
	The guide is aimed at clients seeking VCT in Uganda. It addresses questions such as what is VCT, when and where one should go for VCT, what one should expect at the VCT centre, the cost and benefits of VCT etc.	
	Dr. Elizabeth Madraa Project Manager AIDS Control Program Ministry of Health Uganda Tel: +256 41 344044 – Fax: +256 41 340 877 Email: std-acp@utlonline.co.ug and who_uganda@who.imul.com Web: http://www.health.go.ug/	
	<i>Key words:</i> advocacy, Uganda	

REF#	Disentangling HIV and AIDS Stigma in Ethiopia, Tanzania and Zambia	En
2.2	International Center for Research on Women (ICRW), (2003).	
	The International Center for Research on Women (ICRW), in partnership with organizations in Ethiopia, Tanzania and Zambia led a study of HIV/AIDS-related stigma and discrimination in these three countries. This project, conducted from April 2001 to September 2001.	
	International Center for Research on Women (ICRW) 1717 Massachusetts Avenue NW, Suite 302 Washington, DC 20036 USA Tel: +1 202 797 0007 – Fax: +1 202 797 0020 Email: info@icrw.org Web: www.icrw.org	
	<i>Key words:</i> stigma, discrimination, case studies, analysis, interventions, Ethiopia, Tanzania, Zambia	

REF#	Understanding and Challenging HIV Stigma – a Toolkit for Action	En
2.3	Academy for Educational Development (AED) and ICRW, (2003).	
	The Toolkit evolved out of a research project on Understanding HIV Related Stigma and Resulting Discrimination in Ethiopia, Tanzania, and Zambia. The toolkit has been developed by the CHANGE Project in partnership with various research institutions and AIDS related NGOs in Ethiopia, Tanzania, and Zambia. The NGOs participated in workshops to design the structure and contents of the toolkit; and have started to use and test out some of the modules in their work.	
	The CHANGE project Academy for Educational Development 1825 Connecticut Ave NW Washington DC 20009-5921 USA Tel: +1 202 884 8000 – Fax: +1 202 884 8454 Email: changeinfo@aed.org Web: www.changeproject.org	
	<i>Key words:</i> stigma, discrimination, raising awareness, HIV/AIDS	

REF#	VCT Toolkit: Commodity Management in VCT Programs: a Planning Guide http://www.msh.org/projects/rpmpplus/VCT_Planning_Guide.pdf	En
3.1	Management Sciences for Health (MSH) & FHI (December 2002) Walkowiak, H. and Gabra, M.	
	The goal of this document is to provide practical guidance on commodity management issues related to establishing, managing, and scaling up voluntary counselling and testing (VCT) programs at both national and program levels. This guide is intended to assist a range of audiences – including national program planners and policy makers, donors currently supporting or planning to support VCT service delivery, and VCT service implementers – to systematize their approaches to strengthening VCT services. Useful tools in the appendix: Calculation of monthly usage with the HIV seroprevalence method	
	<ul style="list-style-type: none"> • Calculation of monthly usage with the Usage method • Calculation of monthly usage with the Adjusted Usage method • Calculation of quantity to order 	
	Rational Pharmaceutical Management Plus program Center for Pharmaceutical Management Management Sciences for Health 4301 N. Fairfax Dr. Suite 400 Arlington Virginia 22203 USA Tel: +1 703 524 6575 – Fax: +1 703 524 7898 Email: rpmpplus@msh.org Web: www.msh.org/rpmpplus or http://www.fhi.org	
	<i>Note:</i> This is also available on the FHI CD for VCT.	
	<i>Key words:</i> finance, case study, Zambia, procure, distribute, commodity management, program planners, policy makers, donors, service implementers, scaling-up	

REF#	The Importance of Logistics in HIV/AIDS Programs	En
3.2	Penelope Riseborough for John Snow Inc. (JSI) and DELIVER, (2003)	
	These 2-page briefing documents explain the role logistics play in HIV/AIDS Programmes.	
	JSI Boston 44 Farnsworth Street Boston MA, 02210-1211 USA Tel: +1 617 482 9485 – Fax: +1 617 482 0617 Email: jsinfo@jsi.com Web: http://deliver.jsi.com/2002/whatsnew/index.cfm	
	<i>Key words:</i> logistics, programmes	

REF#	Ensuring Secure and Reliable Supply and Distribution Systems in Developing Countries in the Context of HIV/AIDS and PMTCT: Prevention of Mother-to-Child-Transmission of HIV: Checklist for Developing a Supply Management Strategy.	En
3.3	UNICEF, (2004).	
	The checklist is intended for programme planners and policy-makers, to guide them in setting up processes that will result in the formulation of supply management strategies for the different commodities needed for PMTCT. It can also be used by implementers of PMTCT interventions, as a framework for developing a supply management strategy and/or supply plan.	
	Pharmaceuticals & Micronutrients Team UNICEF Supply Division UNICEF Plads, Freeport DK-2100 Copenhagen Denmark Tel: +45 35 37 35 37 – Fax: +45 35 26 94 21 Email: Hmoller@unicef.org or supply@unicef.org Web: http://www.unicef.org/	
	<i>Key words:</i> checklist, supply management, supply plan, PMTCT, framework	

REF#	Strategies for an Expanded and Comprehensive Response (ECR) to a National HIV/AIDS Epidemic: Module 7 – Managing the Supply of Drugs and Commodities	En
3.4	Family Health International (FHI), (2001).	
	Definition of the types of drugs, health commodities and laboratory equipment required for ECR; discussion of the different stages of the drug and health commodity cycle, including management support systems, selection, procurement, distribution, use, and the policy & legal framework; lists key implementation questions for managing supply of drugs and commodities for ECR.	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
	<i>Key words:</i> Expanded and Comprehensive Response (ECR), definitions, drugs, health commodities, laboratory equipment	

REF#	Rapid HIV tests: Guidelines for Use in HIV Testing and Counselling Services in Resource-Constrained Settings	En
3.5	World Health Organization, (2004)	
	This document reviews the characteristics of rapid HIV tests which make them suitable for HIV testing and counselling services and discusses practical aspects of their use. Consideration is given to counselling issues, the advantages of rapid tests and the precautions necessary in using them. Testing algorithms for the use of rapid tests and current WHO recommendations are presented. Although rapid HIV tests have been developed which use saliva and urine, this document concentrates on tests involving the use of whole blood, serum or plasma. These guidelines are aimed at testing and counselling services in resource-constrained settings. Rapid tests are also recognized as an important component of efforts to increase the number of people who know their HIV status in resource-rich countries. The document is aimed at policy-makers, managers of HIV testing and counselling services, and planners of HIV prevention, treatment and care programmes. It may also be useful for clinicians, laboratory staff and HIV counsellors.	
	HIV/AIDS department HTM cluster World Health Organization 20 Avenue Appia Geneva 27, CH 1211 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Email: hiv-aids@who.int Web: www.who.int	
	<i>Key words:</i> rapid tests, algorithms, guidelines, resource-constrained settings	

REF#	Operational Principles for Good Pharmaceutical Procurement (Interagency Guidelines)	En
3.6	World Health Organization, (WHO), Department of Essential Drugs and Medicines Policy, (1999).	
	A set of objectives and principles to guide governments and public or private organizations in the process of developing their own internal procurement procedures.	
	World Health Organization Essential Drugs and Medicines Policy 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Web: www.who.int/medicines/	
	<i>Key words:</i> objectives, principles, procurement, procedures	

REF#	World Bank Technical Note: Procurement of Health Sector Goods	En
3.7	World Bank, (2000).	
	Detailed descriptions of different methods of procurement, quality assurance, regulatory considerations, and logistics for health commodities.	
	World Bank Publications Order Department. PO Box 960 Herndon, VA 20172-0960 Virginia USA Tel: +1 703 661 1580 – Fax: +1 703 524 1363 Email: books@worldbank.org Web: www.worldbank.org	
	<i>Key words:</i> procurement, quality assurance, regulations, logistics, health, commodities	

REF#	Pro-Q User's Manual http://deliver.jsi.com/pdf/software/proq_manual.pdf	En
3.8	John Snow Inc./DELIVER, (2000).	
	ProQ is a software tool that quantifies HIV test requirements based on realistic forecast demand, assessment of existing supply chain capacity, and availability of resources for procurement. This manual explains how to use the ProQ software. It includes an introduction to ProQ and quantification, in general; instructions for installing the software on the user's computer; navigation techniques and conventions; instructions for conducting a quantification, and printing reports.	
	DELIVER John Snow, Inc. 1616 North Fort Myer Drive, 11 th Floor Arlington, VA 22209 Virginia USA Tel: +1-703-528-7474 – Fax: +1-703-528-7480 Email: deliver_pubs@jsi.com or jsinfo@jsi.com Web: http://deliver.jsi.com/2002/whatsnew/index.cfm	
	<i>Note:</i> To use ProQ, the user conducting a quantification must have some experience with the logistics of HIV test kits.	
	<i>Key words:</i> software tool, quantification, assessment, supply chain capacity, navigation techniques	

REF#	Managing Drug Supply: Chapter 14, Quantifying Drug Requirements, Chapter 29, ARV Toolkit link: http://212.74.168.21./en/content.jsp?f=en&d=arv.04.08	En
3.9	World Health Organization, (1997).	
	Detailed descriptions of rationale and methods for quantifying drug supplies and monitoring prescribing patterns and drug use in public health facilities.	
	Essential Drugs and Medicines Policy (EDM) World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4167 Web: www.who.int/hiv/toolkit/arv/en/index.jsp	
	<i>Key words:</i> rationale, methods, drug use, public health, quantification	

REF#	WHO Technical Report Series 902: WHO Expert Committee on Specifications for Pharmaceutical Preparations: Thirty-Sixth Report	En
3.10	World Health Organization (WHO), (2002).	
	Discussion of range of topics on quality assurance of pharmaceuticals, including specifications and tests, good practices in laboratories, manufacturing, inspection and packaging. Useful annexes containing guidelines, lists and good practice aspects.	
	World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Web: www.who.int	
	<i>Key words:</i> quality assurance, specifications, tests, laboratories, good practices, manufacturing	

REF#	Effective Drug Regulation: What Can Countries Do?	En
3.11	World Health Organization (WHO), (1999).	
	Discussion paper on rationale and methods for making drug regulation effective; gives examples from many different countries.	
	World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Web: www.who.int	
	<i>Key words:</i> rationale, methods, regulation	

REF#	Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS	En
3.12	UNICEF/UNAIDS/WHO/MSF, (June 2004).	
	This report provides market information to help procurement agencies make informed decisions on the source of medicines and to serve as the basis for negotiating affordable prices. The aim is to help increase access to medicines for people living with HIV.	
	Essential Drugs and Medicines Policy (EDM) World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4167 Web: http://www.who.int/medicines/	
	<i>Key words:</i> prices, medicines, manufacturers, viral load technologies	

REF#	Global Drug Facility: An Initiative of the Global Partnership to Stop TB http://www.stoptb.org/GDF/default.asp	En
3.13	Global Drug Facility (WHO), (No date)	
	Website home page of the Global TB Drug Facility (GDF). GDF is a mechanism to expand access to, and availability of, high-quality TB drugs to facilitate global DOTS expansion.	
	World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Email: gdf@who.int	
	<i>Key words:</i> TB, DOTS, drugs, access, availability	

REF#	The UNICEF Procurement Services http://www.unicef.org/supply/index_procurement_services.html	En
3.14	UNICEF, (No Date). Supply centres operated by UNICEF and links to lists of supplies and recommended drugs for PMTCT Plus programmes. Procurement Services Centre UNICEF Supply Division UNICEF Plads, Freeport DK-2100, Copenhagen Denmark Tel: +45 35 27 32 21 – Fax: +45 35 26 94 21 Email: psid@unicef.org	
	<i>Key words:</i> supplies, programmes, PMTCT	
REF#	HIV Test Kit Selection: Operational Considerations for VCT and PMTCT Services	En
3.15	John Snow Inc./DELIVER, (No date) This four-page fact sheet discusses the essential criteria to consider when selecting HIV test kits for use in voluntary counseling and testing and prevention of mother-to-child transmission programs. JSI Boston 44 Farnsworth Street Boston MA, 02210-1211 USA Tel: +1 617 482 9485 – Fax: +1 617 482 0617 Email: jsinfo@jsi.com Web: http://deliver.jsi.com/2002/whatsnew/index.cfm	
	<i>Key words:</i> selection, test kits, PMTCT	
REF#	Guidelines for Drug Donations	En, Ru
3.16	World Health Organization, Department of Essential Drugs and Medicines Policy, (1999). An interagency (UN agencies and NGOs) document, outlining the constraints and core principles of drug donations and providing a set of 12 guidelines to ensure that donations meet the recipients' needs and respect requirements for quality and usefulness. Essential Drugs and Medicines Policy (EDM) World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4167 Web: www.who.int/medicines	
	<i>Key words:</i> constraints, principles, donations, guidelines, quality assurance	

REF#	Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS	En
3.17	World Health Organization (WHO), (2002).	
	This report provides market information to help procurement agencies make informed decisions on the source of medicines and to serve as the basis for negotiating affordable prices. The aim is to help increase access to medicines for people living with HIV/AIDS in developing countries. The data provided by the manufacturers highlights the multiplicity of suppliers and the variation in prices of some essential HIV/AIDS-related medicines on the international market. Without this information, there is a risk that low-income countries may be paying more than needed to obtain essential medicines.	
	HIV/AIDS department HTM cluster World Health Organization 20 Avenue Appia Geneva 27, CH 1211 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Email: hiv-aids@who.int	
	<i>Key words:</i> prices, medicines, manufacturers, viral load technologies	

REF#	Guidelines for Price Discounts of Single-Source Pharmaceuticals	En
3.18	World Health Organization (WHO), Department of Essential Drugs and Medicines Policy (EDM), (2003).	
	A WHO, UNICEF, UNPF and UNAIDS interagency statement and guidelines aimed at policy makers and technical staff involved in price discount arrangements intended to improve access to essential drugs for priority diseases.	
	Essential Drugs and Medicines Policy (EDM) World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4167 Web: www.who.int/medicines/	
	<i>Key words:</i> statement, guidelines, policy makers, technical staff, access, drugs, discounts, prices	

REF#	HIV/AIDS Drugs Pre-Qualification, Pilot Procurement, Quality and Sourcing Project: Access to HIV/AIDS Drugs of Acceptable Quality.	En
3.19	http://mednet3.who.int/prequal/hiv/hivdefault.shtml http://mednet3.who.int/prequal	
	World Health Organization (WHO), (2003).	
	Description of project and listing of antiretrovirals and other HIV related medicines from specific manufacturers and manufacturing sites considered acceptable for procurement by UN agencies.	
	HIV/AIDS department HTM cluster World Health Organization 20 Avenue Appia Geneva 27, CH 1211 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Email: hiv-aids@who.int Web: http://www.who.int/hiv/en/	
	<i>Key words:</i> medicines, manufacture, procurement, UN	

