

**Harmonized minimum standards for guidance  
on HIV testing and counselling (HTC) in the  
SADC region**

**SADC Secretariat:  
Policy Development and Harmonisation  
Directorate of Social & Human Development  
and Special Programmes**



**Geoffrey Setswe DrPH, MPH  
SAHARA Technical Consultant**

## **In this presentation**

- 1. Objectives**
- 2. Process for developing SADC HTC minimum standards**
- 3. Best practices in HTC and VCT in SADC**
- 4. Recommendations for minimum standards**

# 1. Objectives

- The main aim of this project was to develop regional harmonized minimum standards for policies, protocols and guidelines for HTC in the SADC region.
- The objective of developing the minimum standards for HTC in SADC is to ensure coherent, comparable, harmonised and standardised approaches to HTC in the region.

## 2. Process for developing SADC HTC

1. An **extensive literature review and analysis** of HTC policies, protocols and guidelines was conducted in the SADC region.
2. A **technical meeting** was held in Gaborone on 15-16 December 2008 with HTC experts from the region to discuss and share experiences on current national policies and programmes for HTC, and to give guidance on the approach to this project.
3. **Policy discussions** were conducted in 12 SADC countries (excluding Angola, Madagascar and Mozambique) with representatives from Ministries of Health, National AIDS Authorities, and local and international stakeholders to gain more understanding on how the programmes work, and to identify major achievements, challenges and best practices.

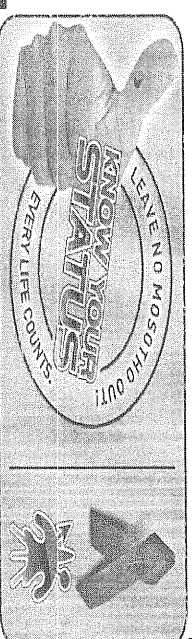
Country HTC reports were developed for each of the countries. These were subsequently sent back to the countries for verification.

### 3. Best practices in HTC and VCT in SADC

A best practice on HIV and AIDS is a body of knowledge about an aspect of HIV prevention, treatment or care that is based on practical experiences and lessons learnt in a maturing field. This can be replicated to improve the quality of an intervention that has as its objective the mitigation of one aspect of the HIV epidemic, such as HTC.

#### Best practices in HTC in SADC

- 1) Botswana's policy of Routine HIV Testing (RHT), also called Provider Initiated Testing and Counseling (PITC)
- 2) Lesotho's "Know Your Status" campaign



## 5 best practice VCT projects

- 1) Demonstration of Antiretroviral Therapy (DART) project in Soweto
- 2) Ndola Demonstration Project in Zambia,
- 3) TB/HIV Pilot Project in the Western Cape, South Africa,
- 4) Kara Counseling and Training Trust (KCTT) in Lusaka and Choma, Zambia and Zimbabwe
- 5) AIDS Prevention and Support Organisation (ZAPSO) in Harare and Chitungwiza, Zimbabwe..

UNAIDS identified five best practice VCT projects (2005?)

## 4. Recommendations for minimum standards

### 4.1. Availability and regulation of HIV testing

- HIV testing facilities are available and accessible free of charge to the population. ... laboratory facilities providing services such as CD4 count, viral load test and pap smear are available and accessible to all.
- HIV testing shall be voluntary, anonymous and confidential.
- The informed consent of the person to be tested must be obtained prior to any HIV test.
- No public or private health institution or NGO may carry out HIV testing unless it is registered with the relevant government institutions.
- All HIV testing centres shall comply with national regulations and guidelines related to the conduct of HIV testing and counseling.
- No prisoner may be subjected to compulsory HIV testing.
- The rules related to informed consent, pre-test information and post-test counseling apply equally to prisoners<sup>[1]</sup>.

<sup>[1]</sup> SADC Parliamentary Forum (2008) Model law on HIV in southern Africa

## 4.2. Provider-initiated testing and counseling (PITC) at all health facilities

- An offer of HIV testing by health care providers should be made to all clients being seen at health services.
- Explicit mechanisms are necessary in provider-initiated HIV testing to promote referral to post-test counseling services emphasizing prevention, for all those being tested, and to medical and psychosocial support; for those testing positive
- The basic conditions of confidentiality, consent and counseling apply but the standard pre-test counseling used in VCT services is adapted to simply ensure informed consent, without a full education and counseling session.
- The minimum amount of information that clients require in order to be able to provide informed consent include the clinical benefit and the prevention benefits of testing; the right to refuse; 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.



