

## **VOLUNTARY COUNSELLING AND TESTING**

### **Emerging approaches from Asia and Eastern Europe**



**Workshop participants role playing a client-centred HIV test**

**International HIV/AIDS Alliance Asia and Eastern Europe team**

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## Introduction

The growth of the HIV/AIDS epidemic in Asia and Eastern Europe is currently being described as 'dramatic' and 'explosive'. The epidemic across the region shows few signs of abating and is spreading across countries where until relatively recently the HIV virus was hardly present (China, Vietnam and Indonesia for example). There is particular concern over highly populated countries such as China and India; it is estimated that ten million people could be living with HIV in China within six years unless infection rates are curbed. Furthermore, infections are becoming more generalised and spreading across regions within countries. Escalating epidemics are hitting Eastern Europe and Central Asia too, with approximately 1.5 million people affected<sup>1</sup>. The epidemic in Eastern Europe is still primarily focused on young people who inject drugs and their sexual partners, but, comparable to Indonesia and Vietnam, there is increasing concern that the virus is transferring and becoming more visible amongst the wider population.

That said, in comparison to much of sub-Saharan Africa, Asia and Eastern Europe can still be classified as having a low to medium HIV/AIDS prevalence, but with large numbers of people living with HIV/AIDS inhabiting the region. Now is the time for a more co-ordinated multisectoral response to HIV/AIDS in the context of widespread denial, low levels of awareness and rising rates of infection.

Where does voluntary counselling and testing (VCT) fit into this response to the epidemic in Asia and Eastern Europe? VCT is increasingly being recognised as a crucial component of effective strategies for HIV/AIDS prevention and care. Implemented properly, VCT has the potential of providing multiple benefits. For individuals, VCT provides an opportunity to enhance one's ability to reduce risk and increase one's access to HIV prevention, care, treatment and support services. For communities, VCT is a means to create awareness, mobilise local responses and reduce denial, stigma and discrimination. Importantly, new developments in the dynamics and response to the epidemic have made VCT an essential component, providing a link between prevention and care.

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<sup>1</sup> UNAIDS/WHO, 'AIDS epidemic update', December 2003

A wide spectrum of VCT programme models and approaches have been piloted and successfully implemented in countries such as Brazil and in sub-Saharan Africa. VCT initiatives however, have been slower to develop in Asia and Eastern Europe, and have not been adequately prioritised in the past, resulting in a shortage of a broad range of good practice models from the region. In a context of low levels of HIV prevalence and high levels of stigma and discrimination against people living with HIV/AIDS, with a few exceptions, VCT has been consistently under-prioritised as a national response and little attention has been placed on developing VCT services that are non-threatening, client-centred user friendly and rights-based. This has consequently led to a significantly low demand for and poor use of available VCT services, and only a small fraction of people living with HIV/AIDS being aware of their status.

While international guidelines for strengthening technical aspects of counselling and testing are being developed by agencies such as WHO and UNAIDS, less attention has been given to developing models for integrated community-based VCT programmes, despite there being a recognition of the need for community mobilisation and a comprehensive approach to VCT. In India, VCT strategies of the government targeting the general population have not been meeting the many different needs and concerns of individuals and communities, particularly from marginalised populations. However, there are a few pioneering VCT projects being implemented within the region, from which concepts and processes need to be shared in order to be scaled up across the region. How the various approaches and sectors work together, including communities' involvement, is of utmost importance.

In the Philippines, NGOs have played a significant role in sensitising their government, and as a result have found ways of working collaboratively in order to ensure that comprehensive, integrated VCT services are provided either directly or through referrals from the NGO, government and private sectors. For example, many NGOs do not have the capacity to carry out the testing side of the process, but can fulfil the counselling role, thus easing the burden on the government.

In Asia and Eastern Europe, and indeed across the developing world, the prospect of HIV treatment and the provision of care is increasingly becoming a reality, with the

introduction of the 3 by 5 initiative<sup>2</sup> for example. There is now a much greater impetus to start effective VCT programming and build upon current efforts to make VCT services more widely available and, crucially, accessible. Such initiatives are also central to lifting the silence and associated stigma and discrimination that surround the epidemic.

With the increased availability and accessibility of antiretroviral treatment, it is vital that as many people have access to comprehensive VCT services so as to have greater access to prevention, care and treatment services. However, it is imperative that there is a balance between the drive to ensure as many people as possible are tested to access services without compromising on ethical standards and quality. Indeed, it is imperative to avoid coercive and mandatory testing as this is a violation of an individual's right to choice.

When planning and developing VCT however, we should be challenging stand-alone specialised approaches to voluntary counselling and testing in terms of increasing accessibility, availability and sustainability of such services. Mainstreaming and integrating VCT into other existing and key services in the community can be a key strategy for success, as demonstrated by effective approaches in more high prevalence settings in sub-Saharan Africa. In a relatively low prevalence setting such as Asia and Eastern Europe, integrated services could not be more important, particularly in the fight against stigma and discrimination.