REF#	HIV Diagnostics: HIV Test Kit Evaluation http://www.who.int/bct/Main_areas_of_work/BTS/HIV_Diagnostics/HIV_Test_Kit_Evaluation.htm	En
3.20	World Health Organization (WHO), (2000). A webpage that evaluates the different types of test kits that are available for HIV testing. HIV/AIDS department HTM cluster World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Email: hiv-aids@who.int Web: http://www.who.int/hiv/en/ <i>Key words:</i> evaluation, test kits	
REF#	Patent Situation of HIV/AIDS Related Drugs in 80 Countries	En
3.21	UNAIDS, (2002). A document which describes the patent situation of AIDS drugs in 80 countries. UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org <i>Key words:</i> patents	
REF#	Do Patents for Antiretroviral Drugs Constrain Access to AIDS Treatment in Africa? http://www.iipi.org/activities/research/antiretroviral_article.pdf	En
3.22	Attram, A. & Gillespie-White L., Journal of American Medical Association, (JAMA), (2001). This article examines the relationship between patents and antiretroviral drug access through a study and illustrates the fact that patent protection does not act as a barrier to access HIV/AIDS pharmaceuticals. World Health Organization 20, Avenue Appia, CH-1211 Geneva 27 Switzerland Tel: +41 22 791 1111 – Fax: +41 22 791 4834 Email: gdf@who.int Web: www.who.int <i>Key words:</i> patents, antiretroviral, access, relationship, treatment	
REF#	Technical Note: Pharmaceutical Patents and the TRIPS Agreement http://www.wto.org/english/tratop_e/trips_e/pharma_ato186_e.htm	En
3.23	World Trade Organization, (2000). This note describes those provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) relating to the standards of patent protection accorded to inventions in the area of pharmaceuticals. World Trade Organization Centre William Rappard rue de Lausanne 154 CH-1211, Geneva 21 Switzerland Tel: +41 22 739 51 11 – Fax: +41 22 731 42 06 Email: enquiries@wto.org Web: http://www.wto.org <i>Key words:</i> patents, TRIPS, pharmaceuticals	

REF#	World Bank Technical Guide for Procurement of HIV/AIDS Medicines and Related Supplies	En
3.24	World Bank, (2004).	
	This Technical Guide adapts the Bank's guidelines on the procurement of health goods to the HIV/AIDS context. It further sets out principles and guidance to ensure that such procurements will fit within an overall well-functioning supply management system for HIV/AIDS medicines and related supplies. Within the contemporary context, this requires that attention also be paid to matters such as product selection, quality assurance, and countries' intellectual property rights systems within the global trading system.	
	World Bank Publications Order Department PO Box 960, Herndon VA 20172-0960 Virginia USA Tel: +1 703 661 1580 – Fax: +1 703 524 1363 Email: books@worldbank.org Web: http://www.worldbank.org	
	<i>Key words:</i> procurement, guidelines, quality assurance, health goods, supply/management system	

REF#	Rapid Pharmaceutical Management Assessment: an Indicator-Based Approach	En
3.25	Management Sciences for Health (MSH), University Research Corporation, PAHO, (1995).	
	A detailed discussion on the use of a range of indicators for monitoring pharmaceutical systems, including issues of supply, prescribing and use of medicines.	
	Management Sciences for Health 165 Allandale Road Boston Massachusetts 02130 USA Tel: +1 617 524 7766 – Fax: +1 617 524 1363 Email: bookstore@msh.org Web: www.msh.org	
	<i>Key words:</i> indicators, medicines, supply, monitoring, prescribing	

REF#	WHO HIV Test Kit Bulk Procurement Scheme http://www.who.int/bct/Main_areas_of_work/BTS/HIV_Diagnostics/HIV_Test%20Kit_Bulk_Procurement_Scheme.htm	En
3.26	World Health Organization (WHO), (2003).	
	In an effort to further assist national governments and agencies, WHO established the HIV Test Kit Bulk Procurement Scheme in 1989. The goal of this scheme is two fold: to obtain high quality HIV test kits at low cost, and to provide additional information.	
	World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Web: www.who.int	
	<i>Key words:</i> bulk procurement, test kits, quality assurance	

REF#	UNICEF List of MTCT Plus Drug Prices http://www.supply.unicef.dk/catalogue/mtct_prices.pdf	En
3.27	UNICEF, (2003). The data in this guide on ARV prices offered by originator companies and some generic companies in low and middle income countries is meant to inform buyers. The information is intended for use by government, and non-profit procurement agencies, as well. UNICEF Supply Division UNICEF Plads Freeport 2100 Copenhagen Ø Denmark Tel: +45 35 27 35 27 – Fax: +45 35 26 94 21 Email: supply@unicef.org or customer@unicef.org Web: www.unicef.org/supply	
	<i>Key words:</i> MTCT, prices, ARV, drugs, guide	
REF#	Untangling the Web of Price Reductions: A Pricing Guide for the Purchase of ARVs for Developing Countries.	En, Ch
3.28	Médecines Sans Frontières, MSF, (2003). The data in this guide on ARV prices offered by originator companies and some generic companies in low and middle income countries is meant to inform buyers. The information is intended for use by government, and non-profit procurement agencies, as well as other bulk purchasers. MSF rue du Lac 12 PO Box 6090 CH-1211 Geneva 6 Switzerland Tel: +41 22 8498 405 – Fax: +41 22 8498 404 Mobile: +41 79 286 9649 Email: access@geneva.msf.org Web: www.accessmed-msf.org	
	<i>Key words:</i> guide, prices, generics, bulk procurement	
REF#	International Drug Price Indicator Guide http://erc.msh.org/mainpage.cfm?file=1.0.htm&id=1&temptitle=Introduction&module=DMP&language=English	En
3.29	Management Sciences for Health (MSH), (2002) Comprehensive guide to prices and not-for-profit sources of drugs listed on the WHO Model List of Essential Medicines. It is updated annually. Management Sciences for Health 165 Allandale Road Boston Massachusetts 02130 USA Tel: +1 617 524 7766 – Fax: +1 617 524 1363 Email: bookstore@msh.org Web: www.msh.org	
	<i>Key words:</i> guide, prices, sources, drugs	

REF#	Voluntary Counselling and Testing (VCT): Paper for the UNAIDS Expert Panel on HIV Testing in UN Peacekeeping Operations	En
4.1	UNAIDS/London School of Hygiene and Tropical Medicine, (2001).	
	This report presents to the Executive Director of UNAIDS the advice and recommendations of the UNAIDS Expert Panel on HIV Testing in United Nations Peacekeeping Operations. After considering the evidence and background information, the Expert Panel unanimously endorsed voluntary HIV counselling and testing (VCT) for UN peacekeeping operations. The Panel concluded that VCT, with its combination of counselling and voluntary testing, is the most effective means of preventing the transmission of HIV, including among peacekeepers, host populations, and the spouses and partners of peacekeepers.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
	<i>Key words:</i> United Nations, peacekeepers, host populations	

REF#	WHO HIV/AIDS Treatment and Care Protocols for Countries of the Commonwealth of Independent States	En, Ru
4.2	World Health Organization (WHO)/EURO,(2004)	
	This is a comprehensive guideline on diagnosis, care and treatment for people with HIV/AIDS, specially produced for the countries in the Commonwealth of Independent States (in the former Soviet Union). Sections include testing and counselling policy, training, and detailed protocols for each element of the pre-test and post-test counselling processes. Examples of checklists for suicide risk factors and client consent forms are also given. This resource ends with checklists for monitoring of T&C services.	
	Srdan Matic, Regional Adviser HIV/AIDS and Sexually Transmitted Infections WHO European Regional Office Scherfigsvej 8 2100 Copenhagen Ø Denmark Tel.: +45 39 17 17 17 – Fax: +45 39 17 18 18 Email: sma@who.dk Web: webmaster@euro.who.int	
	<i>Key words:</i> policies, minimum standards, training, protocol for T&C, adverse events, client consent, monitoring	

REF#	Perspectives and Practice in Antiretroviral Treatment: Antiretroviral Therapy in Primary Health Care: Experience of the Khayelitsha Programme in South Africa (Case Study)	En
4.3	World Health Organization (WHO), (2003).	
	A case study from Khayelitsha, South Africa, highlighting the guiding principles of an ARV treatment programme.	
	World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Web: www.who.int	
	<i>Key words:</i> case study, South Africa, treatment programme	

REF#	Voluntary Counselling and Testing (VCT): Program Tools for Implementing VCT	En
4.4	<p>CDC, Global AIDS Program. (Draft Apr 2003)</p> <p>This guide is a comprehensive compendium of practical use tools that serve to help establish and monitor the planning and implementation of VCT services. The booklet includes a variety of forms and guides that can be used as templates and tailored to suit the needs of individual organizations.</p> <p>Global AIDS Program Centers for Disease Control and Prevention Department of Health and Human Services 1600 Clifton Rd. Mailstop E-04 Atlanta, GA 30333 USA Tel: +1 404 639 8016 – Fax: +1 404 498 2750 Web: http://www.cdc.gov/nchstp/od/gap/</p> <p><i>Note:</i> This is well complemented by the VCT implementation manual.</p> <p><i>Keywords:</i> Implement, cost, collection, form, informed consent, satisfaction, assessment, referral, registration, monitoring, equipment, supplies, timeline, timetable, quality assurance, client flow</p>	

REF#	Assessing the Need for HIV Prevention Services: A Guide for Community Planning Groups http://www.healthstrategies.org/pubs/publications/needs_assessment_all.pdf	En
4.5	<p>Academy for Educational Development, Center for Community-Based Health Strategies (Aug 1999)</p> <p>This is a guide for HIV prevention community groups that wish to undertake a needs assessment. The guide explains how the assessment process is used to identify and prioritize unmet HIV prevention service needs in vulnerable populations using a three-part process of conducting the actual needs assessment, building a community resource inventory, and performing gap analysis.</p> <p>Each chapter has information specific to Health department staff, community planning group members, needs assessment committee, and consultants.</p> <p>The guide includes: Worksheets at the end of each chapter for planning or review purposes</p> <ul style="list-style-type: none"> • a sample time line • a sample work plan • a resource inventory matrix • steps for planning and conducting surveys, focus groups, key informant interviews and community forums. <p>AED Headquarters 1825 Connecticut Ave., NW Washington, D.C. 20009-5721 USA Tel: +1 202 884 8000 – Fax: +1 202 884 8400 Email: admindc@aed.org Web: www.aed.org</p> <p><i>Key words:</i> needs assessment, work plan, time line, plan</p>	

REF# 4.6	Uganda National Policy Implementation Guidelines for HIV Voluntary Counselling and Testing Services	En
	Uganda Ministry of Health (June 2003)	
	This document covers a wide range of issues that governments have to deal with regarding VCT implementation. The document covers the following : Implementation guidelines for VCT services VCT services VCT protocol HIV testing in VCT VCT for children and other special categories Quality assurance Monitoring and evaluation Appendix: client exit interview <ul style="list-style-type: none"> • Observed practice form • Client consent form • Referral form • Counselling and testing card • Supervisory checklist 	
	The Republic of Uganda, Ministry of Health Plot 6 Lourdel Road Wandegeya P.O.Box 7272 Kampala Uganda Tel: +256 41 340874 – Fax: +256 41 231584 E-Mail: std-acp@utonline.co.ug or pmtct1@utonline.co.ug Web: http://www.health.go.ug	
	<i>Note:</i> THIS IS A DRAFT COPY. There is a related guideline called “Uganda national policy guidelines for HIV counselling and testing”	
	<i>Key words:</i> Uganda, policy, implementation, service delivery, protocol, special needs, quality assurance (testing, counselling), monitor, evaluate, consent, referral,	

REF# 4.7	National Report on the Assessment of the Public Sector's Voluntary Counselling and Testing Programme. http://www.hst.org.za/research/vct.htm http://www.hst.org.za/research/vct.pdf	En
	Magongo B, Magwaza S, Mathambo V and Makhanya N (Oct 2002) HST	
	This publication is a report on South Africa's VCT programs. The report includes the findings and progress made so far as well as recommendations for further strengthening the programs. Included are the following: <ul style="list-style-type: none"> • means and methods of data collection (incl. tools such as questionnaires, time sheets, checklists) • Findings • conclusions and recommendations • Appendix containing <ul style="list-style-type: none"> – tables on results – VCT client Exit interviews – Counsellor's questionnaire – Site manager's questionnaire – Key informant interview guide – Facility assessment checklist – Time study sheet Routine data capturing framework	
	Health Systems Trust 401 Maritime House Salmon Grove, Victoria Embankment Durban 4001 South Africa Tel: +27 31 307 2954 – Fax: +27 31 304 0775 Email: hst@hst.org.za Web: http://www.hst.org.za	
	<i>Key words:</i> South Africa, case study, monitoring, evaluation, service delivery, quality assurance	

REF# 4.8	<p>HIV/AIDS Rapid Assessment Guide http://www.fhi.org/en/HIVAIDS/Publications/RapidAssessmentGuide/</p>	En
	David Wilson and Family Health International (2001)	
	<p>This practical guide is meant to help program managers gather information and generate reports that explain the spatial, qualitative, and quantitative overview of a project area. It contains:</p> <ul style="list-style-type: none"> • a mapping guide • site inventory • Ethnographic guide • Focus group guide • Rapid Behavioural surveys 	
	<p>Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard, Suite 700 Arlington, VA 22201 Virginia USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Email: aidspubs@fhi.org Web: www.fhi.org</p>	
	<i>Key words:</i> questionnaire, guide, assess, survey	

REF# 4.9	<p>Tools for evaluating HIV Voluntary Counselling and Testing http://www.unaids.org/publications/documents/health/counselling/Tools.pdf</p>	En, Fr, Ru
	UNAIDS (May 2000, second reprint June 2002)	
	<p>This document comprises a series of tools, in the form of questionnaires, for the evaluation of VCT. These can be altered and/or adapted as required.</p> <p>There are 8 tools that include: evaluation for the national preparedness for VCT implementation</p> <ul style="list-style-type: none"> • VCT site evaluation – logistic considerations and coverage • evaluation of counsellor selection, training and support • Evaluation of counselling skills (pre-test, post-test, no test) • Evaluation of counselling for special interventions (TBPT, MTCT) • Evaluation of group work • Evaluation of client satisfaction • Evaluation of VCT costs <p>There is also a section on difficulties that may be encountered when attempting supervision or viewing of counselling sessions for quality assurance.</p>	
	<p>UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org</p>	
	<i>Key words:</i> tool, evaluate, form, site, assess, questionnaire, monitor, cost, counsellor, client satisfaction, skill, national preparedness	

REF#	Zimbabwe VCT program: New Start centre Operating Procedure Manual	En
4.10	Sangiwa, G. (July 1999)	
	This document describes the VCT centre and services that are offered in Zimbabwe. Each aspect of the services from management to evaluation is included and serves as an excellent manual for the set up of new services. The annex at the end consists of key tools such as surveys, forms, checklists and codes that can be tailored to each country.	
	VCT programme Director PSI-Zimbabwe 4 Rocklands Road. PO BOX H215 Hatfields. Harare. Zimbabwe Tel: +263 4 572 600/613/614/347/850 – Fax: +263 4 572 856 Email: bncube@psi-zim.co.zw	
	<i>Key words:</i> management, finance, policy, monitor, evaluate, special counselling, quality assurance (counselling, lab), training, protocol, informed consent, Zimbabwe	

