HIV diagnosis

One of the biggest challenges in the HIV response is identifying people living with HIV who do not know their HIV status. These people are often identified late in the course of their disease or only once they have fallen ill, and therefore are not always linked to appropriate care. Late diagnosis leads to late initiation of treatment and care, which can result in unnecessarily high morbidity and mortality. Those who test negative are not always provided with appropriate prevention and other community-based support services, nor are they encouraged to retest at a later time.

WHO already recommends routinely offering HIV testing and counselling in health facilities (known as provider-initiated HIV testing and counselling) as an efficient and effective way to identify people with HIV who could benefit from treatment. However, many in our communities do not or cannot access or use healthcare services, in particular key populations (see below), men and adolescents.

While testing and counselling in clinical settings remain key, the 2013 Guidelines now recognise that "community-based testing approaches may reach people with HIV earlier in the course of HIV disease, … as well as reaching populations that may not normally attend health services." There are growing calls for a rapid increase in voluntary, confidential community-based HIV testing and counselling services for currently underserved key populations and adolescents.

Key populations

Key populations are groups that are vulnerable to or affected by HIV. Their involvement is vital to an effective response. Key populations vary according to the local context, but are usually marginalised or stigmatised because of their HIV status or social identities. They include people living with HIV, their partners and families, people who sell or buy sex, men who have sex with men, transgender people, people who use drugs, children affected by HIV and AIDS, migrants, displaced people and prisoners.

What do the 2013 Guidelines say?

The 2013 Guidelines recommend **introducing community-based HIV testing and counselling with linkage to prevention, care and treatment services** in addition to provider-initiated HIV testing and counselling in three contexts:

- generalised epidemics
- to reach key populations in any epidemic setting
- to reach underserved adolescents (especially those in generalised epidemics and those who come from key populations).

Message

Globally, about half of all people living with HIV do not know their HIV status.

Forward

Link

This module links to Chapter 5: Clinical guidelines across the continuum of care: HIV diagnosis and ARV drugs for HIV prevention, in the 2013 WHO *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*. Available at: www.who.int/hiv/pub/guidelines/arv2013/clinical/en/

Respect!

All forms of HIV testing and counselling should be voluntary and adhere to the 5 Cs: consent, confidentiality, counselling, correct test results and connection to prevention, care and treatment. No mandatory or coerced testing!

Engage!

Make sure your country's HIV testing and counselling plan builds strong linkages to prevention, treatment and care services, and includes a range of service delivery models to ensure access for all.

What does this mean for my country?

The 2013 Guidelines provide minimal operational guidance on how to scale up to achieve universal access to testing. Instead they refer readers back to a document on testing service delivery approaches,[1] published in 2012, that highlights four action points:

- Choose a strategic mix of service delivery models to achieve universal and equitable access to HIV testing and counselling.
- Expand community-based options and innovate to reach beyond facilities.
- Build strong linkages to guarantee prevention, care and treatment services after testing.
- Use the new HIV testing strategies for high and low prevalence epidemics to ensure correct test results (testing strategies involve confirmation of test results).

Crucially, your country will need to develop a testing framework, employing "a strategic mix of service delivery models" to achieve universal and equitable access to HIV testing and counselling. The framework must be based on the local context, the nature of the epidemic, cost-effectiveness and available resources. The mix should facilitate diagnosing as many people living with HIV as early as possible to enable timely linkage to antiretroviral therapy. Strategies should also enable you to reach the people who are most vulnerable, most at risk and marginalised.

The 2013 Guidelines also place great emphasis on making certain that there are good linkages so that people are not overlooked when moving from one service site to another. This begins with testing services that are only meaningful if those who test positive are linked to appropriate services afterwards and retained in care until eligible for treatment.

Evidence shows that community-based HIV testing helps reduce stigma and discrimination, encourages greater uptake of services and ensures greater protection of human rights. Community organisations are often better trusted by their peers to provide services that are ethical, convenient, acceptable and effective.