In the struggle against HIV/AIDS, stigma and discrimination continue to be considerable barriers across Asia and Eastern Europe. They are still key contributory factors in the increasing transmission of HIV, as misconceptions persist about how the disease is caused and spread. Furthermore, self stigma and fear of discrimination is often central to individuals not seeking HIV tests or treatment. Those who do decide to seek tests and associated services are also frequently on the receiving end of discriminatory behaviour and reactions, with many being treated negatively by the services that should be supporting them. An individual, for example, may opt to go for

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<sup>2</sup> In December 2003, WHO and UNAIDS released a detailed and concrete plan to reach the 3 by 5 target of providing antiretroviral treatment to three million people living with AIDS in developing countries and those in transition by the end of 2005.

a test but this very action may label him/her as a 'risky' individual. The level of discrimination is further heightened if an individual is from more marginalised groups such as sex workers, men who have sex with men and injecting drug users. The necessity to ensure that confidentiality is maintained and that VCT services are integrated into mainstream health services, which cater to the needs of the general public as well as more marginalised groups can therefore not be more patent. In fact, the term VCCT is increasingly being used to define the need for voluntary, confidential counselling and testing.

As HIV rates in many parts of Asia and Eastern Europe continue to escalate, it is crucial that quality voluntary counselling and testing services are given precedence. With VCT being a key entry point in the continuum of HIV/AIDS prevention, treatment and care for individuals and communities, it is essential to explore how different approaches to integrated voluntary counselling and testing can be more effective – looking at the process which starts from an individual's awareness of HIV, through to how this individual can go on to change his or her behaviour and influence others. How different sectors, both private and non-private, communities and individuals themselves can assist in these steps and those in between, was central to the focus of the Alliance's workshop in Siem Reap in April 2004.

### **The Workshop – Siem Reap, Cambodia**

The Alliance, in its ongoing commitment to increased access and availability of HIV services within communities, aims to enhance its support to VCT initiatives in Asia and Eastern Europe. In light of this, the International HIV/AIDS Alliance organised a 4-day regional workshop on 'Voluntary Counselling and Testing' in Siem Reap, Cambodia from 27-30 April 2004, in collaboration with KHANA. Participants included staff from Alliance Linking Organisations and other organisations already implementing VCT from the Asia and Eastern Europe region.

The workshop aimed to share, learn from and analyse existing and established approaches to VCT programming within various settings in Asia and Eastern Europe.

The workshop did not intend to build participants' skills in counselling and testing, nor review or evaluate projects.

Specifically, the workshop focused on:

- Sharing and reflecting on how different project approaches have evolved around VCT in Asia and Eastern Europe;
- Exploring, analysing and learning from different project approaches in Asia and Eastern Europe in order to identify emerging models of VCT;
- Highlighting and documenting good practices and challenges from identified emerging models of VCT;
- Identifying, if possible, future directions and next steps for the Alliance and its partners on VCT programming in Asia and Eastern Europe.

Drawing on the broad range of experiences of participants and organisations participating, the workshop endeavoured to explore a variety of approaches to VCT, for example: VCT as an entry point to prevention and care, as a clinical service; VCT models from the government, NGO and private sectors and VCT approaches in rural and urban settings. The workshop also looked at VCT models that focus on working with different populations, such as young people, injecting drug users, men who have sex with men and partners of people living with HIV/AIDS. Throughout these discussions, participants were focusing on the role of NGOs and CBOs through these different approaches.

All sessions in the workshop strove to underpin values and principles in the implementation of a VCT programme. The areas for reflection, analysis and discussion on VCT in the workshop included: the test and its availability and accessibility, counselling issues, quality aspects to a VCT programme, community engagement in VCT programmes, comprehensive approaches to VCT and areas for linkages, and issues of replicability, scaling up and sustainability.

Drawing on the varied experiences of workshop participants from Asia and Eastern Europe, this report attempts to outline the four elements which were discussed during

the workshop that contribute to the effective development of an integrated, comprehensive VCT programme:

- Mobilising communities
- Informed individuals and self risk assessment
- The test
- Maintaining change and influencing others

This report aims to analyse the different approaches and challenges that exist within this process that were shared during the workshop and is therefore not an exhaustive list. For more detailed information of particular approaches and case studies, please refer to Annex 1 which outlines contact information of participants and organisations.

## **1. Mobilising communities**

In the context of low HIV prevalence coupled with high and pervasive levels of stigma and discrimination in the region, an ongoing process of general awareness and community sensitisation around HIV/AIDS is fundamental to the development of any client-centred, quality VCT programme. There is also a basic requirement for individuals to be consistently informed about available voluntary counselling and testing facilities and HIV/AIDS services in their communities. Individuals have a right to information and services, to be knowledgeable about the variety of options available to them, and to be able to recognise the associated advantages and disadvantages of such options.