REF#	A Guide to Establishing Voluntary Counselling and Testing Services for HIV	En
4.11	FHI (April 2002) Sangiwa, G.	
	This guide, based on FHI's experiences, focuses on three levels: national, district or NGO, and site (implementing agency). It presents list of considerations and suggestions of activities for the assessment, design, and implementation phases of VCT at each level. A section on staffing, space, supplies and equipment in also incorporated.	
	Family Health International – Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington, Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
	<i>Note:</i> This is also available on the FHI CD for VCT	
<i>Key words:</i> assess, design, implement, guide, staff, supply, equip		

REF#	Project expansion proposal submitted by the government of the republic of Uganda to NORAD	En
4.12	Government of Uganda (Feb 2000)	
	This proposal for 'Decentralized HIV counselling and testing Services' consists of a justification for the expansion of VCT in Uganda. It contains information on Uganda's policies and protocols. It also includes <ul style="list-style-type: none"> • Implementation (outputs, strategies, C&T procedure etc..) • Work plans • Quality assurance • Monitoring and evaluation indicators • Project budget sheet The Annex consists of information on: items for procurement <ul style="list-style-type: none"> • financial flowchart • VCT flowchart 	
	The Republic of Uganda, Ministry of Health Plot 6 Lourdel Road Wandegeya P.O.Box 7272 Kampala Uganda Tel: +256 41 340884 – Fax: +256 41 340877 Email: info@health.go.ug Web: http://www.health.go.ug	
	<i>Note:</i> This document consists of financial information that Uganda may not want to publicize.	
<i>Key words:</i> management infrastructure, finance, policy, monitor, evaluate, indicators, quality assurance, training, protocol, budget, Uganda		

REF#	Regional Guidelines for Voluntary HIV Counselling and Testing (2nd Draft – revisions based on workshop, Harare, 4th-6th March 2003)	En
4.13	<p>Baggaley R, Henderson M, World Health Organization/Africa Regional Office, Harare, Zimbabwe, (March 2003)</p> <p>These guidelines are designed for use by policymakers and VCT programme managers at national, provincial, district and site levels. Specific sections of the guidelines may be useful for staff delivering VCT services as well as training of support staff for knowledge and sensitivity around VCT issues and clients.</p> <p>World Health Organization Africa Regional Office, Congo Cite du Djoue, P.O.Box 06 Brazzaville, Congo Tel: + 47 241 39100 or + 242 8 39100 – Fax: + 47 241 39503 or + 242 8 39503 Web: http://afro.who.int</p> <p><i>Key words:</i> Guidelines, Africa</p>	
REF#	Voluntary Counselling and Testing (VCT) Trainer's Manual	En
4.14	<p>CDC, Global AIDS Program. (Revised March 2003)</p> <p>This manual comprises a curriculum for trainers with respect to training of trainers as well as of counsellors. There is an overview unit as well as 7 independent units, each of which includes goals and objectives as well as materials required. The units contain information that range from risk assessment to conducting HIV tests and counselling. Also included are</p> <ul style="list-style-type: none"> • pre- and post-course knowledge assessment forms • overheads as well as handouts for teaching each unit • protocols (incl. Disclosure)and checklists <p>Global AIDS Program Centers for Disease Control and Prevention Department of Health and Human Services 1600 Clifton Rd. Mail stop E-04 Atlanta, GA 30333 USA Tel: +1 404 639 8016 – Fax: +1 404 498 2750 Web: http://www.cdc.gov/nchstp/od/gap/</p> <p><i>Note:</i> Protocol cards and a CD with the curriculum complement the manual. A VCT Participant's manual is required for each participant.</p> <p><i>Key words:</i> training, protocol, disclosure, curriculum, counsellor, trainer, quality assurance, assessment, form</p>	
REF#	Voluntary Counselling and Testing (VCT) Participant's Manual	En
4.15	<p>CDC, Global AIDS Program. (Revised March 2003)</p> <p>This manual comprises a curriculum for participants with respect to becoming trained VCT counsellors. There is an overview unit as well as 7 independent units, each of which includes goals and objectives as well as materials required. The units contain information that range from risk assessment to conducting HIV tests and counselling. Also included are:</p> <ul style="list-style-type: none"> • Exercises and skill building (Questioning, listening) • overheads as well as handouts for teaching each unit • protocols (13 components, incl. disclosure) and checklists <p>Global AIDS Program Centers for Disease Control and Prevention Department of Health and Human Services 1600 Clifton Rd. Mailstop E-04 Atlanta, GA 30333 USA Tel: +1 404 639 8016 – Fax: +1 404 498 2750 Web: http://www.cdc.gov/nchstp/od/gap/</p> <p><i>Note:</i> Protocol cards and a CD with the curriculum complement the manual. A VCT Trainer's manual is required for trainers.</p> <p><i>Key words:</i> training, protocols, disclosure, curriculum, counsellor, trainer, quality assurance</p>	

REF#	Voluntary Counselling and Testing(VCT) Training Curriculum (CD-ROM)	En
4.16	CDC, Global AIDS Program. (Revised March 2003)	
	The CD includes an electronic copy of the trainer's manual, the participant's manual, overheads and protocol cue cards as well as published papers on VCT (listed as Resources).	
	Global AIDS Program Centers for Disease Control and Prevention Department of Health and Human Services 1600 Clifton Rd. Mailstop E-04 Atlanta, GA 30333 USA Tel: +1 404 639 8016 – Fax: +1 404 498 2750 Web: http://www.cdc.gov/nchstp/od/gap/	
	<i>Note:</i> Hard copies of the manuals contained are available with the CDC	
	<i>Key words:</i> training, protocol, curriculum, disclosure, counsellor, trainer, participant, quality assurance	

REF#	Voluntary Counselling and Testing (VCT) Communication about Sexual Health (CASH)	En
4.17	CDC, Global AIDS Program. (Draft Apr 2003)	
	The module is meant for the training of counsellors in the concepts of communication about sexual behaviours and related issues.	
	Also included are <ul style="list-style-type: none"> • exercises and skill building (Questioning, listening) • performance standards for condom demonstrations 	
	Global AIDS Program Centers for Disease Control and Prevention Department of Health and Human Services 1600 Clifton Rd. Mailstop E-04 Atlanta, GA 30333 USA Tel: +1 404 639 8016 – Fax: +1 404 498 2750 Web: http://www.cdc.gov/nchstp/od/gap/	
	<i>Note:</i> Handouts 1 to 5 are required to enable efficacious facilitation.	
<i>Key words:</i> training, protocols, counsellor, trainer		

REF#	Dying to Care? Work, Stress and Burnout on HIV/AIDS	En
4.18	Miller, D., (2000).	
	This is a comprehensive text on all aspects of work stress, burnout and its management in HIV/AIDS care (and oncology). It includes burnout and management in formal health care staff and volunteers. Contains a global literature review. Included here are chapters 5, 9 and 10. Chapter 5 gives an overview of burnout; chapter 9 focuses on volunteers and burnout, and chapter 10 looks at the management of occupational stress and burnout.	
	David Miller HIV/AIDS Department World Health Organization 20 Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 1494 – Fax: +41 22 791 4834 Email: millerd@who.int	
	<i>Key words:</i> burnout, work stress, management	

REF# 4.19	Caring for Carers: Managing Stress in Those who Care for People Living with HIV and AIDS http://www.unaids.org/publications/documents/health/counselling/Caring_carers.pdf	En, Fr, Es
	UNAIDS Case Study (May 2000)	
	This report focuses on the importance of the needs of carers and what can be done to support them.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
	<i>Key words:</i> case study, Uganda, South Africa, caregiver, lessons learnt	

REF# 4.20	Voluntary Counselling and Testing(VCT) Implementation Manual	En
	CDC, Global AIDS Program. (Draft Apr 2003)	
	The manual touches on several phases of VCT including planning and development, training and monitoring with links to several websites for information. However greater emphasis is on implementation with notes on potential barriers and how to overcome them. Also included is a tool specifically with suggested steps for the expansion of VCT services.	
	Global AIDS Program Centers for Disease Control and Prevention Department of Health and Human Services 1600 Clifton Rd. Mailstop E-04 Atlanta, GA 30333 USA Tel: +1 404 639 8016 – Fax: +1 404 498 2750 Web: http://www.cdc.gov/nchstp/od/gap/	
	<i>Note:</i> This is well complemented by the 'VCT program tools for implementation' guide.	
	<i>Key words:</i> Implement, cost, collection, form, consent, disclosure, testing, counselling, serial parallel, satisfaction, assessment, referral, registration, monitoring, equipment, supplies, timeline, timetable, quality assurance (testing, counselling), plan, manage, ethic, legal, service delivery, post test, finance, community, mobilization, advocacy, marketing, train, data, stigma, youth, drug user, sex work, prison, refugee, STI, TB, client flow, expansion	

REF# 4.21	Evaluating programs for HIV/AIDS Prevention and Care in Developing Countries, a Handbook for Program Managers and Decision Makers http://www.fhi.org/en/HIVAIDS/Publications/evalchap/	En
	FHI (2001) Rehle et.al.	
	The 17 chapters cover a range of issues from performance indicators to cost effectiveness analysis. Chapter 6 is on evaluating VCT programs. The areas of evaluation that are included are service delivery, counselling and testing protocol adequacy, staff performance, service accessibility and barriers, service use, sources of data, outcome and impact evaluation, http://www.fhi.org/en/HIVAIDS/Publications/evalchap/evalchap6.htm	
	Family Health International – Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington, Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Email: aidspubs@fhi.org Web: http://www.fhi.org	
	<i>Key words:</i> evaluate,	

REF#	Quality Assurance Measures for Voluntary Counselling and Testing (VCT) Services	En
4.22	Family Health International (FHI), (June, 2002)	
	These documents provide means and measures for assessing staff performance, client satisfaction, and adequacy of both counselling and testing protocols.	
	The checklists/forms included are: VCT site instrument (staffing, assessment of staff roles, availability of protocols, materials and kits, operations and sample processing).	
	<ul style="list-style-type: none"> • Counsellor reflection form • Counsellor quality assurance tool • VCT Client exit survey form 	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard, Suite 700 Arlington, Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
	Note: This is also available on the FHI CD for VCT	
Key words: skill, lab testing, referral, quality assurance (services), evaluation (services), train, protocol, satisfaction, staff, assess, checklist, form		

REF#	Handbook of Indicators for HIV/AIDS/STI Programs http://www.dec.org/pdf_docs/PNACK416.pdf	En
4.23	USAID (March 2000) Brown, Lianne; Amara Singham et. al.	
	There are four indicators for VCT in this guide. Each has its strengths and limitations as well as the means of measurement.	
	The Synergy Project Tvt Global Health and Development Strategies 1101 Vermont Ave, NW Suite 900 Washington, DC 20005 USA Tel: +1 202 842 2939 – Fax: +1 202 842 7646 Email: tvt@tvtassoc.com Web: www.synergyAIDS.com	
	Note: pg 83	
	Key words: indicator, monitor, evaluate	

REF#	Implementation Monitoring Plan (CD-ROM) http://www.synergyaids.com/apdime/mod_4_imp/tools/M4_Implementation_Monitoring_Plan.pdf	En
4.24	APDIME Toolkit Version 1(2003) http://www.synergyaids.com/apdime/index.htm	
	The CD is a great resource for managers that are setting up new programs. Each of the 5 steps: assess, plan, design, implement and monitor, and evaluate can be tailored to VCT as required. There are several tools as well as links to tools within the toolkit.	
	The Synergy Project Tvt Global Health and Development Strategies 1101 Vermont Ave, NW Suite 900 Washington, DC 20005 USA Tel: +1 202 842 2939 ext 136 – Fax: +1 202 842 7646 Email: info_toolkit@s-3.com Web: www.synergyAIDS.com	
	Note: Can be found in stage 3 of planning section	
	Key words: monitor, tool, plan, template	

REF#	Guidelines for appropriate Evaluations of HIV testing technologies in Africa	En
4.25	WHO/AFRO, CDC, PHL, (2001).	
	This document provides guidance for developing protocols for the evaluation of HIV EIA and Rapid/simple tests. Lab safety precautions and quality assurance is also addressed in this document with examples of each that can serve as tools.	
	Division of HIV/AIDS prevention Centers for Disease Control and Prevention Department of Health and Human Services 1600 Clifton Rd. Mailstop E-04 Atlanta, GA 30333 USA Tel: +1 404 639 2080 – Fax: +1 404 498 2750 Email: mlk5@cdc.gov Web: http://www.cdc.gov/	
	<i>Note:</i> Evaluation expenditures (App. F), lab safety rules (App. E), evaluation protocol (App.G)	
	<i>Key words:</i> quality assurance (lab), costs, tests, evaluation, protocols	

REF#	National AIDS Programmes. A Guide to Monitoring and Evaluating HIV/AIDS Care and Support	En
4.26	UNAIDS, (June, 2000)	
	This guide is the result of a broad consultation with country programme staff, donor representatives and evaluation specialists from institutions all over the world, and attempts to bring together their experience. It aims to summarise the best practices.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Website: www.unaids.org	
	<i>Key words:</i> monitor, evaluate, indicator, best practices	

REF#	NACO Standard Operating Procedures for VCTCs (Draft, 2004)	En
4.27	NACO, (Draft, 2004).	
	A comprehensive manual of standard operating procedures for implementation of voluntary counselling and testing centres in India.	
	NACO Government of India Ministry of Health and Family Welfare Government of India 9 th Floor, Chandra Lok Building 36 Janpath New Delhi, 110001 India Tel: + 91 2 332 5343 or 2 373 1774 or 2 373 1778 – Fax: + 91 2 373 1746 Email: info@nacoonline.org Web: www.naco.nic.in	
	<i>Key words:</i> India, implementation, standards	

REF#	Tools for Monitoring and Evaluating HIV Testing and Counselling	En, Fr, Sp, Ru
4.28	UNAIDS, (2000).	
	This document comprises a series of tools, in the form of questionnaires and checklists, for the evaluation of VCT. These can be altered and/or adapted as required. There are 8 tools that include: evaluation for the national preparedness for VCT implementation; VCT site evaluation – logistic considerations and coverage; evaluation of counsellor selection, training and support; evaluation of counselling skills (pre-test, post-test, no test); evaluation of counselling for special interventions (TBPT, MTCT); evaluation of group work; evaluation of client satisfaction; evaluation of VCT costs. There is also a section on difficulties that may be encountered when attempting supervision or viewing of counselling sessions for quality assurance.	
	UNAIDS 20 avenue Appia CH-1211 Geneva 27 Switzerland Tel: +41 22 791 4651 – Fax: +41 22 791 41 87 Email: unaids@unaids.org	
	<i>Key words:</i> tool, evaluate, form, site, assess, questionnaire, monitor, cost, counsellor, client satisfaction, skill, national preparedness	

REF#	Sex Workers: Part of the Solution	En
4.29	International HIV/AIDS Alliance, (2002).	
	A comprehensive paper about sex workers which discusses issues of stigma, discrimination and access to treatment.	
	International HIV/AIDS Alliance Queensberry House 104-106 Queens Road Brighton, BN1 3XF United Kingdom Tel: +44 1273 718900 – Fax: +44 1273 718901 Email: mail@aidsalliance.org Web: www.aidsmap.com or www.aidsalliance.org	
	<i>Key words:</i> sex workers, stigma, discrimination, treatment	