There are a variety of community-based HIV testing and counselling methodologies, some more appropriate than others in individual contexts or for reaching particular populations:

- **door-to-door testing** (systematically offering testing to homes in an area served by the local health facility)
- **index testing** (offering testing to household members of people living with HIV, including spouses and children, and other sexual partners who may have been exposed to HIV)
- **mobile testing** for the entire population in areas visited by the general public (e.g. shopping centres, transport hubs, roadside restaurants)
- **targeted mobile testing** for key populations and adolescents (e.g. at opioid substitution therapy sites, truck stops, youth centres)
- **workplace, church-based and school-based testing**
- **HIV self-testing**, a process whereby a person performs a test and interprets the test result in private. HIV self-testing does not provide a definitive diagnosis. It is a screening test and requires further testing. The current evidence on HIV self-testing is limited and no global guidelines or recommendations have been issued to date.[2]

1. World Health Organization (2012). *Service delivery approaches to HIV testing and counselling (HCT): a strategic HCT programme framework.* Available at: www.who.int/hiv/pub/vct/htc_framework/en/

2. For further information on HIV self testing see the March 2014 supplement to the 2013 WHO *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection.* Available at: www.who.int/hiv/pub/guidelines/arv2013/arv2013supplement_to_chapter05.pdf?ua=1

As we focus on improving access to community-based HIV testing, it is also important to advocate for policymakers to address the existing gaps in facility-based testing. Many stand alone services targeting key populations, such as sites offering clean needles and syringes, or opioid substitution therapy, still do not offer testing services on site, but instead refer clients to other facilities (where key populations may not always be treated well). The 2013 Guidelines stress that HIV testing and counselling should also be offered to all key population members attending prevention services (such as drug dependence treatment facilities) in a socially acceptable and epidemiologically appropriate manner, with supportive social, policy and legal frameworks.

The limitations of facility-based testing in reaching communities may be due to a number of factors, such as resource constraints, delays in licensing rapid HIV tests or national regulations about who is qualified to administer the tests. These same constraints may also limit community-based testing. Weak referral systems, and a lack of strong linkages within the health system and between the health system and community systems, have also hindered effective retention in care and access to prevention, treatment and care services.

Review!

Review any community-based testing approaches used in your country and discuss adaptations or piloting new approaches, in particular to better reach key populations and adolescents.

Advocate!

Call for HIV testing and counselling services to be offered to key populations alongside other services, such as at drug dependence treatment sites.

Take stock! Take action!

- [ ] Is testing in your country voluntary for all? Do testing services adhere to the 5 Cs: consent, confidentiality, counselling (pre and post test), correct test results, and connections to prevention, care and treatment? Are healthcare workers and affected communities ensuring that people do not encounter undue pressure to test?
- [ ] What is the testing coverage rate in your country? Who has access and who doesn't? What is preventing access and uptake?
- [ ] What can we, as communities, do to improve access to voluntary and confidential testing and counselling for key populations and adolescents? Can we develop creative and effective models for reaching them?
- [ ] Who are the key stakeholders providing HIV testing and counselling services, including civil society and community-based organisations? Who coordinates this?
- [ ] Do current national laws and policies permit community-based testing in your country, or is there a need to align them to the new guidelines? Are rapid HIV test kits licensed in the country to facilitate community-based HIV testing and counselling?
- [ ] What community-based testing models are currently in place? Are these adequately funded? Is there operational research on models of community-based testing work in different regions and for different population groups in your country?
- [ ] Is there a plan and funding to provide training and support for community health workers and lay counsellors to offer counselling and perform rapid HIV tests as community-based testing is scaled up?
- [ ] What capacity exists within the community to ensure the quality of testing and monitor whether testing and counselling are conducted in an acceptable and effective manner (e.g. through community feedback mechanisms)?
- [ ] Is there a plan to ensure reliable supplies of testing materials, including rapid tests? Does the procurement and supply chain management of test kits need improving?
- [ ] What systems are currently in place to link people who have tested to further prevention, treatment or care services? What is working, and what it not working and needs to change? What role can we, as communities, play to improve the linkages?

This is one in a series of modules supporting a community response to the 2013 WHO *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection.*

Produced by the International HIV/AIDS Alliance, Global Network of People Living with HIV (GNP+) and STOP AIDS NOW!

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Together to end AIDS

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