

WHO and UNAIDS Secretariat Statement on HIV testing and counselling

August 14, 2006

At the end of 2005 an estimated 38.6 million people were living with HIV. Household surveys in several high-burden countries (Botswana, Burkina Faso, Cameroon, Ghana, Kenya, Mozambique and Nigeria) have consistently shown that less than 10 per cent of people living with HIV are aware of their HIV status.

HIV testing and counselling serve as a key entry point for HIV prevention, treatment, care and support services. However, access to these services is currently being hindered by low uptake of HIV testing. Furthermore, studies show that many people living with HIV in low- and middle-income countries are being diagnosed and treated too late to obtain the maximum benefit from antiretroviral therapy.

Voluntary HIV counselling and testing (VCT) programmes have been in place since 1985 and millions of people have learnt their HIV status through such programmes. WHO and UNAIDS continue to promote and support VCT as an important strategy in addressing the HIV/AIDS epidemic. However, the reach of these programmes needs to be expanded, and a more diverse range of approaches is needed to increase knowledge of HIV status as countries work towards the goal of universal access to treatment, prevention, care and support. Depending on the setting and level of HIV prevalence, these approaches may include both client-initiated (VCT) and provider-initiated testing and counselling (especially through the use of rapid testing technology), as well as expanded coverage of and better tools for HIV testing in infants and children.

Several high-burden countries have recognized the need to scale up HIV testing and counselling by having health care providers recommend an HIV test with counselling to all people who interact with health care systems. Others have focused on recommending an HIV test with counselling to symptomatic patients with signs of possible underlying HIV disease. The objective of these approaches, known as provider-initiated HIV testing and counselling, is to enable people to benefit from HIV prevention, treatment, care and support services as soon as possible. A key aspect of provider-initiated testing and counselling is that informed consent is assured by offering patients the opportunity to decline the test, as is the case with other tests for the management of HIV disease, such as screening for tuberculosis.

Provider-initiated testing and counselling must be implemented in a manner that is consistent with human rights principles. These include obtaining informed consent, ensuring confidentiality of the test result, and providing appropriate counselling.

In July 2006, WHO and UNAIDS held a multi-stakeholder consultation to begin a process of developing operational guidance on provider-initiated testing and counselling in clinical settings. Representatives from stakeholder groups, including governments, UN agencies, donors, and civil society, including people living with HIV, academics and human rights experts, were present. This consultation process is ongoing, and will include the posting of revised draft guidelines on the WHO website by the end of September to obtain further input from stakeholders. It is anticipated that the guidelines will be finalized later this year.

While recognizing that countries will need to tailor testing and counselling strategies to their particular setting, WHO and UNAIDS emphasize that provider-initiated testing must be implemented within the context of a national plan to scale up HIV treatment, prevention, care and support,



including antiretroviral therapy. Appropriate policy and legal frameworks to protect against stigma and discrimination must be in place before provider-initiated testing is implemented.

Provider-initiated testing and counselling should not be confused with mandatory testing. WHO and UNAIDS emphasize that testing must be voluntary and that patients must retain the right to decline the test. In all cases, the “3 Cs” - consent, confidentiality and counselling - must be respected.

WHO and UNAIDS will work with countries implementing provider-initiated testing and counselling to help them ensure that their approaches include appropriate safeguards and reflect best international practice.

Broad implementation of provider-initiated testing may not be appropriate, affordable or effective in all settings, such as where HIV-prevalence is low. Regardless of the setting, WHO and UNAIDS continue to strongly endorse client-initiated VCT as one of several approaches to increasing knowledge of HIV status. WHO and UNAIDS are of the view that the expansion of access to HIV testing and counselling - including both VCT and provider-initiated testing and counselling in clinical settings - and increased knowledge of HIV status are necessary to the fulfilment of the right to the highest possible level of health.