REF#	Adolescent Friendly Health Services: An Agenda for Change	En
4.30	World Health Organization (WHO), (2003).	
	This is a technical advocacy document making the case for the development of adolescent friendly health services. The document contains ideas on how to plan for such services and includes country examples. This document is intended for policy makers.	
	World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Web: www.who.int	
	<i>Key words:</i> advocacy, adolescents, planning, case studies	

REF# 4.31	VCT and Young People	En
	FHI – IMPACT (June 2002) Boswell, D. and Baggaley, R.	
	This is a summary overview of VCT’s relevance to young people. It encompasses suggestions for service delivery models, promotion and implementation considerations. There are 8 case studies that are presented.	
	Family Health International – Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
	<i>Note:</i> This is also available on the FHI CD for VCT	
	<i>Key words:</i> case study, young people, youth, lessons learnt	

REF# 4.32	Voluntary counselling and Testing: A Reference Guide. Responding to the Needs of Young People, Children, Pregnant Women, and their Partners	En
	Family Health International (Dec 2001) Boswell, D and Baggaley, R.	
	This document is of great use for program managers who are interested in: <ul style="list-style-type: none"> • VCT and counselling for young people • VCT related issues for children and infants • VCT for pregnant women and their partners in association with PMTCT interventions The document includes information on approaches for counselling, factors affecting the demand and uptake of VCT, outcomes following VCT, Legal issues, cost issues, and examples from other countries.	
	Family Health International – Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
	UNICEF UNICEF house, 3 United Nations plaza New York, NY 10017 USA Tel: +1 212 326 7000 – Fax: +1 212 887 7465 Web: www.unicef.org	
	<i>Key words:</i> special needs, young people, lessons learned	

REF# 4.33	Guidelines for Using HIV Testing Technologies in Surveillance	En
	UNAIDS/World Health Organization Working Group on Global HIV/AIDS/STI Surveillance, (2001).	
	This is an overview guide on aspects to consider when testing for HIV in surveillance. The text includes a general outline for selecting a testing strategy (including linked and unlinked testing), selecting tests for evaluation and three phases of country evaluation of HIV testing technologies. It provides a list of how to's and recommendations.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
	<i>Key words:</i> strategy, service delivery, evaluate, linked, unlinked, test	

REF#	Quality Assurance Resource Pack for Voluntary Counselling and Testing Service Providers	En
4.34	Miriam Taegtmeier and Vicki Doyle with a contributory team from Liverpool VCT Centre and Care, Kenya (LVCT), (2003).	
	This resource pack presents how quality assurance is conducted at Liverpool VCT and in the sites where they assist. Contains very useful training materials for implementing quality assurance, including examples of checklists.	
	Liverpool VCT Centre PO Box 43640 Nairobi Kenya Tel: +254 20 2714590 Email: enquiries@liverpoolvct.org	
	<i>Key words:</i> Resource pack, quality assurance, training, Kenya	

REF#	Project RESPECT: Enhanced and Brief Counselling Intervention Guide http://www.cdc.gov/hiv/projects/respect/projrim.pdf	En
5.1	CDC, (1993).	
	The intervention manual includes a guide for counselling and defines the goal and objectives of each session. It includes a process evaluation for the counselling sessions, supervision of clinician practices, observation and feedback guides.	
	Division of HIV/AIDS prevention Centers for Disease Control and Prevention Department of Health and Human Services 1600 Clifton Rd. Mailstop E-04 Atlanta, GA 30333 USA Tel: +1 404 639 2080 – Fax: +1 404 498 2750 Email: mlk5@cdc.gov Web: http://www.cdc.gov/	
	<i>Key words:</i> process evaluation, training, counselling, quality assurance, risk assessment	

REF#	Revised guidelines for HIV Counselling, Testing and Referral http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm http://www.cdc.gov/mmwr/PDF/rr/rr5019.pdf	En
5.2	CDC, MMWR-Morbidity and Mortality Weekly Report (Nov 9, 2001)	
	These guidelines are based on an evidence-based approach and “best practices” as determined by specialists in the field. It is targeted towards policy makers and service providers. Included are examples of key counselling elements (incl. How to choose counsellors and how they should approach clients), a framework for implementing VCT and some protocols for ensuring efficacy.	
	Editor: MMWR Epidemiology Program Office MS C-08 Centers for Disease Control and Prevention Department of Health and Human Services 1600 Clifton Rd. Atlanta, GA 30333 USA Fax: +1 404 639 4198 Email: mmwrq@cdc.gov Web: http://www.cdc.gov/mmwr/	
	<i>Key words:</i> counselling, testing, referral, quality assurance (services), evaluation (services), train	

REF#	Global Programme on AIDS – Source Book for HIV/AIDS Counselling Training	En
5.3	World Health Organization (WHO), (1995).	
	This source contains information on the importance of counselling, the various psychosocial and cultural aspects that must be considered as well as various counselling processes. Each section has a summary at the end and points of discussion. Its content is based on findings from field-tested versions of the WHO/GPA draft HIV counselling manual.	
	World Health Organization 20, Avenue Appia, CH-1211 Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Web: www.who.int	
	<i>Key words:</i> counsel, train, field tests	

REF#	Integrated Management of Adolescent and Adult Illness (IMAI): Interim Guidelines for First-Level Facility Health Workers: Acute Care	En
5.4	World Health Organization (WHO), (2003).	
	Acute care presents a syndromic approach to the most common adult illnesses including most opportunistic infections. Clear instructions are provided so the health worker knows which patients can be managed at the first-level facility and which require referral to the district hospital or further assessment by a more senior clinician. Preparing first-level facility health workers to treat the common, less severe opportunistic infections will allow them to stabilize many clinical stage 3 and 4 patients prior to ARV therapy without referral to the district.	
	World Health Organization 20, Avenue Appia, CH-1211 Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Web: www.who.int	
	<i>Key words:</i> opportunistic infections, ARV therapy, acute care, first-level facilities, district hospitals	

REF#	Integrated Management of Adolescent and Adult Illness (IMAI): Interim Guidelines for First-Level Facility Health Workers: Palliative Care: Symptom Management and End-Of-Life Care	En
5.5	World Health Organization (WHO), (2003).	
	The module covers management of symptoms during acute or chronic illness, education of the patient, family and community caregiver to provide care at home, using the Caregiver Booklet; and end-of-life care. Symptom management is very important in patients on ARV treatment. In order to expand access to palliative care, this approach assumes that most of the care will be given by the patient's family with back-up by multi-purpose health workers at first-level facilities. This module covers palliative care in both children and adults.	
	World Health Organization 20, Avenue Appia, CH-1211 Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Web: www.who.int	
	<i>Key words:</i> symptom management, ARV treatment, palliative care, patient education, first-level facilities	

REF#	Integrated Management of Adolescent and Adult Illness (IMAI): Interim Guidelines for First-Level Facility Health Workers: Chronic Care with ARV Therapy	En
5.6	World Health Organization (WHO), (2003).	
	This module includes patient education, psychosocial support, prevention for positives, clinical staging, prophylaxis (INH, cotrimoxazole, fluconazole), preparation for ARV treatment then clinical monitoring, response to side effects, adherence preparation and support, management of chronic problems, and data collection based on a simple treatment card. The Chronic HIV Care with ARV Therapy effectively integrates HIV care and prevention, increasing the potential for preventive interventions. The broader uptake of preventive interventions is essential for HIV control.	
	World Health Organization 20, Avenue Appia, CH-1211 Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Web: www.who.int	
	<i>Key words:</i> prevention, clinical monitoring, ARV treatment, adherence, prophylaxis, chronic care	

REF#	Integrated Management of Adolescent and Adult Illness (IMAI): Interim Guidelines for First-Level Facility Health Workers: General Principles of Good Chronic Care.	En
5.7	World Health Organization (WHO), (2003).	
	IMAI supports the introduction of an effective approach to chronic care (including a team approach, patient partnership, inclusion of "expert patients"/peer support staff on the clinical team, and effective adherence support). This approach could permit rapid expansion of human resources for HIV care while providing the skills and clinic capacity for effective management of other chronic illnesses. A short module describes the General Principles of Good Chronic Care. These principles are used in the Chronic HIV Care guidelines.	
	World Health Organization 20, Avenue Appia, CH-1211 Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Web: www.who.int	
	<i>Key words:</i> chronic care, peer support, human resources, capacity	

REF#	Kenya National Manual for Training Counsellors in voluntary counselling and testing for HIV 1: Training manual	En
5.8	Eden A and Taegtmeier M, Ministry of Health, Kenya, (2003).	
	For VCT counsellors to provide the service as required, they need to be trained systematically in issues pertaining to VCT. To achieve this, a training manual is required. The 124 hours outlined in this manual represent the minimum standard set by the guidelines. The content of the training reflects as closely as possible the job description of a full-time VCT counsellor.	
	National AIDS and STD Control Programme (NAS COP) PO Box 19361 Nairobi Kenya Tel: +254 20 729502 or 714972 Email: headnascop@iconnect.co.ke Web: http://www.health.go.ke/	
	<i>Key words:</i> Training, Counsellors, Kenya	

REF#	Kenya National Manual for Training Counsellors in voluntary counselling and testing for HIV 2: Handouts	En
5.9	Eden A and Taegtmeier M, Ministry of Health, Kenya, (2003).	
	These handouts correspond to activities in the manual; the activity will indicate in the 'Materials' section when a handout is required. A diskette is also provided with each handout to ease printing and photocopying.	
	National AIDS and STD Control Programme (NASCO), PO Box 19361 Nairobi Kenya Tel: +254 20 729502 or 714972 Email: headnascop@iconnect.co.ke Web: http://www.health.go.ke/	
	<i>Key words:</i> Handouts, training, counsellors, Kenya	
REF#	Kenya National Manual for Training Counsellors in voluntary counselling and testing for HIV 3: Trainer's notes	En
5.10	Eden A and Taegtmeier M, Ministry of Health, Kenya, (2003).	
	This section gives further support to the training manual. It includes: <ul style="list-style-type: none"> • Sample letters and paperwork needed for smooth administration of the course. • Further information the trainer needs for particular activities. • Case studies and scenarios. 	
	National AIDS and STD Control Programme (NASCO) PO Box 19361 Nairobi Kenya Tel: +254 20 729502 or 714972 Email: headnascop@iconnect.co.ke Web: http://www.health.go.ke/	
	<i>Key words:</i> Training, counsellors, Kenya	
REF#	Guidelines on VCT Training	En
5.11	WHO, SEARO, (2004).	
	A comprehensive guide for training on VCT.	
	Dr Ying-Ru Lo, Medical Officer HIV/AIDS WHO SEARO World Health House Mahatma Gandhi Marg (Ring Road) Indraprastha Estate New Delhi, 110 002 India Tel: +91 11 23370804, Extn.: 26128/26158 – Fax: +91 11 23378412 Web: http://w3.who.sea.org	
	<i>Key words:</i> Training, counsellors, Kenya	

REF#	Counselling Guidelines on Disclosure of HIV Status	En
5.12	South African AIDS Training Programme (SAT), (2000).	
	These guidelines are based on the experiences and advice of people from across Southern Africa who are either living with HIV or who have extensive experience of counselling people living with HIV. It contains information for counsellors concerning disclosure.	
	South African AIDS Training Programme (SAT) 3 Luck Street PO BOX 390 Kopje Harare Zimbabwe Tel: +263 4 781 123 – Fax: +263 4 752 609 Email: info@satregional.org Web: www.satregional.org	
	<i>Key words:</i> disclosure, media, counsellors, Southern Africa	

REF#	HIV Status and Disclosure: Choices and Consequences	En
5.13	SAT, SIDA, SAFAIDS, CPHA, (No Date).	
	This is a brochure for HIV infected persons who now have to contemplate whether or not they should disclose their HIV status. It also consists of guidelines for how they should deal with the media. There is a “non-disclosure form” that can be photocopied to ‘be used as a safeguard against exploitation from the media and media personnel.’	
	South African AIDS training programme (SAT) 3 Luck Street PO BOX 390 Kopje Harare Zimbabwe Tel: +263 4 781 123 – Fax: +263 4 752 609 Email: info@satregional.org Web: www.satregional.org	
	<i>Key words:</i> disclosure, media	

REF#	ARV Toolkit: A Public Health Approach for Scaling Up Antiretroviral Therapy http://www.who.int/hiv/toolkit/arv/en/index.jsp	En
5.14	World Health Organization (WHO), (2003).	
	The aim of this WHO toolkit is to provide user-friendly technical guidance on planning and implementing ARV treatment programmes in resource-limited settings, and to address issues arising from this process. The toolkit is for a target audience of programme managers, implementers and their partners in the public and private sectors, including NGOs, community-based organizations (CBOs) and businesses.	
	Ms Amolo Okero World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 1962 – Fax: +41 22 791 4834 Email: okeroa@who.int Web: www.who.int	
	<i>Key words:</i> technical guidance, resource-limited settings, ARVs, scaling-up	

REF#	Voluntary Counselling and Testing Services: Revised Operational Guidelines for Establishing VCTC	En
5.15	NACO, Government of India (April 2003)	
	This is a local document that relates to the operationalization of VCTCs including location, infrastructure, staff qualifications, client flow, training, referral, advocacy, etc...	
	The appendix contains forms for: <ul style="list-style-type: none"> • Pre and post test counselling • VCTC monthly report format • Monitoring indicators • Client satisfaction form 	
	NACO Government of India Ministry of Health and Family Welfare Government of India, 9 th Floor Chandra Lok Building 36 Janpath New Delhi, 110001 India Tel: +91 2 332 5343, 2 373 1774, 2 373 1778 – Fax: +91 2 373 1746 Email: info@nacoonline.org Web: www.naco.nic.in	
	<i>Key words:</i> India, service delivery, protocol, special needs, monitor, indicator, consent, referral, training	
REF#	The Botswana Prevention of Mother-to-Child Transmission of HIV; Programme Handbook and Facilitator's Guide	En
5.16	Ministry of Health Botswana, CDC, UNICEF, BOTUSA, (2002).	
	This training curriculum is the revised version of that developed at the onset of a pilot project. It represents three years of experience in the training of counsellors. The main purpose of the training programme is to produce skilled counsellors who will provide counselling and support for mothers, their partners and their families during the PMTCT intervention. Beyond developing practical counselling skills, the course aims to produce advocates of the programme. Women and their partners need, not only support, but also encouragement to utilise services available to them and their children.	
	Ministry of Health Botswana Private Bag 0038 Gaborone Botswana Tel: +267 3973-654 – Fax: +267 3956-932 Email: mgmodise@gov.bw Web: http://www.gov.bw/government/ministry_of_health.html	
	<i>Key words:</i> training, curriculum, counsellors, PMTCT	
REF#	Interviewing and Counselling at the Grass Roots www.networklearning.org	En, Fr, Somali
5.17	Moynihan, M., Amsterdam (April 2001).	
	This is a manual that provides basic guidance on interviewing and counselling skill enhancement workshops. The guide includes a section on suggested role-plays and checklists.	
	Maeve Moynihan Palmgracht 64H Amsterdam 1015N. The Netherlands Tel: +31 20 625 9587 Email: Moynihan@noknok.nl	
	<i>Key words:</i> counselling, counsellor, interview, skill	