Raising community awareness of HIV/AIDS and VCT, through innovative and effective promotion and education strategies, goes some way towards normalising and de-stigmatising people's perceptions of VCT and ensuring that services remain demand driven. Genuine community involvement and participation at all levels – from needs assessments and the design of VCT programmes, through to implementation and monitoring of services – is an essential strategy, primarily to ensure community ownership but also to contribute towards sustainability. Mainstreaming and integrating VCT into other key services in the community, such as primary health care, treatment of opportunistic infections and TB, is also a key strategy. By mainstreaming, accessibility is likely to be increased, there is more potential for scaling up, and importantly, instances of stigma and discrimination are more likely to be addressed and hopefully reduced.

Since a co-ordinated response is vital, NGOs have a crucial role to play throughout this process, particularly towards mobilising communities as well as identifying and training key community members to lead the process as community volunteers, peer educators or advisors.

## **Key strategies for community mobilisation and awareness:**

- **Participatory community assessments:** the Cambodia Care VCT assessment ensured the inclusion and involvement of communities in the exploration and the prioritisation of their needs regarding VCT and HIV and mapping out existing services. This can lead to community participation in the design and development of an appropriate, quality, client-driven VCT programme and helps in reducing VCT and HIV/AIDS related stigma in communities.
  
- **Community advisory boards:** Khana shared how certain projects that they support identify key people in the community (for example, young people and married couples) who can input into VCT strategies and programme development.
  
- **Integration of VCT services into existing health services:** this includes sensitisation of existing community health awareness programmes to include VCT messages e.g. through CDC/MOH's Global AIDS program (GAP) in Vietnam, VCT is currently being integrated into vaccination services and STI services.
  
- **Tri-media campaigns** (television, radio and print media): the Department of Health in Manila, Philippines has been successful in reaching and mobilising maximum numbers of individuals through a variety of media. Remedios Foundation Inc. is considering possible future strategies such as VCT promotion through websites and free-ad placements. Consistently updating messages is also of great importance.
  
- **Population specific messages for VCT promotion:** AIDS Concern in Hong Kong, who provide VCT services in saunas to men who have sex with men, have used to good effect light hearted messages. Developing different images and messages which are appealing to specific groups within communities can be an effective way of promoting VCT.

## **AIDS Concern, Hong Kong – outreach VCT for men who have sex with men**

AIDS Concern is an NGO based in Hong Kong, whose HIV/AIDS prevention projects focus on men who have sex with men, sex workers and their clients, cross border travellers and young people at risk. At the end of 2003, there were 2244 recorded cases of HIV in Hong Kong. Of the 1789 cases transmitted through sexual transmission, approximately one third was through male-to-male sex. Amongst men who have sex with men in Hong Kong, the testing rate is relatively low at 15%. Reasons for this include lack of knowledge about HIV/AIDS, fear and anxiety, and inconvenience of testing facilities. Existing VCT services in Hong Kong are very much clinic-based and non-targeted, resulting in men who do decide to go for a test often fearing discriminatory or negative reactions as well as having to conceal their real sexual identities.

Based on these findings, AIDS Concern began to tailor make VCT specifically for men who have sex with men. They hoped that a non-judgmental approach to VCT would be more of a motivation for men to get tested as well as making men who have sex with men feel more comfortable about having open discussions about their sexual health and behaviour.

Whereas more conventional VCT facilities in Hong Kong are situated in clinics and are thus more of a passive service, AIDS Concern developed an innovative outreach service, proactively reaching out to men who have sex with men in accessible and identifiable locations – saunas. With the utilisation of urine tests, the testing method is non-invasive. No needle is therefore required, and a urine test is more suitable for the environment and it also allows greater flexibility as no medical qualification is required to administer it.

The outreach service is peer-led which has proved to encourage mutual understanding and more open discussion. The service is anonymous and confidential with no real name or identification needed, only an assigned code number. The test is conducted in private rooms inside the saunas and the results are given outside the sauna.

Before embarking on this original approach, AIDS Concern consulted extensively with the community, with MSM saunas owners, and with users to assess the needs and attitudes to such a service. They also consulted relevant experts– from existing government and NGO-run VCT centres and hearing from people living with HIV/AIDS about their HIV testing and counselling experiences. For medical referral and case reporting, they consulted with the Department of Health and for workers' safety they liaised closely with the police.

The project's outreach workers are people with social work training; they are trained in the administration of the test, and have specialised training in pre- and post-test counselling. A counselling protocol has also been developed, coupled with regular training and supervision.

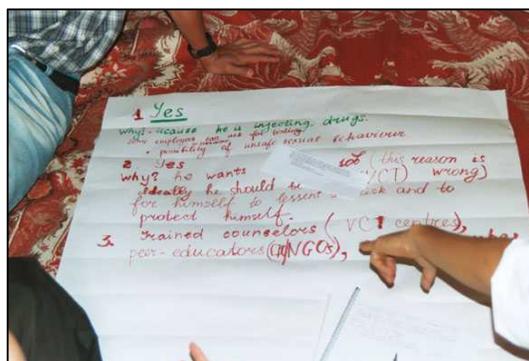
AIDS Concern has faced certain challenges in developing outreach in saunas in Hong Kong. These have included tackling the stigma individuals face in getting tested. A lighthearted promotion approach, particularly through posters showing the test as a healthy act, has been a successful way to combat this. Mobilising the community too has had its challenges; however in targeting a few saunas at first, their successful experiences have encouraged other saunas to participate.