## **Box 1: Recommendations on when to consider HIV testing**

- The recommended way of HIV testing in SADC is PITC using opt-out approach. Thus, any individual presenting to a health facility should be offered an HIV test regardless of signs or symptoms of disease or risk factors for infection.
- Pre-test and post-test discussions must include principles of consent, counselling and confidentiality.
- In the case of inability to comply with the recommendation to test all individuals presenting to a health facility, after clinical examination and pre-test discussion priority should be given to most at risk groups.
- The HIV testing should not be restricted to newly presented patients only, but all previously HIV negative patients should be offered and encouraged to have HIV testing following possible re-exposure.

### 4.3. Age of consent for HIV testing

- ... develop and implement clear legal and policy frameworks that stipulate the specific age and/or circumstances in which minors may consent to HIV testing for themselves or for others, and how the assent of and consent for adolescents should best be assessed and obtained. It is recommended that:
  - Those 16 years of age and above requesting HTC are considered able to give full, informed consent.
  - Young people under 16 who are married, pregnant, parents, heads of households, engaged in behaviour that puts them at risk of acquiring HIV or are child sex workers are considered 'mature minors' who can give consent for HTC.
- HIV tests performed on a child under [16 or any suitable age decided in the state but not above 16] or a mentally incapacitated person shall be conducted with the consent of the parents or the legal guardian of the child or that person.
- The results of an HIV test conducted on a child under [16 or any suitable age in the State but not above 16] or a mentally incapacitated person shall be given, in the presence of the parents or the legal guardian of that child or that person, unless the best interest of the child requires otherwise

## **Box 2: Recommendations for informed consent**

- Testing for HIV infection at all health care facilities will be carried out with informed consent, which includes pre and post-test counselling.
- In the context of HIV/AIDS, testing with informed consent implies that the individual understands what the test is, why it is necessary and the benefits, risks, alternatives and possible social implications of the outcome.
- Informed consent further implies the giving of express agreement to HIV testing in a situation devoid of coercion, in which the individual should feel equally free to grant or withhold consent. Written consent should be obtained where possible.
- Where a person is unable to consent to an HIV test due to their incapacity or age, another person may consent to the test on their behalf. In such circumstances proxy consent must be given in accordance with common law and legislative provisions.

## 4.4. Standards for counseling and service provision

1. *Standards for pre-HIV test counseling:* Pre-test counseling shall precede every HIV test. Pre-test counseling shall include appropriate information, at a
2. *Standards for group pretest education:* The same basic information provided in individual sessions is offered during the group session, although the individual session does offer an opportunity to discuss more in-depth personal issues.
3. *Standards for post-HIV test counseling:* Post-test counseling shall be provided after every HIV test.
4. *Post-test counseling for HIV-negative persons:* Counseling for individuals with HIV-negative test results should include prescribed minimum information
5. *Post-test counseling for HIV-positive persons:* The focus should be on psychosocial support to cope with the emotional impact of the test result, facilitate access to treatment, care and prevention services, prevention of transmission and disclosure to sexual and injecting partners.

### **Box 3: Recommendations for giving HIV test results and post-test discussion**

- Detailed procedures on how the patient will receive the result should be established. Give particular attention to the means by which a positive result will be delivered.
- Arrangements for communicating the results should be discussed and agreed with the patient at the time of testing.
- Strict confidentiality of the receipt of the HIV test result must be maintained.
- Face-to-face post-test discussion is the preferred method of providing patients with their results. Post-test discussion for individuals with positive or inconclusive test results should be always done face-to-face.
- All patients should be advised to disclose their HIV infection status to their regular sexual partners.
- Post-test discussion is an opportune time to re-enforce the issue of safer sex practices.

## 4.5. Training of providers and task shifting

- HTC counsellors do not necessarily require training as health workers and should be recognized as an independent cadre. They should be able to do most of the basic tasks in HIV counselling and testing.
- Lay counsellors should be willing to get tested themselves, voluntarily, both for their own personal risk-reduction planning and to understand HTC as a consumer. However being tested should not be mandatory for selection as a counsellor.
- Employing PLWHA may be highly beneficial for the counselling process.
- All lay counsellors shall undergo the required training and possess the requisite certification. The training shall take place in institutions recognized by the Ministry of Health and counsellors should be registered with the Ministry. It is recommended that curriculum and operational procedures for training counsellors are standardized.  
Lay counsellors should be accepted by the communities in which they operate.

## 4.6. Accreditation of HTC sites

- Accreditation of HTC sites should be considered as part of minimum standards for HTC.
- Accreditation should be done by a team of technical experts (includes lab scientists, counselors, and administrators) who visit the HTC services.
- Minimum requirements for accreditation are staff, space, equipment and supplies.