REF#	Guidelines for Setting Up a Managed Health Care Plan	En
6.1	Management Sciences for Health (MSH): reprinted with permission from Stover, C., Quigley, K. and Kraushaar, D. L., (1996).	
	This book assists provider and insurer groups develop improved models for cost-effective health care which is affordable to a wide range of citizens. A managed health care plan is a program that integrates the financing and delivery of health care services.	
	Management Sciences for Health 165 Allandale Road Boston, Massachusetts 02130 USA Tel: +1 617 524 7766 – Fax: +1 617 524 1363 Email: bookstore@msh.org Web: www.msh.org	
	<i>Key words:</i> managed care, implementation, health care, legal structures, marketing plan, Kenya, Philippines	

REF#	Health Manager's Guide: Monitoring the Quality of Hospital Care	En
6.2	USAID: Quality Assurance Project, (No Date).	
	This guide provides a systematic approach to implementing quality monitoring in a hospital. The focus is on measuring and analyzing processes rather than individuals. Too often individuals are held accountable for poorly designed systems and processes. In order to develop trust and involve staff in quality monitoring, the emphasis must be placed on the improvement of processes. The involvement of healthcare managers and providers in designing the monitoring process and assuming ownership are critical to establishing, implementing, and using an effective system that can lead to improved healthcare.	
	Quality Assurance Project 7200 Wisconsin Avenue, Suite 600 Bethesda, MD 20814-4811 USA Tel: +1 301 941 8550 – Fax: +1 301 941 8427 Web: www.qaproject.org	
	<i>Key words:</i> monitoring, quality assurance, healthcare managers, ownership	

REF#	Voluntary Counselling and Testing for HIV: A Strategic Framework	En, Fr
6.3	Family Health International (FHI), (June2001)	
	This document describes FHIs strategy and contribution to the efforts to improve VCT services. Included are FHIs approaches to policy, service promotion, VCT services and research and evaluation. There are examples of projects conducted in West Africa, Kenya, Zimbabwe and Rwanda.	
	A section on Monitoring and Evaluation includes process indicators for service delivery and program output. It also includes effectiveness indicators for outcome and impact.	
	The appendix includes a means of assessing the cost of VCT tests	
	Family Health International – Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington, Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
<i>Note:</i> This is also available on the FHI CD for VCT		
<i>Key words:</i> indicator, monitor, evaluate, case study, West Africa, Kenya, Zimbabwe, Rwanda, cost, assess		

REF#	National Guidelines for Voluntary Counselling and Testing	En
6.4	Ministry Of Health, Kenya, (2001).	
	This document contains guidelines for operational procedures for VCT services, guidelines for HIV test related counselling, guidelines for HIV testing, VCT record keeping, data management, and monitoring and evaluation. The appendices include aspects of human rights and VCT, confidentiality and a code of ethics for counsellors.	
	The Republic of Kenya Ministry of Health Afya House Cathedral Road P.O. Box 30016 Nairobi Kenya Tel: +254 2 717077 Web: http://www.health.go.ke/	
	<i>Key words:</i> policy, Kenya, guidelines, confidentiality, special counselling	
REF#	Guidelines for Implementing Collaborative TB and HIV Programme Activities	En
6.5	World Health Organization, (WHO), (2003).	
	The main aim of these guidelines is to enable the central units of national TB and HIV/AIDS programmes to plan, coordinate and implement collaborative HIV/TB activities. The guidelines are intended for countries with either an overlapping TB and HIV epidemic or where there is an increasing HIV rate which may fuel the TB epidemic.	
	World Health Organization 20, Avenue Appia CH-1211, Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4838 Web: www.who.int	
	<i>Key words:</i> TB, collaboration, DOTS	
REF#	Multisectoral Responses to HIV/AIDS: A Compendium of Promising Practices from Africa	En
6.6	USAID-PVO Steering Committee on Multisectoral Approaches to HIV/AIDS, (2003).	
	A conference held in 2002 examined the enormous challenges facing PVOs and NGOs working to combat HIV/AIDS in Africa. The conference stressed the multisectoral nature of HIV/AIDS, shared promising practices that organizations have adopted, and identified ways for PVOs and NGOs to collaborate with others and take steps towards overcoming the challenges facing them. This compendium is a direct outcome of the conference and features 22 promising practices submitted by 13 organizations in Africa. These cover the sectoral areas of agriculture/food security/nutrition; human capacity/human resources development; care and support for AIDS sufferers; child care; conflict and humanitarian relief; democracy and governance; economic development/microfinance and education. The compendium is available online and will be updated regularly.	
	AED Headquarters 1825 Connecticut Ave. NW, Washington, D.C. 20009-5721 USA; Tel: +1 202 884 8000 – Fax: +1 202 884 8400 Email: admindc@aed.org Web: www.aed.org	
	<i>Key words:</i> multisectoral, PVOs, NGOs, best practices	

REF#	Costs of Scaling HIV Programme Activities to a National Level in Sub-Saharan Africa: Methods and Estimates.	En
7.1	World Bank, (2001).	
	This document develops and discusses a resource determination model (RDM) designed to estimate how much would it cost to scale-up different HIV prevention and care strategies to a national level in Sub-Saharan Africa. The model combines cost-studies with detailed information on sexual behaviour, condom availability, HIV prevalence and other epidemiological, demographic and health systems. The model yields estimates of the costs of scaling-up ten different HIV prevention and eight care strategies for 37 countries in Sub-Saharan Africa.	
	World Bank 1818 H Street N.W., Washington, DC 20433 USA Tel: +1 202 473 1000 – Fax: +1 202 477 6391 Web: http://www.worldbank.org/	
	<i>Key words:</i> scale-up, costs, model, methods, estimates	

REF#	Design and Application of a Costing Framework to Improve Planning and Management of HIV/AIDS Programmes. http://www.abtassociates.com/reports/ES-sir29fin.pdf	En
7.2	Abt Associates Inc. (2000).	
	This study presents a framework in an attempt to design and validate a uniform methodology of HIV/AIDS program costing. It is based on the methodology that slices different programs into common structural units and enables cost comparisons among the programs called "activity-based costing" (ABC), an important technique of management accounting whose purpose is to provide program managers and their funding agencies with uniform guidelines for allocation of costs to activities. The guidelines include a standardized list of activities by major intervention, a list of "activity lines," a standardized cost classification system, a set of cost drivers to trace indirect costs to activity centers, and a program management agenda that can be addressed with cost information generated by ABC.	
	Abt Associates Inc. 4800 Montgomery Lane Suite 600, Bethesda Maryland 20814 USA Tel: +1 301 913 0500 – Fax: +1 301 652 3916 Web: http://www.abtassociates.com/index.cfm	
	<i>Key words:</i> costs, activity lines, framework, HIV/AIDS, activity-based costing(ABC)	

REF#	A Step-by-Step Methodological Guide for Costing HIV/AIDS Activities	En
7.3	Abt Associates Inc. (funded by USAID), (2004)	
	This step-by-step guide is intended to provide project managers in the field with a framework for how to do measure costs for a single, recent year in the life of an HIV/AIDS program. An illustrative activities list in the report annex will assist the user to develop an activities-based framework. The information gleaned from the costing framework will enable policy makers and program managers to make informed resource allocation decisions.	
	Abt Associates Inc. 4800 Montgomery Lane Suite 600, Bethesda Maryland 20814 USA Tel: +1 301 913 0500 – Fax: +1 301 652 3916 Web: http://www.abtassociates.com/index.cfm	
	<i>Key words:</i> guidelines, framework, costs, resource allocation, activities	

REF#	Costing Checklist	En
7.4	<p>Baggaley, R. and Osewe, P., (2003).</p> <p>This 2-page costing checklist consists of 2 tables. Firstly Testing and Counselling site costs (including furniture and transport), and secondly staff costs (including training and technical assistance). It can be filled in according to start up and recurrent costs.</p> <p>Dr Rachel Baggaley, Head HIV Unit Christian Aid PO Box 100 London, SE1 7RT Tel: +44 20 7523 2172 – Fax: +44 20 7620 0719 Email: Rbaggaley@christian-aid.org</p> <p><i>Key words:</i> site costs, staff costs, start up, recurrent</p>	

REF#	Managing your finances http://erc.msh.org/staticpages_printerfriendly/2.2.1_finance_English_.htm	En, Fr, Es
7.5	<p>Management Sciences for Health, (MSH) – The manager’s Electronic Resource Centre, (2003).</p> <p>This chapter provides key information on financial principles that include:</p> <ul style="list-style-type: none"> • Preparing a budget for your work plan • Projecting revenues and monitoring cash • Controlling and managing funds (establishing basic standards and controls) • Financial monitoring (comparing program results with budget projections) • Determining and comparing the cost of services • Meeting both donor and institutional reporting requirements • Understanding and using financial reports for decision making <p>There are “how to...” strategies that are easy to understand and tailor.</p> <p>Management Sciences for Health 165 Allandale Road Boston, Massachusetts 02130 USA Tel: +1 617 524 7799 – Fax: +1 617 524 2825 E-mail: erc@msh.org Web: www.erc.msh.org</p> <p><i>Note:</i> The content of this manual is tailored towards Family planning managers but many concepts can be extrapolated to VCT.</p> <p><i>Key words:</i> cost, budget, manage, monitor, finance, report</p>	

REF# 7.6	Analysing Costs for Management Decisions http://erc.msh.org/staticpages_printerfriendly/2.1.5_finance_English_.htm	En, Fr, Es
	Management Sciences for Health, (MSH) – The manager’s Electronic Resource Centre, (2003).	
	<p>This manual consists of worksheets for calculating the costs for personnel and contraceptive products. The costing procedures included are: Determining the total cost of family planning personnel</p> <ul style="list-style-type: none"> • Allocating personnel cost to different types of family planning visits • Determining the cost of contraceptive products • Calculating the total personnel and contraceptive supplies cost per unit of service, or type of visit. • Estimating cost per year of use. • Overcoming resistance to measuring costs 	
	Management Sciences for Health 165 Allandale Road Boston, Massachusetts 02130 USA Tel: +1 617 524 7799 – Fax: +1 617 524 2825 E-mail: erc@msh.org Web: www.erc.msh.org	
	<i>Note:</i> The content of this manual is tailored towards Family planning managers but many concepts can be extrapolated to VCT.	
	<i>Key words:</i> cost, analysis, calculate, assess	

REF# 7.7	Using Cost and Revenue Analysis tools http://erc.msh.org/staticpages_printerfriendly/2.1.1_finance_English_.htm	En, Fr, Es
	Management Sciences for Health, (MSH) – The manager’s Electronic Resource Centre, (2003).	
	<p>This issue provides insight into the importance of a cost revenue analysis as well as provides options for increasing cost efficiency and revenue generation. There are 3 electronic software tools some of which need to be ordered by the organizations that produce them:</p> <ul style="list-style-type: none"> • Cost Analysis Methodology for Clinic Based Family Planning methods. • Cost and Revenue Analysis Tool (CORE) • A Supply-demand model of health care financing with an application to Zaire – a training tool. 	
	Management Sciences for Health 165 Allandale Road Boston, Massachusetts 02130 USA Tel: +1 617 524 7799 – Fax: +1 617 524 2825 E-mail: erc@msh.org Web: www.erc.msh.org	
	<i>Note:</i> The content of this manual is tailored towards Family planning managers but many concepts can be extrapolated to VCT.	
	<i>Key words:</i> Cost, budget, manage, analysis, revenue	

REF#	Cost-Analysis Methodology for Clinic Based Family Planning Methods	En
7.8	AVSC International (Now EngenderHealth), (No Date).	
	<p>Means and methods for cost analysis. Consists of a user's manual and three electronic worksheets. This is a guide to help managers set prices for clinic based family planning services based on service delivery costs including : Staff salaries and benefits</p> <ul style="list-style-type: none"> • time allocation of staff • costs of supplies 	
	<p>EngenderHealth 440 Ninth Avenue Third Floor New York, NY 10001 USA Tel: +1 212 561 8000 – Fax: +1 212 561 8067 Email: info@engenderhealth.org Web: www.engenderhealth.org</p>	
	<p><i>Key words:</i> cost, analysis, manage</p>	

REF#	Cost and Revenue Analysis Tool (CORE)	En
7.9	Management Sciences for Health, (2003).	
	<p>This tool assists organizations in analysing their existing costs and revenues and how they would vary according to changes in variables such as prices, staff utilization, service volume and service mix.</p>	
	<p>It consists of a user's guide and three linked electronic spreadsheets that include:</p> <ul style="list-style-type: none"> • Fixed and variable costs • cost of supplies • volume of services • compensation 	
	<p>Management Sciences for Health 891 Center Street Boston, Massachusetts 02130 USA Tel: +1 617 524 7766 – Fax: +1 617 524 1363 E-mail: bookstore@msh.org Web: www.msh.org</p>	
	<p><i>Note:</i> this needs to be ordered directly from MSH for a fee of approximately \$50</p>	
<p><i>Key words:</i> cost, revenue, analysis, assess, monitor</p>		

REF#	A Supply Demand Model of Health Care Financing with an Application to Zaire: A Training Tool	En
7.10	World Bank, (1994).	
	This document helps organizations respond financially to changes in a rural client population. It consists of a user's manual, summary input and output tables, and 10 data parameter spreadsheets. The breakdown includes: salary and benefits of personnel <ul style="list-style-type: none"> • fixed and variable cost estimates • Population residing within different distances from the health center • Household income in the catchment area 	
	World Bank Publications Order Dest PO Box 960 Herndon, Va 20172-0960 Virginia USA Tel. +1 703 661 1580 – Fax: +1 703 524 1363 Email: books@worldbank.org Web: http://www.worldbank.org/	
	<i>Note:</i> This can be ordered directly from the World Bank for a nominal fee.	
	<i>Key words:</i> cost, supply, demand, assess, Zaire, analysis	

REF#	Counselling and voluntary HIV testing for pregnant women in high HIV prevalence countries	En, Fr, Sp
7.11	UNAIDS (2001)	
	This document is specific to the VCT needs and requirements of pregnant women. It includes operational considerations such as staffing, cost and types of counselling and testing that needs to be considered.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 4651 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
	<i>Key words:</i> special needs, pregnant, finance	

Additional Resources:

REF# 8.1	HIV/AIDS Counselling, Just a Phone Call Away: 4 Case Studies of Telephone Hotline/Helpline Projects	En, Fr, Sp
	UNAIDS, (2004).	
	Contains 4 case studies of telephone hotline/helpline projects. Gives a brief history of help lines and case studies from South Africa, Trinidad and Tobago, the Philippines and India.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
<i>Key words:</i> telephone counselling, case studies, Philippines, South Africa, Trinidad, Tobago, India		
REF# 8.2	USAID Success Story: New Voluntary Counselling and Testing Sites Reach Growing Numbers	En
	Family Health International (FHI), (2004).	
	A USAID 'Success Story': a 2-page fact sheet that describes the scaling-up of VCT services in Kenya, focusing specifically on the IMPACT Project – funded by USAID and implemented by Family Health International (FHI). This is also available on the FHI CD.	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org/en/index.htm	
<i>Key words:</i> case study, scaling-up, Kenya		
REF# 8.3	Opening Up the HIV/AIDS Epidemic – Guidance on Encouraging Beneficial Disclosure, Ethical Partner Counselling and Appropriate Use of HIV Case Reporting	En, Fr, Ru, Sp
	UNAIDS, (2000).	
	This guide provides recommendations for encouraging beneficial disclosure, ethical partner counselling and appropriate use of HIV case reporting. The annex comprises general guiding principles that need to be taken into consideration by governments and policy makers when planning national strategies. The document gives clear guidance on the necessary steps involved if confidentiality is to be breached in the interests of a third party.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
<i>Key words:</i> guide, policy, disclosure, report		