AIDS Concern is now looking positively to the future and aims to expand the current coverage - with more saunas participating, and aiming to deliver services in a more varied format, for example providing testing outside saunas and carrying out rapid tests and STI tests. Furthermore, AIDS Concern aims to promote and advocate for a more supportive environment for getting tested in the community.

## 2. Informed individuals and self risk assessment

Individuals' self-perception of risk, together with a felt need, is integral to the motivation for taking an HIV test. Whilst broader, more generalised messages may emanate from larger community awareness and promotion activities (such as street performances and IEC material distribution), additional information is often necessary at an individual level to motivate a person to go for a test. Individuals require time to make their own personal assessment and analysis of whether they feel they are at risk, whether they would like to know their sero-status, and whether they are motivated to make a change. High levels of stigma, low levels of awareness and paucity in available HIV services in the region create further barriers for individuals to opt to go for an HIV test and make a change.

Self denial is a common reaction based on fear, lack of information and available services. Larger community awareness activities may generate a process of self-reflection for individuals and they may respond in a variety of ways, depending on their own personal situation and context. On assessing their individual risk from a street show, for example, an individual may prefer to opt for one-to-one hotline counselling to gain more detailed information. Additionally, as a result of picking up IEC material, the individual may prefer to link up with a community volunteer for further HIV/AIDS information. This community volunteer may then refer this individual on for further detailed advice. Whatever their situation, individuals have a right to information in order to make informed decisions.



Workshop participants explore risk assessment

Voluntary pre-test counselling can be an effective means of assisting with issues of self-stigma, as well as providing specific and detailed information to individuals before they make a decision to go for a test. It should be noted that counselling is still a relatively new

concept in many parts of Asia. In Cambodia for example, CARE's 2003 study of VCT in the country, highlighted the genuine lack of counselling facilities and training. Through experience, AIDS Access Foundation in Thailand has found that an essential prerequisite for successful VCT service provision is to develop a counselling curriculum and provide ongoing counselling training to a revolving cadre of VCT counsellors. By thoroughly preparing and training counsellors in an ongoing basis, AIDS Access has been able to mitigate the impact of a high turnover of VCT counsellors.

Pre-test counselling can be undertaken by a variety of players, and specialised skills and qualifications are not necessarily required. People living with HIV/AIDS, NGO/CBOs and health providers can all play an important counselling role. NGOs themselves are well placed to train community members as counsellors.

IEC messages and material, together with telephone and/or face-to-face pre-test counselling may all be mechanisms of support for people who are exploring their own level of risk of HIV. Whether they decide to take a test or not is obviously up to the individual him/herself, but such strategies are all significant steps in the process of decision-making.

**Key strategies for pre-test counselling:**

- Remedios Foundation Inc. in the Philippines has successfully developed a telephone **hotline counselling service**. Individuals who are thinking of taking HIV test can use this service to acquire more detailed HIV/AIDS information, information on what is involved in a VCT test, and also contact information about relevant referrals and linkages.
  
- **Community outreach:** AIDS Concern in Hong Kong trains gay members of the community to carry out community outreach in public saunas. This has proven to be a successful strategy in accessing and providing counselling services to hard to reach populations.

- **Effective pre-test counselling:** wide ranging counselling skills is a necessity as clients may have a broad spectrum of issues they want to discuss. Content will also differ widely with different populations – for example men who have sex with men will have different needs to injecting drug users.
  
- **Practical and supportive training of counsellors:** AIDS Access Foundation in Thailand encourages a simple practical curriculum of training for counsellors, while also ensuring rigorous follow up training and peer support. People living with HIV/AIDS are integral to the effective training of counsellors.
  
- **Client-centredness:** ensuring client-centredness of a counselling service is one way of checking its quality. Remedios Foundation Inc. has developed simple but effective tools which can be used to assess and ensure client satisfaction – direct feedback from a client after a counselling session as well as maintaining written records to be discussed in follow up counsellor supervision sessions.

**Remedios AIDS Foundation, Inc. - voluntary counselling and testing experience of working towards an enabling and supportive community for people living with HIV/AIDS**

Remedios AIDS Foundation, Inc. based in Manila, is the “sole” NGO VCT provider in the Philippines. The foundation initiated the delivery of VCT services in 1992 through HIV/AIDS antibody testing and expanded into conducting HIV/AIDS volunteer counsellor’s training workshop to deliver hotline and face to face counseling, and then expanded to train peer clients from the sex worker, MSM, PLHA communities and youth.

Since then the Remedios AIDS Foundation’s VCT has been mainstreamed into the delivery of a comprehensive range of HIV/AIDS services covering counselling, training institute, resource centre, IEC materials development and distribution, adolescent reproductive health services, care services (clinical and diagnostic), community support services to people living with HIV/AIDS, advocacy and networking.