## 4.7. Quality assurance of HTC services

### 1. Counselling quality assurance (QA)

All HTC sites and counselling services must ensure that the counselling provided to clients and patients is of high quality. Strategies to maintain quality counselling should address:

- staff competency, follow-up training, supervision, monitoring sessions, counsellor reflection form, client exit survey, mystery client survey, stress management, exchange visits, and formation of a counsellor support network.

### 2. Quality assurance for HIV testing

All components of quality assurance (QA) such as pre-analytical, analytical and the post analytical phases, must be strictly adhered to. Issues to be addressed include adherence to laboratory protocol; quality control of samples; internal quality control (expiry date and integrity of test kits); external quality control (using known positive and negative reference specimens); quality control of test kits and supplies.

**3. HIV self-testing:** the use of HIV self-test can not be recommended, at present



## Box 4: Recommendations on how to test for HIV

- Venous blood is the preferred specimen for HIV testing.
- Use the most sensitive test as the first screening test and confirm reactive results with more specific test which preferably test with a different method/antigens.
- All HIV testing procedures should be performed to the highest quality standard to ensure consistency and reliability of results.
- Fourth generation screening assays which simultaneously test for anti-HIV-1 antibodies and HIV-1 p24 antigen antibodies are recommended to be used as HIV screening tests in health settings in SADC.
- Confirmation of reactive screening test results should be performed in a specialist laboratory with experience in HIV confirmation.
- Line-Immuno Assay (LIA) or Western blot (WB) which distinguishes between the different antibodies against the individual HIV-1 antigenic components is the preferred final confirmation assay.
- If possible, a subsequent second blood sample should be tested for confirmation of HIV infection to exclude mislabelling, misidentification and clinic/laboratory mix-ups.
- The patient can be told after confirmation of the first blood that he/she is HIV infected but final assurances can only be given after a second confirmatory blood.
- There should be active encouragement to destigmatise HIV and there should be a system in place to provide anonymous testing should a patient want it.

## 4.8. Monitoring and evaluation of HTC policies

- A Monitoring and Evaluation (M&E) framework provides a systematic way for defining objectives for HTC and collecting and analysing information to assess progress towards agreed goals.
- Successful M&E systems are simple, include standardised core set of tools to collect and analyse data, involve both internal self assessment and external verification and are built into the design of a programme not retro-fitted into implementation stages of programme.

## 4.9. Handling of HIV test results and referrals

- The results of an HIV test shall be confidentially and directly communicated to the person concerned.
- A person providing treatment, care or counseling services to a person living with HIV may encourage that person to inform his or her sexual partner(s) of his or her HIV status. That person shall, upon request, receive or be referred for psychological, social or legal support to facilitate disclosure.
- A person providing treatment, care or counseling services to a PLWH may notify a third party of the HIV status of that person only where the notifying person is requested by the person living with HIV to do so;
- the person providing treatment, care or counseling services shall ensure that follow-up services in the form of counseling are provided to those involved, as necessary<sup>[1]</sup>.
- **Referrals:** In consultation with the client, appropriate referrals should be made to additional services as needed. These may include medical, social, legal, economical, spiritual and psychological support. For clients who are HIV positive, post-test support services should include referral to ART, PMTCT, treatment services for TB, STI and other opportunistic infections.

● <sup>[1]</sup> SADC Parliamentary Forum (2008) Model law on HIV in southern Africa

## **4.10. Comprehensive HTC service delivery for different target groups**

- HTC service delivery should be accessible to different target groups. This can be achieved by providing HTC services through:
  - Stand alone sites
  - Mobile/ Outreach services
  - Private sector
  - Periodic Campaigns e.g. HIV testing weeks, at community gatherings, door to door campaigns etc
- Comprehensive interventions should be complemented by periodic HTC campaigns at special occasions such as church or sports gatherings. They may be complemented by door to door campaigns conducted on special periods such as the HTC week, World AIDS Day, etc. The comprehensive HTC interventions should be integrated into the activities of public health institutions.

## 4.11. Involvement of men and people living with HIV and AIDS (PLWHA)

- **Male involvement** can be accomplished by encouraging couples counseling and mutual disclosure. This will benefit adherence, improve uptake and family-centred care and treatment. Male partners who are diagnosed as being HIV-positive should be given or referred to appropriate treatment and care.
- Country HTC programmes should promote and support male-friendly models for delivering HIV services and the participation of male partners in interventions involving HIV prevention in general.
- **Involvement of PLWHA:** ... emphasize the participation of PLWHA and communities. The participation of peers, especially women living with HIV (for example, in peer support groups) and lay counselors, could provide opportunities to engage male partners, families and communities as a whole in implementing programmes and will be crucially important for increasing uptake of services and accelerating scale up