REF# 8.4	HIV Voluntary Counselling and Testing: A Gateway to Prevention and Care http://www.unaids.org/publications/documents/health/counselling/JC729-VCT-Gateway-CS-E.pdf	En, Fr, Es
	UNAIDS Case Study (June 2002)	
	This material contains five case studies related to prevention of MTCT of HIV, TB, young people, and reaching general population groups	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
	<i>Key words:</i> case study, lessons learnt, South Africa, Zimbabwe, Zambia	

REF# 8.5	Knowledge is Power: Voluntary Counselling and Testing in Uganda http://www.unaids.org/publications/documents/health/counselling/knowledgegece.pdf	En, Fr Es
	UNAIDS Case Study (June 1999)	
	Part of the UNAIDS best practice collection, this booklet contains information on the initiatives that Uganda has taken in terms of VCT. The lessons learnt by the AIDS Information Center (AIC) are succinctly summarized at the end of the case study.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
	<i>Key words:</i> case study, lessons learnt, Uganda, AIC	

REF# 8.6	Comfort and Hope http://www.unaids.org/publications/documents/responses/community/una99e10.htm http://www.unaids.org/publications/documents/responses/community/una99e10.pdf	En, Fr, Es
	UNAIDS case study (July 2001)	
	The report contains a collection of 6 case studies in mobilizing community care for and by people with HIV/AIDS.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
	<i>Key words:</i> case study, Brazil, Kenya, Malaysia, South Africa, Thailand, Zimbabwe, caregiver, lessons learnt, mobilize	

REF#	HIV/AIDS NGO/CBO Support toolkit (CD-ROM and Website) www.aidsalliance.org/ngosupport	En
8.7	International HIV/AIDS Alliance, (Version 2 Dec 2002).	
	The toolkit is an electronic library of resources about NGO/CBO support for people who are establishing, managing or studying such HIV/AIDS NGO/CBO support programmes. "While the toolkit is primarily designed for those establishing or improving programmes that aim to deliver both funding and technical support to local NGOs and CBOs, many of its resources will also be of interest to organisations that provide only funding or only training. The toolkit systematically addresses a wide range of themes related to NGO/CBO support programming – for example, situation assessments, monitoring and evaluation, technical support and grant provision."	
	International HIV/AIDS Alliance Queensberry house 104-106 Queens Rd. Brighton. BN1 3XF United Kingdom Tel: +44 1273 718 900 – Fax: +44 1273 718 901 Email: mail@aidsalliance.org Web: www.aidsmap.com	
	<i>Key words:</i> NGO, CBO, support, assess, monitor, evaluate, grant	

REF#	Alliance Publications and Resources (CD-ROM)	En
8.8	International HIV/AIDS Alliance, (2004).	
	This CD-ROM contains the following range of publications and resources produced by the International HIV/AIDS Alliance and its partners, grouped into the following categories: <ul style="list-style-type: none"> • Reports and studies • Policy reports and briefing papers • Participatory training materials • Alliance organisational publications • Select and view from over 100 publications including translations in French, Spanish and Portuguese. 	
	International HIV/AIDS Alliance Queensberry House 104-106 Queens Road Brighton, BN1 3XF United Kingdom Tel: +44 127 371 8900 – Fax: +44 127 371 8901 Email: mail@aidsalliance.org Websites: www.aidsmap.com , www.aidsalliance.org	
	<i>Key words:</i> reports, studies, policy, training	

REF# 8.9	UNAIDS Guide to the Strategic Planning Process for a National Response to HIV/AIDS: Situation Analysis http://www.unaids.org/publications/documents/responses/national/modul1.pdf	En, Fr, Ru, Es
	UNAIDS (1998) Entire document: http://www.unaids.org/publications/documents/responses/national/JC428-StratPlan1-E.pdf	
	The guide is the first part of the planning guide. It uses hypothetical examples and a concise simplified framework to guide readers through the basic steps of conceptualizing, collecting, analyzing, and presenting social, economic, and cultural information that affect HIV/AIDS program planning at the national level.	
	Users will identify the following factors: cultural mores, political factors, social and faith-based attitudes, local fraternal organizations, NGOs, governmental departments, private sector businesses, educational curriculum and practices, media representatives, and prominent individuals who can either help or harm the current HIV/AIDS situation and intervention approaches.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
<i>Note:</i> The guide strongly emphasizes the benefits of identifying and involving new stakeholders. This guide covers a range of issues and provides an introduction to counselling. It therefore should be used in conjunction with more detailed and in-depth resources.		
<i>Key words:</i> situation analysis, assess, plan		

REF# 8.10	UNAIDS Guide to the Strategic Planning Process for a National Response to HIV/AIDS: Response Analysis http://www.unaids.org/publications/documents/responses/national/modul2.pdf	En, Fr, Ru, Es
	UNAIDS (1998) Entire document: http://www.unaids.org/publications/documents/responses/national/JC428-StratPlan1-E.pdf	
	The response analysis findings will help program planners identify successful strategies for addressing underlying social, economic, cultural, and political factors and why they are successful; reveal points at which programs are being blocked by factors such as affordability and sustainability, or which programs could benefit from more inclusive partnerships; and pinpoint programming gaps. (quoted from APDIME)	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
	<i>Note:</i> This document is too general to be used alone and therefore needs to be used in conjunction with other more detailed resources	
<i>Key words:</i> response analysis, assess, plan		

REF#	The Needs Assessment: Tools for Long-Term Planning http://www.healthstrategies.org/pubs/factsheets/NeedsAssessment.pdf	En
8.11	Annie E. Casey Foundation Conference (Oct 29-21 1999) Neighborhood Health Partnerships: Building a Strong Future, Academy for Educational Development Center for Community-Based Health Strategies	
	This three-page publication defines terminology, outlines the key steps for a comprehensive needs assessment process, briefly explains the different sources of data and methodologies for gathering information, and discusses the value of needs assessment in relation to program planning for a target population.	
	AED Headquarters 1825 Connecticut Ave., NW Washington, D.C. 20009-5721 USA Tel. +1 202 884 8000 – Fax +1 202 884 8400 Email: admindc@aed.org Web: www.aed.org	
	<i>Key words:</i> needs assessment, plan, community base	
REF#	Lesotho and Swaziland-HIV/AIDS Risk Assessments at Cross-Border and Migrant Sites in Southern Africa http://www.synergyaids.com/documents/3558_fhi_lesothoandswaziland.pdf	En
8.12	Project Support Group and Family Health International for USAID, by David Wilson (2001)	
	The report will be useful for program managers and development officers interested in the Southern African region, and for program managers conducting assessments. The report contains excellent examples of reporting and the use of multiple assessment methods.	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard, Suite 700 Arlington, VA 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Email: aidspubs@fhi.org Web: www.fhi.org	
	<i>Key words:</i> case study, assess, plan, South Africa, Swaziland, lessons learned	
REF#	A Pilot Study of a Rapid Assessment Method to Identify Areas for AIDS Prevention in Cape Town, South Africa http://www.synergyaids.com/documents/3581_measure_pilot_study.pdf	En
8.13	MEASURE Evaluation (May 2001) Weir, S et al.	
	This report contains the findings of the first trial of a rapid assessment methodology developed through the MEASURE Evaluation project for work in high transmission areas (HTAs).	
	The MEASURE Evaluation Project Carolina Population Center University of North Carolina at Chapel Hill 123 West Franklin Street Chapel Hill, NC 27516 USA Tel: +1 919 966 7482 – Fax: +1 919 966 2391 Email: measure@unc.edu Web: http://www.cpc.unc.edu/measure/	
	<i>Note:</i> This rapid assessment method is likely to be most useful to managers working at the scale of the intervention reported, rather than at the community level.	
	<i>Key words:</i> case study, South Africa, rapid assessment, assess,	

REF#	Situational Assessment Cost Worksheet (CD ROM)	En
8.14	HIV/AIDS APDIME toolkit version, (2003).	
	This cost worksheet is a tool to assist in estimating how much the assessment of resources is likely to cost.	
	<p>The Synergy Project TvT Global Health and Development Strategies 1101 Vermont Ave, NW Suite 900 Washington, DC 20005 USA Tel: +1 202 842 2939 ext 136 – Fax: +1 202 842 7646 Email: info_toolkit@s-3.com Web: www.synergyAIDS.com</p>	
	Key words: tool, assessment, resource, cost	

REF#	Building Partnerships: Sustaining and Expanding Community Action on HIV/AIDS http://www.aidsmap.com/about/intl_HIV_AIDS/PartnersReport.pdf	En, Es
8.15	HIV/AIDS Alliance (March 2000)	
	A policy report synthesizing the Alliance's learning of partnership work.	
	<p>HIV/AIDS Alliance 2 Pentonville Rd London, N1 9HF United Kingdom Tel: +44 207 841 3500 – Fax: +44 207 841 3501 Email: mail@alliance.org Web: http://www.aidsalliance.org/</p>	
	Key words: partnership, team, plan	

REF#	Pathways to Partnerships Toolkit	En, Es, Po
8.16	HIV/AIDS Alliance (March 1999)	
	A workbook with cards to help NGOs and community groups strengthen their work by building strategic partnerships with people and organizations from other sectors.	
	<p>HIV/AIDS Alliance 2 Pentonville Rd London, N1 9HF United Kingdom Tel: +44 207 841 3500 – Fax: +44 207 841 3501 Email: mail@alliance.org Web: http://www.aidsalliance.org/</p>	
	Key words: team, partnership, plan	

REF#	The Manager's Electronic Resource Center "How to Write SMART Objectives" http://erc.msh.org/mainpage.cfm?file=2.1.3f.htm&module=planning&language=English	En
8.17	Management Sciences for Health (MSH), (1993).	
	What SMART objectives are and examples.	
	<p>Management Sciences for Health 165 Allandale Road Boston Massachusetts 02130 USA Tel: +1 617 524 7799 – Fax: +1 617 524 2825 E-mail: development@msh.org Web: www.msh.org</p>	
	Key words: plan, objective, SMART,	

REF#	Performance Monitoring and Evaluation Tips: Establishing Performance Targets http://www.dec.org/pdf_docs/PNABY226.pdf	En
8.18	USAID Center for Development Information and Evaluation.(1996), #8.	
	This document defines performance targets and describes how to establish them. It distinguishes between final, interim, qualitative and quantitative targets.	
	USAID Development Experience Clearinghouse 1611 N. Kent Street, Suite 200 Arlington, VA 22209-2111 Virginia USA Tel: +1 703 351 4006 ext.106 – Fax: +1 703 351 4039 Email: docorder@dec.cdie.org Web: www.dec.org	
	<i>Key words:</i> setting targets, plan	

REF#	Survival is the First Freedom: Applying Democracy and Governance to HIV/AIDS Work http://www.pactworld.org/initiatives/aids corps/HIVAIDS_toolkit.pdf	En
8.19	PACT AIDS Corp. First Edition (2001).	
	This is a collection of tools intended to provide the user with information, analysis, and step-by-step strategies for mobilizing civil society to advocate for policy reform at different levels of the government. Information is organized into four interrelated sections: law, citizen participation, capacity building, and information flow.	
	Each section includes objectives for that topic area, and ends with tools that can be used to achieve the objective.	
	Pact 1200 18 th St, NW Suite 350 Washington, DC 20036 USA Tel: +1 202 466 5666 – Fax: +1 202 466 5669 Email: Pcraftselka@pacthq.org Web: www.pactworld.org	
	<i>Key words:</i> tool, capacity building, policy, government, enabling environment	

REF#	Cost Analysis Tool: Simplifying Cost Analysis for managers and Staff Health Care Services.	En
8.20	EngenderHealth (formerly AVSC International), (2001).	
	This document demonstrates means and methods for cost analysis. It consists of a Users' Manual and three electronic worksheets. It is a guide to help managers set prices for clinic based family planning services based on service delivery costs including: staff salaries and benefits, time allocation of staff and costs of supplies.	
	EngenderHealth 440 Ninth Avenue, Third Floor New York, NY 10001 USA Tel: +1 212 561 8000 – Fax: +1 212 561 8067 Email: info@engenderhealth.org Website: www.engenderhealth.org	
	<i>Key words:</i> cost, analysis, manage, service delivery, salaries, time allocation, supplies	

REF#	Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences http://www.fhi.org/en/HIVAIDS/Publications/lowliteracyguide.htm	En
8.21	FHI-IMPACT (Dec 2002)	
	This document can be used to develop Behaviour Change Communication (BCC) activities for the promotion of VCT after tailoring the messages. It provides modes and means of advocacy and marketing, materials production and evaluation. It also includes training tools for counsellors, variety of advocacy methods and materials, a work plan and budget, as well as form for pre-testing materials for Focus Group discussions.	
	Family Health International – Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
	<i>Key words:</i> advocacy, marketing, evaluation, training, work plan, budget	

REF#	Policy for the Reduction of Mother-to-Child HIV Transmission in Uganda	En
8.22	Ministry of Health, Uganda (July 2001)	
	Although this policy book is for MTCT, there is an important section on VCT policy related to MTCT in Uganda as well as the role of VCT as a whole.	
	The Republic of Uganda, Ministry of Health Plot 6 Lourdel Road Wandegaya P.O.Box 7272 Kampala Uganda Tel: +256 41 340884 – Fax: +256 41 340877 Email: info@health.go.ug Web: http://www.health.go.ug	
	<i>Key words:</i> policy, Uganda	

REF#	Guidelines for counselling children who are infected with HIV or affected by HIV and AIDS	En
8.23	South African AIDS Training Programme, (January 2003)	
	This is a training guide for counsellors who deal with testing and counselling HIV infected children. There is a strong emphasis on dealing with the various psychosocial responses as well as disclosure issues. Advice on how to communicate effectively with children (at each age and stage of development), as well as what techniques can be used to draw out a child's feelings is incorporated into the guide.	
	South African AIDS Training Programme (SAT) 3 Luck Street PO BOX 390 Kopje Harare Zimbabwe Tel: +263 4 781 123 – Fax: +263 4 752 609 Email: info@satregional.org Web: www.satregional.org	
	<i>Key words:</i> Special needs, children, training, disclosure	