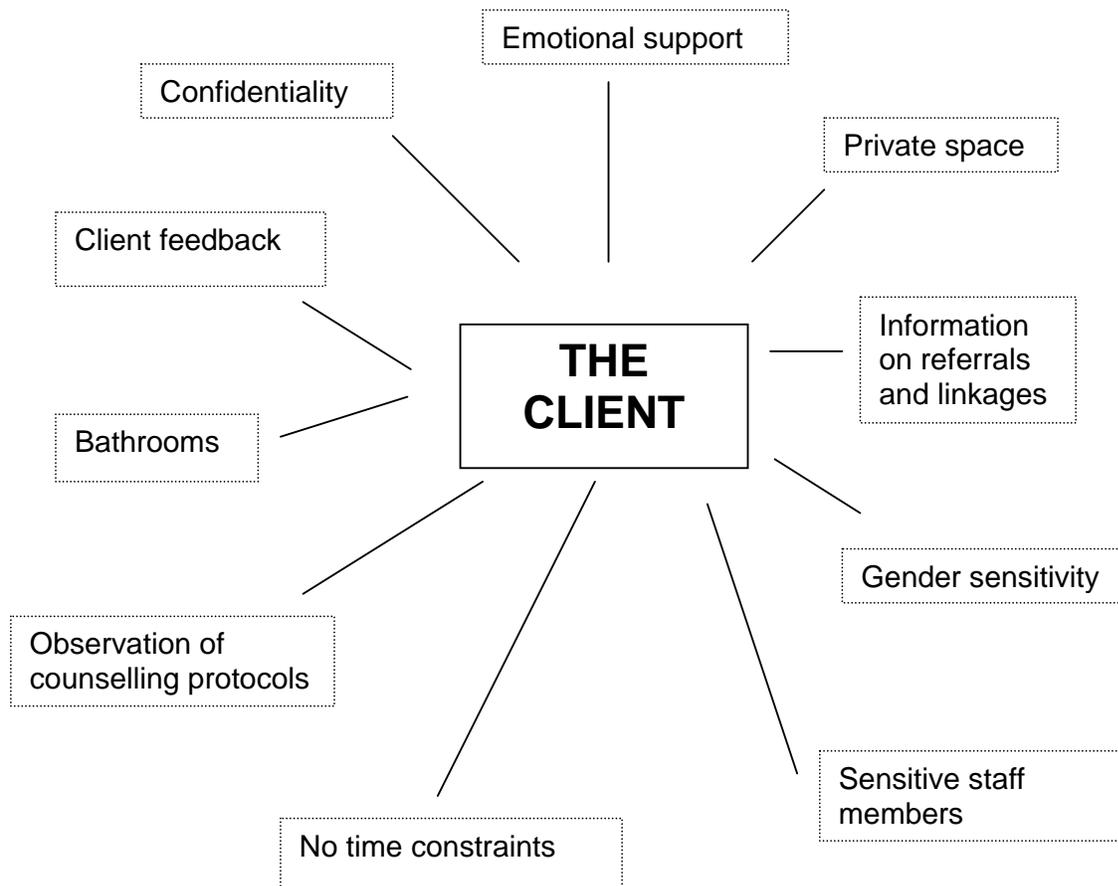
A core strategy of the Remedios AIDS Foundation is to ensure the involvement of people living with HIV/AIDS in VCT service delivery. To this end, the Remedios AIDS Foundation closely works with the Philippine network of people living with HIV/AIDS – the Pinoy Plus Association. The Remedios AIDS Foundation provides capacity building/technical assistance to people living with HIV/AIDS who wish to become counsellors through HIV/AIDS counsellors workshops/training. They also run peer outreach programmes with sex workers, MSM and drug users. Post-test referral mechanisms are also in place to PLHA support groups and for follow up counselling sessions for those recently tested HIV positive.

The Remedios AIDS Foundation has encountered certain challenges in maintaining their specialist VCT service. These have included the need to expand/upscale VCT services whilst also sustaining funding support for hotlines, counselling and clinic/health lab maintenance in a low prevalence setting. An additional challenge is related to the fast turnover of volunteer counsellors sometimes due to burn out or better opportunities elsewhere.

The Remedios AIDS Foundation’s plans for the future include introducing mechanisms to ensure continuous VCT support through the ongoing fundraising, soliciting private sector support and introducing resource generation mechanisms such as “user fees” testing. They will continue to promote their services through ongoing tri-media work within available resources – in daily newspapers, free ad placements, and websites and plan to enhance their volunteer management programme.

During the workshop, participants performed 2 role plays – one highlighting a non-judgmental and user-friendly experience of a sex worker going for pre-test counselling and a test; the other being challenging and discriminatory.

**Workshop participants identified the following factors which would make going for pre-test counselling and testing a positive experience:**



### 3. The Test

Currently, there are more than 70 brands of HIV tests, and the technology is evolving rapidly. The majority of HIV tests being used in developing country settings fall into one of the three basic groups shown in Table 1.

