VOLUNTARY HIV COUNSELING AND TESTING

Voluntary HIV counseling and testing (VCT) is a pivotal intervention that informs individuals of their serostatus and helps them access appropriate services. For those who test negative, VCT can be powerful encouragement for behavior change to reduce future risk; for those who test positive, VCT services can link clients to options for care and support and help them reduce the risk of HIV transmission to their sexual partners or future children. Yet many questions remain about the delivery and impact of VCT. Six Horizons studies explore a myriad of issues around VCT, such as the contexts and service delivery models that are most appropriate and effective for VCT, the positive and negative impact of learning one’s serostatus, and the role of community-based counseling services to complement testing services.

VCT Clients Appreciate High-quality Counseling and Integrated Services

A Horizons study in Uganda conducted by researchers from Makerere University finds that VCT clients value good-quality counseling. Study participants highlight the friendliness of the counselors, the openness with which they could discuss HIV with the counselors, and the education they received. Satisfaction is extremely high, with 99 percent of clients saying they would return to the same facility for more services and 94 percent reporting they would like to see the same counselor.1 In an assessment of VCT services carried out by the Ndola Demonstration Project in Ndola Zambia, community members suggest that VCT be offered at churches or religious congregations precisely because this setting offers the trust, confidentiality, and spiritual support needed for good counseling.2

Counseling is also appreciated by youth, according to a Horizons study of youth and VCT carried out by the University of Nairobi in Kenya and Makerere University in Uganda. One-half of the tested youth in Nairobi, Kenya, and two-thirds of the tested youth in Kampala, Uganda, who spoke with a service provider say that they most appreciate the counseling and advice they received from the service. Yet one in four tested youth in Nairobi did not talk with a service provider before the HIV test and the same proportion received no post-test counseling but rather got the test result either in writing or from a third person such as a parent. The lack of opportunities for youth to talk to a counselor supports the need for a place where youth can talk with someone about HIV/AIDS and then have the option to take an HIV test.3

Additionally, VCT centers should be linked with medical and social support services. Both adult and youth want integrated services that offer medical care, material support, and other services as well as VCT.12
Informed Consent and Confidentiality: Critically Important Components

Program managers, providers, activists, and community members express considerable concern about the ethical and legal dimensions of HIV counseling and testing. For example, stakeholder groups in seven southeast Asian countries who participated in a 1999 workshop co-sponsored by Horizons in New Delhi emphasized the need for greater efforts to protect the human rights of HIV-infected and –affected persons. The same concerns were expressed by managers and providers of counseling and testing services in Nairobi who contributed to a needs assessment of VCT services in that city. Both groups said they also feel it’s important to ensure that fears about confidentiality and abuse of test results do not deter people from seeking VCT.4,5

Positive Outcomes for Many Women Who Seek VCT Services

A Horizons study conducted by the Muhimbili Medical Centre in Dar es Salaam, Tanzania, found that HIV-positive women are less likely than HIV-negative women (69 versus 83 percent) to share their status with a partner after VCT for fear of a negative reaction. Women with a history of physical abuse by an intimate partner are three times more likely to be HIV-positive than women who report no history of partner violence. Yet the percentage of women who report negative outcomes related to disclosure is very low (e.g., 1.2 percent report physical assault). And both HIV-positive and –negative women who disclosed their serostatus to their partners were no more likely to report current partner violence in the last three months than women who did not disclose (10 versus 17 percent). The majority of women (57 percent) report that they received support when they disclosed to a partner. This study also reveals that the testing experience of couples is overwhelmingly positive, with most reporting that the process of testing strengthened their relationship.6

More and Diversified VCT Services Needed

The needs assessment of VCT services in Ndola, Zambia, found that VCT is a new concept in the community, because there are few facilities that offer VCT to physically healthy people. To date, HIV VCT has mostly been provided to individuals with HIV/AIDS-related illness. In order to promote VCT as an entry point for prevention and early care, the District AIDS Task Force feels it is urgent to have VCT services in communities and at health centers that are easily accessible to the community at large.2

The Horizons assessment of HIV-related services in Nairobi, Kenya, reveals that in low-income communities where there are many community-based organizations (CBOs) offering HIV/AIDS care and support, VCT clients have easy access to ongoing counseling and support. However, in higher-income communities where fewer CBOs exist, most VCT clients cannot access ongoing care and support because such services are not provided by private doctors, who are the usual source of medical care for these clients.5 HIV service providers need to explore the care and support needs of higher-income people living with HIV/AIDS in Nairobi and to design programs targeting them.

July 2000