REF#	Uganda National Policy Guidelines for HIV Counselling and Testing	En
8.24	Uganda Ministry of Health (June 2003)	
	This document is aimed at policy makers and planners of HIV/AIDS programmes, particularly in Uganda.	
	The Republic of Uganda, Ministry of Health Plot 6 Lourdel Road Wandegaya P.O.Box 7272 Kampala Uganda Tel: +256 41 340874 – Fax: +256 41 231584 E-Mail: std-acp@utonline.co.ug or pmtct1@utonline.co.ug Web: http://www.health.go.ug	
	<i>Note:</i> DRAFT. It is accompanied by “Uganda National Policy implementation guidelines for HIV voluntary counselling and testing services”	
	<i>Key words:</i> Uganda, policy, implementation, service delivery, protocol, special needs, quality assurance (testing, counselling), monitor, evaluate, consent, referral	
REF#	Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on construction of core indicators	En
8.25	United Nations General Assembly Special Session on HIV/AIDS (August 2003)	
	This document presents indicators for all HIV/AIDS related activities and incorporates VCT within it. It encompasses the areas of global commitment and action indicators, national commitment and action indicators, national programme and behaviour indicators, and impact indicators. For each indicator, there is an explanation of the purpose, applicability, frequency, measurement tool, method of measurement and interpretation.	
	Included in the manual are reporting forms that help organise the data for some indicators. The appendix consists of reporting schedules and forms for countries that will prepare reports at the national level.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
	<i>Key words:</i> indicators	
REF#	Proceedings of the Consultative Technical Meeting on HIV – Voluntary Counselling and Testing	En
8.26	FHI (7-8 September 2000) Nairobi, Kenya	
	This document relates the issues and programs that surrounded VCT at the time and what measures should be taken in terms of improving VCT uptake. Experiences of programs primarily in Africa were shared and integration of programs with MTCT and TB were discussed.	
	Family Health International – Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
	<i>Key words:</i> report, recommendations	

REF#	National Policy for Health Act 1990 (Act n° 116 of 1990) N°. 1479	En
8.27	ME Tshabalala-Msimang, (10 December 1999) South Africa Department of Health	
	Contains the National Policy on HIV testing, including what should be included in pre test counselling, post test counselling, informed consent, proxy consent	
	Attn: Director HIV/AIDS and STDs Director General; Health Private Bag X828 Pretoria 0001 South Africa Tel: +27 012 312 0000 – Fax: +27 012 326 4395 Web: http://www.doh.gov.za/index.html	
	<i>Key words:</i> Policy, South Africa	

REF#	The Naz Foundation (India) Trust Guide to Teaching about Testing and Counselling	En
8.28	The Naz Foundation (India) Trust, (1996).	
	This is a manual for trainers which aims to introduce the various principles, concepts, tools and limitations of counselling. There are 5 main sections: i. The principles of counselling ii. Communication and counselling skills iii. Application of concepts, tools and principles iv. Limitations of a counsellor v. Special issues	
	The Naz Foundation (India) Trust P.O. Box 3910 Andrews Gunj New Delhi, 110 049 India Tel/Fax: +91 11 685 9113 Tel: +91 11 685 1970/71 Email: Info@Naz.unv.ernet.in Web: http://www.indianguos.com/ngosection/preview/nazfoundation.html	
	<i>Key words:</i> Training, testing, counselling, India	

REF#	HIV/AIDS Voluntary Counselling and Testing: Review of Policies, Programmes and Guidelines in East, Central and Southern Africa	En
8.29	Commonwealth Regional Health Community Secretariat (CRHCS) for East, Central and Southern Africa (ECSA), (2002).	
	CRHCS commissioned a review of policies, programmes and guidelines in VCT as part of its strategy to harmonize and improve them and to promote the best practices for managing HIV/AIDS and STIs in ECSA. The review team elicited written responses from national AIDS programme managers using a detailed questionnaire. They interviewed key VCT programme and administrative staff, primary stakeholders such as technical partners, donors and implementing agencies. In addition, the team conducted an intensive review of both unpublished and published literature on VCT in ECSA and visited programmes in Kenya, Malawi, Uganda, Zambia and Zimbabwe.	
	Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa AICC Building Serengeti Wing, 7 th Floor PO Box 1009 Arusha Tanzania Tel: +255 27 250 8368 or 250 4105/6 – Fax: +255 27 250 4124 or 250 8292; Email: regsec@crhcs.or.tz	
	<i>Key words:</i> Review, policies, programmes, guidelines, Africa	

REF#	A Youth-Centred Counselling Model for HIV Prevention and the Promotion of Sexual and Reproductive Health	En
8.30	Vega A, Maddaleno M, Mazin R, Family and Community Health, Pan American Health Organization, WHO, last revised (August 2003).	
	This document offers guidelines for achieving 'Youth-Centred Counselling' in the Americas, particularly Latin America and the Caribbean. Proposed by the Child/Adolescent Health Unit and the HIV/AIDS/STI Unit of the Pan American Health Organization (PAHO), Youth-Centred Counselling is a theory-based counselling model that emphasizes HIV/STI prevention and the promotion of sexual and reproductive health with youth. The model draws on the following theoretical frameworks: <ul style="list-style-type: none"> • Client centred counselling • The transtheoretical model (TTM) • Goal setting theory • Motivational interviewing • Strengths perspective The guide explains the essential components of each theory and how it is applied to sexual and reproductive health counselling.	
	Pan American Health Organization 525 23 rd Street, N.W. Washington, D.C., 20037 USA Tel: +1 202 974 3000 – Fax: +1 202 974 3663 Web: http://www.paho.org/	
	<i>Key words:</i> Guidelines, youth, Americas, theories	

REF#	Adherence and HIV/AIDS	En
8.31	World Health Organization (WHO), (2003).	
	Literature review, in the form of a fact sheet, of approximately 150 studies dealing with the behavioural aspects of adherence, with the goal of assessing the evidence on ways to improve adherence to recommended treatments for HIV.	
	Carla Obermeyer Department of HIV/AIDS World Health Organization 20 Avenue Appia, CH-1211 Geneva 27 Switzerland Tel: +41 22 791 3858 – Fax: +41 22 791 4834 Email: obermeyerc@who.int Web: http://www.who.int/hiv/en/	
	<i>Key words:</i> adherence, case studies	

REF#	Stigma and HIV/AIDS	En
8.32	World Health Organization (WHO), (2003).	
	Literature review, in the form of a fact sheet, of approximately 100 articles, looking at the relationship between stigma and HIV/AIDS.	
	Carla Obermeyer Department of HIV/AIDS World Health Organization 20 Avenue Appia, CH-1211 Geneva 27 Switzerland Tel: +41 22 791 3858 – Fax: +41 22 791 4834 Email: obermeyerc@who.int Web: http://www.who.int/hiv/en/	
	<i>Key words:</i> stigma, case studies	

REF#	"PipeLine" http://erc.msh.org/mainpage.cfm?file=4.30.htm&module=toolkit&language=English	En, Fr, Sp
8.33	John Snow Inc/DELIVER, (2000). This is a procurement tracking method that allows managers to "regularly monitor the status of their product procurement plans by providing the information they need to maintain stock levels." PipeLine tracks the following: <ul style="list-style-type: none"> • Rate of consumption (quantity dispensed to users or sold to clients), • Shipments of new products (planned, ordered, shipped or received quantity), • Inventory levels (total quantity availability), and • Inventory changes (losses, adjustments or transfers). 	
	Karen Ampeh Information Systems Manager John Snow Inc. (JSI) 1616 N. Fort Meyer Dr., 11 th Floor Arlington, VA 22209 USA Tel: +1 703 528 7474 – Fax: +1 703 528 7480 E-mail: karen_ampeh@jsi.com or jsinfo@jsi.com Web: http://www.deliver.jsi.com/2002/whatsnew/index.cfm	
	<i>Note:</i> It is a personal computer database application, which requires basic Windows and PC mouse experience, and can be obtained online and free of cost at: http://www.deliver.jsi.com/pdf/software/e-pipeline.pdf	
	<i>Key words:</i> procurement, commodity, stock, inventory	

REF#	AIDS Information Centre (AIC) Information Pack	En
8.34	AIDS Information Centre, (June 2002). The information pack is an excellent advocacy and promotion packet. IT includes information on the centre and what it provides as well as material for the client to read regarding HIV/AIDS and VCT. A newsletter provides an update on AIC activities.	
	AIDS Information Centre Musajja – Alumbwa road Mengo – Kisenyi PO Box 10446 Kampala Uganda Tel: + 256 041 231 528 Email: kiggundu@aicug.org Web: http://gemini.cfi.co.ug/~asseym/aic3/index.php?option=contact&Itemid=6	
	<i>Key words:</i> advocacy, promotion,	

REF#	VCT (CD-ROM)	En, Fr
8.35	<p>FHI-IMPACT (Implementing AIDS Prevention and Care) Project (2002)</p> <p>The CD contains a number of published guidelines, tools, and papers developed by FHI. Most are leaflets or papers that resemble fact sheets on VCT.</p> <p>The CD includes documents pertaining to: HIV care and support strategic framework (En,Fr)</p> <ul style="list-style-type: none"> • VCT strategy (En,Fr) • A guide to establishing VCT services for HIV • QA measures for VCT • Commodity management in VCT programs • VCT and young people <p>Fact sheets pertaining to-</p> <ul style="list-style-type: none"> • VCT in Kenya • Models of HIV VCT service delivery • VCT for HIV • Issues in HIV diagnostics for VCT • VCT for youth • VCT toolkit information • VCT summary <p>Family Health International – Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org</p> <p><i>Key words:</i> case study, quality assurance, commodity, manage, service delivery, guide</p>	

REF#	Project Cycle Management Handbook http://europa.eu.int/comm/europeaid/evaluation/methods/PCM_Manual_EN-march2001.pdf	En, Fr, Es
8.36	<p>European Commission, (March 2001).</p> <p>The logical Framework Approach – A Project Design and Management Tool. This is an excellent source for building logframes and how to determine OVIs (objectively verifiable indicators)</p> <p>EuropeAid H/5 (Information and Communication) Rue de la Loi, 41 – 7/52 B-1040 Brussels Belgium Tel. +32 2 299 1111 – Fax +32 2 299 6407 Email: europeaid-info@cec.eu.int Web : www.europa.eu.int/comm/europeaid</p> <p><i>Key words:</i> plan, logical framework, log frame, tool</p>	

REF#	Guidelines for HIV Testing in Children and Counselling about Issues Related to HIV Testing	En
8.37	Mildmay International (DRAFT) Moss, M	
	This is a discussion document that relates the protocols for dealing with children at the Mildmay Center in Uganda. The topics include: <ul style="list-style-type: none"> • How to deal with a child who is brought for HIV testing • Creating opportunities for effective communication with children • HIV/AIDS counselling and testing in children • Communication and counselling with children – Key principles • Answering difficult questions 	
	Mildmay International 1 Nelson Mews, Southend-on-Sea, Essex SS1 1AL, United Kingdom Tel: + 44 1702 394450 : + 44 1702 394454 E-mail bloisg@globalnet.co.uk Web: http://www.mildmay.org.uk/UgandaCentre.html	
	<i>Note:</i> THIS IS A DRAFT COPY	
	<i>Key words:</i> Uganda, special needs, children	

REF#	An Orientation Package for Health Care Workers on Voluntary Counselling and Testing (VCT) Services in Kenya	En
8.38	Ministry of Health, Kenya, and National AIDS and STD Control Programme (NASCOPI)	
	This is an orientation package for health care workers, the objectives include: <ul style="list-style-type: none"> • Participants will improve knowledge of general facts relating to HIV/AIDS and VCT services. • Participants will understand who (and how) to refer for VCT. • Participants will understand the importance of the document 'National Guidelines for VCT in Kenya' which describes acceptable standards and should be used by all centres offering VCT services. 	
	National AIDS and STD Control Programme (NASCOPI) PO Box 19361 Nairobi Kenya Tel: +254 20 729502 or 714972 Email: headnascop@iconnect.co.ke Web: http://www.health.go.ke/	
	<i>Key words:</i> Orientation, health workers, Kenya	

REF#	National Guidelines for HIV/AIDS Voluntary Counselling and Testing in Nigeria	En
8.39	Federal Ministry of Health, Nigeria, (December 2002).	
	This document contains guidelines for operational procedures for VCT services, guidelines for HIV test related counselling, guidelines for HIV testing, VCT record keeping, data management, monitoring and evaluation. The appendices include aspects of Human rights and VCT, and examples of various forms including a National VCT Record Form.	
	Federal Ministry of Health New Federal Secretariat Complex Shehu Shagari Way Abuja Nigeria Tel: +234 95230576 Web: http://www.nigeria.gov.ng/ministries/health.htm	
	<i>Key words:</i> Guidelines, Nigeria	

REF#	National Guidelines for Voluntary HIV Counselling and Testing in Ethiopia	En
8.40	The National AIDS Council Secretariat, Ministry of Health Ethiopia	
	This document contains guidelines for operational procedures for VCT services, guidelines for HIV test related counselling, guidelines for HIV testing, VCT record keeping, data management, monitoring and evaluation.	
	Ministry of Health P.O.Box 1234 Addis Ababa Ethiopia Tel: +251 1 517011 – Fax: +251 1 519366 Email: moh@telecom.net.et	
	<i>Key words:</i> Guidelines, Ethiopia	
REF#	Les Centres de Dépistage Volontaire et Anonyme: Normes et Protocoles, Sénégal http://www.fhi.org/NR/rdonlyres/eyzxcpsmsutxzrggy13qceofghwyvam5uwwtluk7v6x5clq6fweo5mbavhwo6x2d24rqoxkcqtrqf/SenegalGuideCDVANormesprotocole.pdf	Fr
8.41	Programme National de lutte contre le SIDA, Ministère de la santé et de la prévention, République du Sénégal, (2002).	
	This document contains guidelines for operational procedures for VCT services in Senegal, including guidelines for HIV test related counselling, guidelines for HIV testing, VCT record keeping, data management, monitoring and evaluation.	
	Ce document contient les principes directeurs qui dirigent les Centres de Conseil et de Test Volontaire Anonyme (CDVA) au Sénégal, incluant les principes directeurs pour les conseils de dépistage du VIH, principes directeurs pour le dépistage du VIH, le recueil des données sur le CDVA, gestion des données sur le CDVA, ainsi que le suivi et l'évaluation du programme.	
	Ministère de la Santé et de la Prévention 383 – Dakar Fann Mermoz Ancienne Piste d'Aviation Sénégal Tel: +221 865 2525 – Fax: +221 860 3287 Email: webmaster@sante.gouv.sn Web: http://www.sante.gouv.sn/	
	<i>Key words:</i> Guidelines, Senegal	
REF#	Stratégies Nationales du Dépistage du VIH et Directives Nationales pour le Conseil et Dépistage Volontaire du VIH	Fr
8.42	Ministère de la Santé, République Rwandaise, (Septembre 2002).	
	The first of these publications comprises guidelines specifically for HIV testing in Rwanda. The second comprises the national guidelines for VCT in Rwanda.	
	La première des ses publications comprend des directives spécialement associées au dépistage du VIH au Rwanda. La seconde comprend les directives nationales pour le Conseil et Dépistage Volontaire du VIH.	
	Office of the President PO Box 15 Kigali Rwanda Tel: +250 84085, 84087 – Fax: +250 84390	
	<i>Key words:</i> Guidelines, Rwanda	