**Table 1. HIV Tests<sup>3</sup>**

Test	Site of Use	Advantages	Limitations	Cost
Simple /rapid assay (Rapid test device or RTD)	Small labs, VCT sites, PMTCT sites, STD and TB clinics, emergency care centers.	<ul style="list-style-type: none"> <li>• Easy to use and interpret test results.</li> <li>• Results within 10–30 mins.</li> <li>• No minimum volume of tests required.</li> <li>• Requires minimal equipment.</li> <li>• Does not require highly skilled staff.</li> <li>• Many newer tests can be stored at room temperature.</li> <li>• When used in combination, results as reliable as ELISAs.</li> <li>• Can be used on various types of specimens, including whole blood.</li> <li>• Oral fluid tests have been developed recently, are non-invasive, and do not require sharps.</li> <li>• Can be used to do on-site/point of care testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Small-scale testing.</li> <li>• Considerable variation in sensitivity. However, this often depends on type of specimen (i.e., whole blood, serum, oral fluid).</li> <li>• Cold chain sometimes required.</li> <li>• May cost more per individual test.</li> <li>• Some products are less sensitive for seroconvertors.</li> <li>• Using rapid tests at multiple sites in resource poor countries poses quality assurance challenges.</li> </ul>	Relatively expensive.
ELISA	Large hospitals, blood banks, or reference laboratories.	<ul style="list-style-type: none"> <li>• Highly sensitive, especially for picking up seroconvertors.</li> <li>• Batch testing.</li> <li>• Can be automated.</li> <li>• Easier to conduct quality assurance testing, because tests are performed in fewer, high-volume laboratories.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires more time to obtain results (1–3 hours) and even longer if not at point of care.</li> <li>• Need sophisticated equipment and equipment maintenance.</li> <li>• Cold chain always required.</li> <li>• Need minimum volume of tests for maximum efficiency.</li> <li>• Requires skilled technicians.</li> </ul>	Relatively more expensive than rapid test device, but cost-effective with large batches. Can be expensive if only used for small batches.
Western blot	Large teaching hospitals, reference laboratories, and National Reference Laboratory.	<ul style="list-style-type: none"> <li>• The “Gold Standard.”</li> <li>• Detects all antibodies present.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires skilled and experienced personnel.</li> <li>• Non-routine test (small batches only, usually &lt; 10) used for research and clarifying indeterminate results.</li> </ul>	Very expensive.

<sup>3</sup> Ref: John Snow, Inc./DELIVER. 2003. *Guide for Quantifying HIV Test Kits*. Arlington, Va.: John Snow, Inc./DELIVER, for the U.S. Agency for International Development.

In a context of high levels of stigma and discrimination and resource poor settings, characteristic of the Asia and Eastern Europe region, it is critical providing an HIV test is part of the continuum of HIV prevention and care and support services and is not a stand-alone service. These could be local primary health care centres or antenatal services, and very much part of a continuum of HIV/AIDS prevention and care services.

Everyone who wishes to take a test should have the opportunity and access to user friendly, non-stigmatising, quality testing facilities that cater to the needs of clients - whether they are members of general sexually active population or from a key population such as men who have sex with men. The specific needs of the population should determine when, where and what test is provided and which is most appropriate, accessible and available for the client. Availability and accessibility are key, and the location of testing centres will vary according to the requirements of different client populations

The 'V' in VCT can not be emphasised enough. Ethical considerations related to how voluntary the decision is for an individual to take an HIV test are essential. This is particularly pertinent in many countries in the Asia and Eastern Europe region where mandatory testing is common, particularly with



Workshop participants role-playing rights-based and non-judgemental HIV testing and counselling

highly marginalised groups such as sex workers. This issue of informed consent is challenging when dealing with the issue of children being tested for HIV as there is a need for clear guidelines to be developed for testing with children. TASO

Uganda's guidance used to be not to test children for HIV at all but now with greater availability of

antiretrovirals, testing is now offered to children along with the provision of ARV treatment. The challenge remains to be seen as to what extent a VCT service provider can assess the ability of a child or guardian to make an informed decision in the best interests of the child.

### **Key strategies for testing services:**

- **Location of the testing service is crucial:** The People's Health Organisation (India) use mobile clinics in highly congested urban areas to provide testing facilities to the general population, ensuring accessibility and a high degree of anonymity. CDC Vietnam integrates testing services into other local public sector general health services, while AIDS Concern in Hong Kong links testing to peer outreach activities. They have established the location, timing and type of test in local saunas to cater for the specific needs of the local MSM community, for example, using urine tests in MSM saunas and rapid spot testing at community based VCT centres.
  
- **Quality assurance maintenance:** quality should be upheld by providing services that are client-centred. By providing safe spaces in the VCT facility, confidentiality can be maintained and clients can feel comfortable in taking a test. CDC in Vietnam has introduced testing protocols and developed comprehensive procedures in the recruitment, training, supervision and monitoring of laboratory and counselling staff to ensure quality.
  