REF#	Manuel du Conseiller en Conseil et Dépistage Volontaire du VIH/SIDA	Fr
8.43	Ministère de la Santé, République Rwandaise, Septembre 2002	
	This publication is intended to serve as a practical guide for counsellors in their daily work. It is separated into 3 modules: 1. Baseline information on HIV/AIDS and other STDs 2. Methods and techniques for HIV/AIDS counselling 3. HIV/AIDS counselling in practice Cette publication est destinée au Conseiller en Conseil et Dépistage Volontaire du VIH/SIDA dans son travail quotidien. Elle contient 3 sections: 1. Données de base sur le VIH/SIDA et les maladies sexuellement transmissibles. 2. Différentes méthodes en matière de conseil sur le VIH/SIDA 3. Conseils pratiques sur le VIH/SIDA.	
	Office of the President PO Box 15 Kigali Rwanda Tel: +250 84085, 84087 – Fax: +250 84390	
	<i>Key words:</i> Manual, guidelines, training, counsellor, Rwanda	

REF#	Guide de Counselling VIH/SIDA http://www.fhi.org/NR/rdonlyres/eiistdzlccjt2xbaqmqsdt6yaxy7jyv2xsc6jf5dy6yslytaobeptuw4slz52fqtqpntnkm3ezowvo/SenegalGuidedecounseling.pdf	Fr
8.44	Programme National de lutte contre le SIDA, Ministère de la santé et de la prévention, République du Sénégal, (2001).	
	This is a practical manual for HIV/AIDS counsellors, and includes a section on special needs counselling. Ce guide pratique est destiné aux conseillers en VIH/SIDA, et inclue une section spéciale sur les besoins spécifiques en matière de conseil.	
	Ministère de la Santé et de la Prévention 383 – Dakar Fann Mermoz Ancienne Piste d'Aviation Sénégal Tel: +221 865 2525 – Fax: +221 860 3287 Email: webmaster@sante.gouv.sn Web: http://www.sante.gouv.sn/	
	<i>Key words:</i> Manual, guidelines, counsellor, Sénégal	

REF#	Training Manual on HIV/AIDS Voluntary Counselling and Testing Services in Nigeria	En
8.45	Federal Ministry of Health, Nigeria, (December 2002).	
	The aim of this manual is to provide a uniform, comprehensive and standardized VCT service delivery in Nigeria; it is intended for use by Health and Social workers for effective training of personnel on VCT nationwide. Includes role plays and ethical dilemmas.	
	Federal Ministry of Health New Federal Secretariat Complex Shehu Shagari Way Abuja Nigeria Tel: +234 95230576 Web: http://www.nigeria.gov.ng/ministries/health.htm	
	<i>Key words:</i> Manual, training, Nigeria	

REF#	Voluntary HIV Counselling and Testing Manual for Training of Trainers (Part I)	En
8.46	WHO/SEARO, (2004).	
	The purpose of this training programme is to train a cohort of experienced VCT counsellors in training of trainers in VCT. This will enable them to return to their workplaces and assume the responsibilities of a VCT trainer. Accordingly, they will be able to develop, implement and evaluate VCT training programmes appropriate to their working context. This will ensure that VCT services are made available on a much larger scale than at present. Part 1 of the Trainer's Manual contains essential information for training HIV/AIDS counsellors and is intended for use as a resource by those conducting such training. It is also designed as a reference book and provides information to help build the skills and expand the scope of those who already provide HIV/AIDS counselling. This part contains five modules organised into sub modules with clearly stated objectives and session plans.	
	WHO South-East Asia Regional Office World Health House Mahatma Gandhi Marg (Ring Road) Indraprastha Estate New Delhi, 110 002 India Tel: +91 11 23370804, Extn.: 26128/26158 – Fax: +91 11 23378412 Web: http://w3.whosea.org	
	<i>Key words:</i> training, trainers, scale-up	
REF#	Voluntary HIV Counselling and Testing Manual for Training of Trainers (Part II)	En
8.47	WHO/SEARO, (2004).	
	This programme is designed to follow completion of Part 1: Training of VCT counsellors. It is recommended that graduates of Part 1 complete at least six months of post training clinical practice before undertaking Part 2 of the training.	
	WHO South-East Asia Regional Office, World Health House Mahatma Gandhi Marg (Ring Road) Indraprastha Estate New Delhi, 110 002 India Tel: +91 11 23370804, Extn.: 26128/26158 – Fax: +91 11 23378412 Web: http://w3.whosea.org	
	<i>Key words:</i> training, trainers, scale-up	
REF#	The Gateway to Treatment: An Increased Role for Provider-Initiated HIV Testing and Counselling in Resource Poor Settings.	En
8.48	Miller, D., Bitalabeh, A., Shakow, A.D.A., Chersich, M., Wong, V., Hieber-Girardet, L., De Zoysa, I., Kim, J.M., Gilks, C., World Health Organization, (WHO), (2004)	
	This article discusses the need for a new paradigm shift for provider-initiated HIV counselling and testing and outlines the four key elements through a comprehensive approach. (Box 1). It recommends the use of rapid diagnostic technology for those tested under the "opt-out" model, offering them their results quickly. It also encourages the use of different testing and counselling models (Box 2), with effective community level outreach in an effort of making antiretroviral therapy (ART) available in resource poor settings.	
	World Health Organization Department of HIV/AIDS 20, avenue Appia CH-1211 Geneva 27 Switzerland Tel: +41 22 617 432 3715 – Fax: +41 22 617 661 2669 Web: http://www.who.int/hiv/en/	
	<i>Key words:</i> HIV, testing, counselling, treatment, resource-poor countries, policy	

REF#	FHI Focus on: Comprehensive Care and Support for HIV/AIDS	En
8.49	FHI-IMPACT (Implementing AIDS Prevention and Care) Project (January 2003)	
	This leaflet provides lessons learnt and guiding principles of HIV/AIDS support initiatives including psychological, medical, and socio-economic and how VCT relates to these.	
	Family Health International – Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
	<i>Key words:</i> best practice, lessons learnt	

REF#	FHI Focus on: CASE STUDY – Expanding VCT for HIV In Kenya	En
8.50	FHI-IMPACT (Implementing AIDS Prevention and Care) Project (January 2003)	
	The study describes VCT scaling up in Kenya.	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
	<i>Note:</i> This is also available on the FHI CD for VCT	
<i>Key words:</i> case study, Kenya		

REF#	VCT Toolkit	En
8.51	FHI-IMPACT (Implementing AIDS Prevention and Care) Project (No Date).	
	This is a toolkit that provides comprehensive tools on how to assess, design, set up, scale up and manage VCT programs based on IMPACT projects world wide. It is meant for national policy and planning staff, development partners, public and private organizations (incl. NGOs and CBOs).	
	Family Health International – Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
	<i>Key words:</i> train, plan, implement, referral, commodity, manage, trainer, counsellor, protocol, youth, sex work, Drug user, uniformed service, sex with men, monitor, evaluate, quality assurance (training), assess, advocacy	

REF#	VCT Toolkit, Voluntary Counselling and Testing for HIV: A Strategic Framework	En
8.52	Family Health International, (September 2003).	
	This document describes FHIs strategy and contribution to the efforts to improve VCT services. Included are FHIs approaches to policy, service promotion, VCT services and research and evaluation. There are examples of projects conducted in West Africa, Kenya, Zimbabwe and Rwanda.	
	A section on Monitoring and Evaluation includes process indicators for service delivery and program output. It also includes effectiveness indicators for outcome and impact.	
	The appendix includes a means of assessing the cost of VCT tests	
	Gloria Sangiwa Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700, Arlington VA 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Email: gsangiwa@fhi.org Internet: www.fhi.org	
Note: This is a more recent version of #17.		
Key words: indicator, monitor, evaluate, case study, West Africa, Kenya, Zimbabwe, Rwanda, cost, assess		

REF#	Guidelines for Using HIV Testing Technologies in Surveillance http://www.unaids.org/publications/documents/epidemiology/surveillance/JC602HIVSurvGuidel-E.pdf	En
8.53	UNAIDS/WHO working group on Global HIV/AIDS/STI Surveillance (2001)	
	This is an overview guide on aspects to consider when testing for HIV. The text includes a general outline for selecting testing strategy (incl. Linked and unlinked testing), selecting tests for evaluation and three phases of country evaluation of HIV testing technologies. It provides a list of "how to"s and recommendations.	
	UNAIDS 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: + 41 22 791 3666 – Fax: +41 22 791 4187 Email: unaids@unaids.org Web: www.unaids.org	
	Key words: strategy, service delivery, evaluate, linked, unlinked, test,	

REF# 8.54	Alliance Technical Support Publications (CD-ROM)	En
	International HIV/AIDS Alliance. (Vol. 2 July 2002)	
	This CD consists of several toolkits that can be used by organizations that wish to implement or upscale HIV/AIDS work. The toolkits encompass several aspects that need to be considered for success: 1) Advocacy in Action: a toolkit to support NGOs and CBOs responding to HIV/AIDS 2) Raising funds and Mobilizing resources for HIV/AIDS work 3) Documenting and Communicating HIV/AIDS work 4) Pathways to partnerships 5) Mobilizing NGOs/CBOs and PLHA groups for improving access to HIV/AIDS Related treatment The following guides are also included: 1) 100 ways to energize groups 2) A facilitator's guide to Participatory workshops with NGOs/CBOs responding to HIV/AIDS 3) A facilitator's guide for needs assessment on access to HIV/AIDS related treatment	
	International HIV/AIDS Alliance Queensberry house 104-106 Queens Rd. Brighton. BN1 3XF United Kingdom Tel: +44 1273 718 900 – Fax: +44 1273 718 901 Email: mail@aidsalliance.org Web: www.aidsmap.com or www.aidsalliance.org	
	<i>Key words:</i> advocacy, needs assessment, communication, fundraising, resource, mobilize, partnership	

REF# 8.55	Policy Development and HIV/AIDS Prevention: Creating a Supportive Environment for Behavior Change. http://www.fhi.org/NR/rdonlyres/epda5g34h3veuldh63ldfhdbocsqpu6uxnaggwjtana3nzyf777zypmd3va267ifulowc57koproa/global.pdf	En
	FHI – AIDSCAP (DATE)	
	"The laws, rules, policies, and practices of governments, religious organizations and the private sector can support or constrain prevention activities. Some policies may even inadvertently promote the transmission of HIV." This document offers the experience of AIDSCAP in influencing policy supportive of HIV/AIDS prevention, including strategies and tools	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700 Arlington Virginia 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Web: http://www.fhi.org	
	<i>Note:</i> Chapter 4: Making Prevention Work; Global Lessons Learned from the AIDS Control and Prevention Project 1991–1997.	
	<i>Key words:</i> policy, plan, enabling environment, government, case study, Kenya	

REF#	Consultancy on Strategic Counselling Development in Thailand, Chiang Mai	En
8.56	Miller, D and Casey, K. (July 1997)	
	The document contains problem encounters and recommendations for counselling and testing such as participant selection, training course content. There are also templates for counsellor selection such as a questionnaire and casework audit form.	
	David Miller World Health Organization 20 Avenue Appia – 1211 Geneva 27 Switzerland Tel: +41 22 791 3803 – Fax: +41 22 791 4834 Email: millerd@who.int Web: www.who.int	
	<i>Key words:</i> counsellor selection, questionnaire, assessment	
REF#	National AIDS Programmes. A guide to Monitoring and Evaluating HIV/AIDS Care and Support	En
8.57	http://www.unaids.org/en/in+focus/topic+areas/access+to+care+and+support.asp	
	FHI; HRSA; USAID; WHO (2004)	
	This document is an excellent guide for the development of an effective M&E system. It is not VCT specific but does include VCT related indicators. The document includes a care and support M&E framework, indicators (including means and methods of measurement, challenges (strengths and limitations), types)	
	Marketing and Dissemination World Health Organization 20 Avenue Appia, 1211 Geneva 27 Switzerland Tel: +41 22 791 2476 – Fax:+41 22 791 4857 Email: bookorders@who.int Web: http://www.who.int/bookorders/anglais/home1.jsp?sesslan=1	
	<i>Key words:</i> monitor, evaluate, indicator,	
REF#	Counselling Guidelines in Disclosure of HIV Status	En
8.58	Canadian International Development Agency (CIDA) (June 2000)	
	This document is based on experiences from across southern Africa. It contains information on steps for counsellors towards disclosure, the consequences of a client's decision, coping mechanisms, and the effects of the media on disclosure.	
	There is a "non-disclosure form" that can be photocopied to 'be used as a safeguard against exploitation from the media and media personnel.'	
	South African AIDS training programme (SAT) 3 Luck Street PO BOX 390 Kopje Harare Zimbabwe Tel: +263 4 781 123 – Fax: +263 4 752 609 Email: info@satregional.org Web: www.satregional.org	
	<i>Key words:</i> disclosure, media	

REF#	VCT Toolkit, A Guide to Establishing Voluntary Counselling and Testing Services for HIV	En
8.59	Family Health International, (July 2002).	
	This guide is intended for governments, development partners and public and private sector organisations, including NGOs, as they begin to establish VCT programs and services. In this document, the authors refer to the organisation establishing VCT services at the site level as the “implementing agency”. Therefore, the guidance given in this document is meant to be used or adapted depending on the specific country’s epidemiological, political, social, cultural and economic context.	
	Gloria Sangiwa Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard Suite 700, Arlington VA 22201 USA Tel: +1 703 516 9779 – Fax: +1 703 516 9781 Email: gsangiwa@fhi.org Web: www.fhi.org	
	<i>Note:</i> This is an updated version of #15.	
	<i>Key words:</i> Guidelines, implementation	

REF#	Voluntary Counselling and Testing: The Use of Lay Counsellors in Namibia	En
8.60	Muadinohamba A, Centre for Disease Control and Prevention, Global AIDS Program, Namibia, (June 2003)	
	This report is a collection of best practices, lessons learned and policies concerning the use of lay counsellors in the provision of VCT services. The findings are based on comments and materials supplied by representatives of government and non-government organisations in Africa, and information collected from peer-reviewed journals and the Internet. These findings are intended to provide information to the Ministry of Health and Social Services of Namibia in the hope that it will be used in collaboration with the CDC Namibia Staff and other key stakeholders to develop guidelines and protocols for the use of lay counsellors in Namibia.	
	Centers for Disease Control and Prevention Global AIDS Program 1600 Clifton Rd Atlanta, GA 30333 USA Tel: +1 404 639-3311 Web: http://www.cdc.gov/nchstp/od/gap	
	<i>Key words:</i> Lay counsellors, best practices, policies, Namibia	

REF#	Legal Responses to AIDS in Comparative Perspective	En
8.61	Frankowski S (ed.), Kluwer Law International, (1998).	
	This publication has 4 main goals: 1. To describe, analyse and contrast legal responses to various aspects of HIV/AIDS in a cross-cultural perspective. 2. To explore the links between the HIV/AIDS-related problems and other social issues. 3. To reflect on the limits and effectiveness of legal measures in reducing, or at least controlling, the growth of the epidemic, and on the extent to which non-legal factors may play a role in influencing the ways societies respond to the threat of HIV/AIDS. 4. To find out how it is possible to achieve a proper balance between the need to protect societies from the scourge of AIDS and the need to protect the rights of PLWHA. Case studies include: South Africa, Australia, Hungary and Argentina.	
	Publishers Kluwer Law International PO Box 85889 2508 CN The Hague The Netherlands Email: webmaster@kluwerarbitration.com Web: http://www.kluwerarbitration.com/arbitration/arb/default.asp	
	<i>Key words:</i> Law, rights, protection, U.S, Canada, R.S.A, Australia, India, Japan, Holland, Hungary, Poland, Argentina	