- **Infrastructure and staffing:** Basic infrastructure and staffing of the testing facility should be in place, such as:
  - Staff to administer the test who have training in basic counselling
  - Basic testing and laboratory facilities e.g. spot tests
  - Staff to provide basic first aid if necessary
  - Private space
  - Chairs for comfort
  - Bathrooms for privacy
  
- **Use of rapid spot tests:** this is a cost-effective strategy that can be easily scaled up and replicated. It is also not necessary to recruit highly qualified trained laboratory technicians as community workers can be given basic

training to administer the rapid tests. The People's Health Organisation's mobile clinic vans administer such tests to good effect.

### **People's Health Organisation (India) – multipurpose mobile HIV clinic**

The People's Health Organisation (India) has spearheaded multipurpose mobile HIV clinic services throughout the city of Mumbai where there are an estimated 250,000 people living with HIV, with 60-70% of sex workers and up to 2.4% of pregnant women living with the virus.

In 1999, The People's Health Organisation (India) initiated its Mumbai-based mobile HIV counselling and testing service. It currently covers 10 pre-determined locations on a rotation basis in South and Central Mumbai each week. Locations are selected strategically – particularly where pedestrian traffic is high, near large slums, and railway and bus stations. Its main objectives are to: provide easy access to quality counselling and rapid HIV testing over a wide geographical area; to provide referrals for test confirmation, care and support services, and prevention services. Large eye-catching slogans are displayed on the vans to attract attention during travel and when the van is parked. It also has a public address system to provide information on STIs and HIV/AIDS. Informative posters are kept on board and are displayed outside the van when parked.

The mobile clinic team consists of a physician, a health educator, a peer counsellor, one general assistant and a driver. This team provides a comprehensive, cost-efficient model of HIV education, counselling and testing. The on-board HIV test offered is a 'capillus' slide test which costs 100 rupees (2 US dollars). Counselling, health education, clinical consultation, condoms and IEC materials are all part of the service.

One particular challenge faced by mobile van approach is the lack of follow up contact with individuals coming for the test. In addition, whereas negative results can be provided immediately, initial reactivity needs time for confirmation. Further challenges include overcoming the resistance of shopkeepers and traffic police and also, importantly, devising and enhancing strategies to ensure more women come for counselling and testing, as during 1999 to 2002, only 2% of those who used the mobile van services were female.

However, as reported by the People's Health Organisation, most of the clients who do use the mobile clinic have not been tested before, indicating that this approach is very useful in providing VCT services and outreach to the general population.

#### **4. Maintaining change and influencing others to change**

An individual will need to address a broad range of internal and external factors in their lives to be able to maintain change in their behaviour following their test result. Internal factors include knowing what information and services are needed and knowing where to access them in order to support the individual's decision to maintain behaviour change throughout the course of their lives.

External factors which are supportive to an individual sustaining change necessitate him/her to feel sufficiently empowered to exercise their rights to information and services, on an individual and collective level, both for members of the general population and more specifically for more marginalised key populations. This would include having a supportive family environment as well as feeling supported to collectively address and advocate against stigma and discrimination which an individual may be experiencing in the community and society as a whole. This approach can address some of the barriers to maintaining change in life such as stigma in different settings, access to treatment, jobs, education, loans, and schooling for affected children.

Individuals' circumstances vary widely with individuals needing varying services at different times. This is particularly the case for members of key populations such as sex workers, men who have sex with men, injecting drug users and people living with HIV/AIDS, who can be further marginalised from accessing services and community resources due to stigma and discrimination. In India for example, the Freedom Foundation gives comprehensive support to injecting drug users in a national environment where follow-up services by government hospitals are almost non-existent and those provided by NGOs are inadequate as they stop after the testing.



An integrated system of referrals and linkages is key to replicability. By linking VCT to ongoing services with strong community involvement, ownership and avoiding a stand-alone service will also ensure that services are sustainable. In order to ensure that an individual maintains change s/he needs to be supported consistently at all levels.

**Freedom Foundation, India – comprehensive, integrated PMTCT programme**

Established in 1992, the Freedom Foundation was initially started to provide an effective treatment programme for alcoholics and drug-users. In 1995, the Foundation expanded its work to address the issue of AIDS in India. It opened several rehabilitation centres for HIV positive adults and children. The AIDS Centres also act as Day Care Centres and Short/Long Stay Homes with rehabilitation, counselling and hospice care.

The Freedom Foundation also works in the community, educating villagers about AIDS and the spread of this disease. They also sensitise the corporate sector by training those in business or industry on how best to deal with employees affected by AIDS. Currently, the Centre has the distinction of being named as the ideal low-cost community-based home by the National AIDS Control Organisation (NACO) and the Karnataka State AIDS Prevention Society.

The Freedom Foundation has pioneered an integrated prevention of mother-to-child transmission (PMTCT) programme in India whereby the Freedom Foundation provides VCT services to pregnant women to test for HIV, provides treatment to HIV positive pregnant women to prevent transmission from mother to child and provides education on PMTCT issues to health care providers and general public. PMTCT services include community education about HIV/AIDS, training of counsellors and health care workers, voluntary counselling and testing, Nevirapine or anti-retroviral drugs (AZT) interventions to reduce mother to child HIV transmission, education about infant-feeding practices and HIV/AIDS care for mothers and children.

### **Key strategies for maintaining change and influencing others:**

- **Support groups:** in parts of sub-Saharan Africa, post-test clubs have been seen to be an effective opportunity to share issues and concerns with peers, as demonstrated successfully by TASO in Uganda. Support groups may play a similar role in lower prevalence settings such as Asia and Eastern Europe. A whole range of diverse support could be offered – groups supported by CARE Cambodia provide paralegal assistance for example.
  
- **PLHA networks and ensuring adherence:** AIDS Access in Thailand train PLHA groups in hospitals to help ensure access and adherence to ARV treatment, through peer-to-peer counselling.
  
- **Influencing other people living with HIV/AIDS and key population members in how to live positively and maintain behaviour change:** this could include positive prevention with people living with HIV/AIDS as well as ensuring that people living with HIV/AIDS are actively involved in providing post-test counselling services, such as AIDS Access in Thailand and the Remedios Foundation in the Philippines .
  
- **Training for family and self-care:** NGOs and support groups could play a key role in training individuals and communities to care and provide more support for themselves and each other, thus ensuring less reliance on services.

## Conclusion

Through experiences shared and analysed by individuals from NGOs and the government sector across the Asia and Eastern Europe region, it is clear that there is no unique prevailing approach to effective and successful VCT programming. A variety of models and strategies currently exist and continue to emerge, both across and within countries. How VCT models are designed is fundamentally linked with multiple factors: from the characteristics of the client populations one is catering for and the associated geographical setting, to the nature of the epidemic. Significantly, as the HIV/AIDS scenario in Asia and Eastern Europe continues to alter and expand, further approaches and models will undoubtedly begin to emerge.

The most consistent message to emanate from the workshop in Siem Reap is that VCT services in Asia and Eastern Europe and beyond should avoid being stand-alone. Rather,

***VCT is best placed and more likely to be a valuable service if integrated and mainstreamed within existing community services.***

However, the efficacy of this strategy is highly dependent on the engagement of the community at large.

For VCT services to be successful and sustainable, it is crucial that they remain demand driven and a component of integrated comprehensive prevention and care service. For this to occur,

***the importance of consistently informed individuals and communities can not be more greatly emphasised. This goes hand in hand with communities commanding ownership right from the beginning of the process.***

Communities must be mobilised - with individuals being made aware and informed about HIV/AIDS and VCT, being supported to assess their own sense of self-risk, as well as being reliably supported in any next steps that they might wish to pursue. NGOs can play an important role in this process,

both in assisting with stigma reduction and also advocating for the needs of individuals and the wider community.

While HIV testing for as many people as possible is encouraged – particularly if an individual feels that s/he has been or is at risk,

***an HIV test should not be a forced procedure. Supportive and effective pre- and post-test counselling are central to assisting individuals with self-reflection, with decisions around the test and the exploration of further options if they do or do not decide to take a test.***

By integrating HIV testing services into existing community health services, it is imperative that the test is

***accessible, available, and suitable for specific client populations.***

The replicability, sustainability and potential for scale-up of VCT services should be a priority when planning and carrying out any programme. Vital to this sustainability are

***effective and comprehensive community based linkages and referral systems.***

This is of particular significance in a low to medium prevalence setting such as Asia and Eastern Europe. Alliance partners in particular, with their strong community links, are in a good position to expand VCT services in the areas they work.

Crosscutting all these processes and strategies are an array of checks that should be at the forefront of any VCT programming initiatives. Through sharing of experience, these 'checks' were consistently explored by participants in the workshop. They include:

- ***Accessibility and availability;***
- ***Genuine involvement of people living with HIV/AIDS;***
- ***Focus on stigma and discrimination reduction;***
- ***Quality, particularly in terms of ethical issues and sound monitoring and evaluation***

- ***Replicability;***
- ***Sustainability.***

As the epidemic in Asia and Eastern Europe continues to accelerate and shift in nature, it is critical that the response, particularly with regard to voluntary testing and counselling, is co-ordinated and multi-sectoral. Individuals, communities, NGOs, health centres and governments all have a significant role to play in this response. Although a number of different approaches may be emerging across the region, each with their own unique benefits, VCT which is integrated, community-driven, and most importantly focuses on the individual, is a model that can be most confident of success, scale up and sustainability.



## Annex 1 – Participant List

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## **Annex 2 – Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
HIV	Humane Immunodeficiency Virus
IDU	Injecting Drug Use(r)
IEC	Information Education Communication
MSM	Men who have sex with men
OI	Opportunistic Infection
PLHA	People living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counselling and Testing
WHO	World Health Organization