

European Seminar
VOLUNTARY COUNSELING AND TESTING

Bucharest, May 30 – 31, 2008

HIV VCT - concept and practices

**A comparative assessment among HIV-testing offers
in 5 EU countries**

BORDERNET Project, 2005-2007

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 **SPI FORSCHUNG**

Four cross border pilot regions with „tandems“

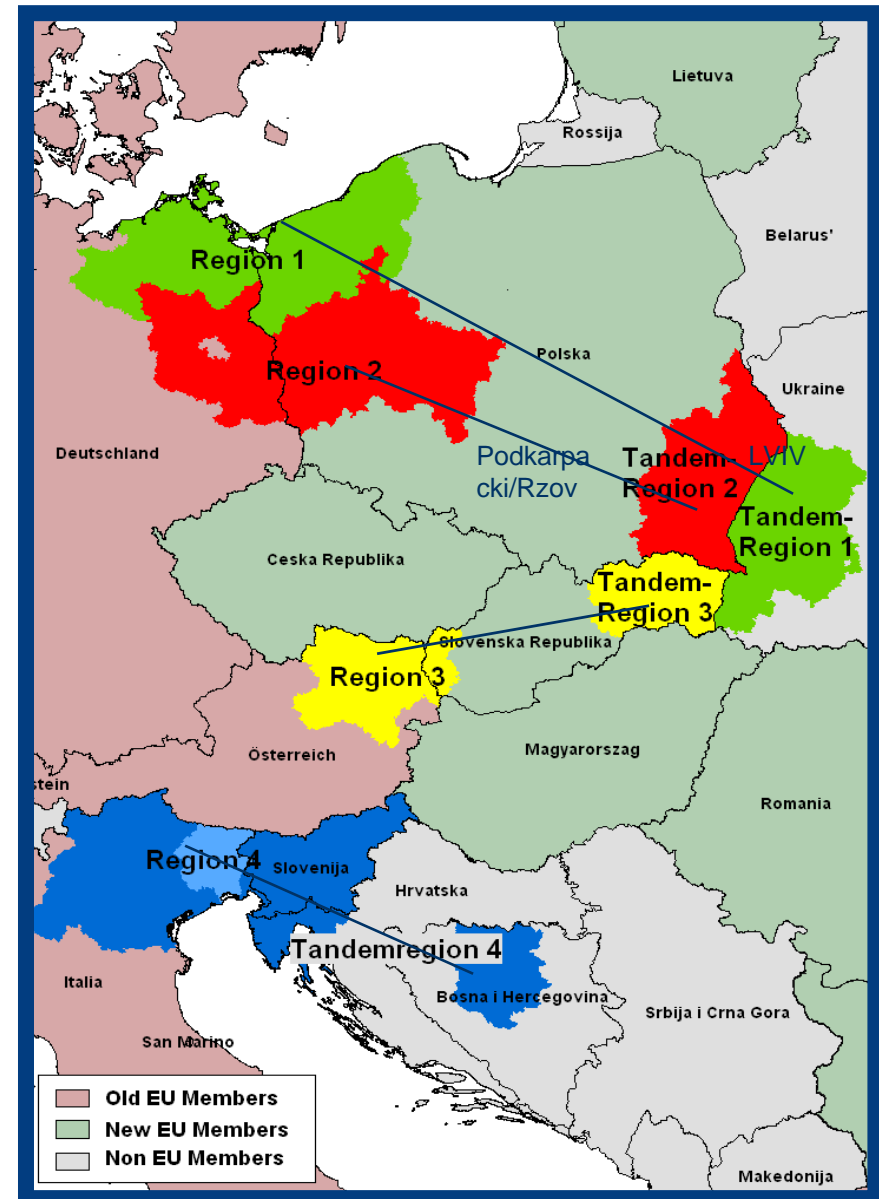
Region 1:
Mecklenburg-Vorpommern (DE)
Voivodship Zachodniopomorskie (PL)
TANDEM: Lviv /UA and Rzow/PL

Region 2:
Brandenburg (DE)
Voivodship Lubuskie (PL)
TANDEM : Lviv /UA and Rzow/PL

Region 3:
Austria (AT)
Slovak Republic (SK)
TANDEM : Kosice/Slovak Republic

Region 4:
Regione Veneto (IT)
Slovenia (SI)
TANDEM: Rijeka/Croatia/

Tzvetina Arso
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Goals

- Improvement of HIV/AIDS and STI prevention:
 - for general population (especially young people)
 - for vulnerable groups (MSM, Sex workers, IDUs)
 - for uninsured persons (migrants)
- Collection of regional epidemiological data on HIV and STIs
- Outline patterns of risk behaviour within selected target groups
- Improvement of standards for HIV voluntary counselling and testing
- Improvement of diagnostic and treatment of STIs

Improvement of standards for HIV voluntary counselling and testing

Changed context.....



Decrease in attention in West. Europe - successful halt of epidemic's increase and treatment achievements;

Fatigue and Déjà vu- reiteration of same old "condom use" song;



Rapid escalation of new HIV cases in East. Europe, worrisome trend (*eurohiv*) of spread among young people (15-24) (*EST,RO,PL, BG*);



Low uptake of voluntary HIV counselling and testing (esp. young people);

HIV-testing - entry gate to HIV/STIs prevention

.....new priorities.....

- Adoption of additional approaches to expand access to HIV-testing;
- Increase the uptake of HIV-testing;



..... new dilemmas

- HIV-testing- exceptional status or routine screening?
- HIV-testing – with or without counselling?

HIV-testing approaches (rundown)

VCT (WHO/UNADS) Client-initiated voluntary HIV-testing upon counselling	Opt-out (CDC, 2006) Routine test in all health care settings (<i>adults, adolescents, pregnant women</i>):	Provider-initiated (WHO/UNAIDS, 2007) Provider-initiated testing in health facilities,
<ul style="list-style-type: none"> Confidential for the client (declared and ensured) 	<ul style="list-style-type: none"> Test result reflected in medical records 	<ul style="list-style-type: none"> Tailored to 3 types of epidemic: low-level, concentrated and generalized
<ul style="list-style-type: none"> Accompanied by counselling (not only information) 	<ul style="list-style-type: none"> Prevention counselling should not be required 	<ul style="list-style-type: none"> Simplified pre-test information individually/group session
<ul style="list-style-type: none"> Conducted with informed consent 	<ul style="list-style-type: none"> Separate written consent is not required (assumed unless one opts-out) 	<ul style="list-style-type: none"> Informed consent is given individually, in private

HIV-testing approaches

Essential contrasts

VCT

Person-centred

Individual autonomy

Confidentiality,
human rights



OPT-OUT

Case-centred;

Public health benefit;

Public responsibility

HIV VCT-practices

Assessment survey BORDERNET

Rationale

- Reflects the VCT concept;
- Assumed discrepancies between guidelines and local practice settings;
- Great differences in coverage and threshold of HIV-testing services in old and new EU countries (*BORDERNET's model regions*)
- Insufficient testing among certain target groups;
- Discrepancies between utilized testing-facilities and the quantity and quality of counselling offered by them (i.e. general hospitals, private labs);

HIV VCT-practices

Assessment survey BORDERNET

Design

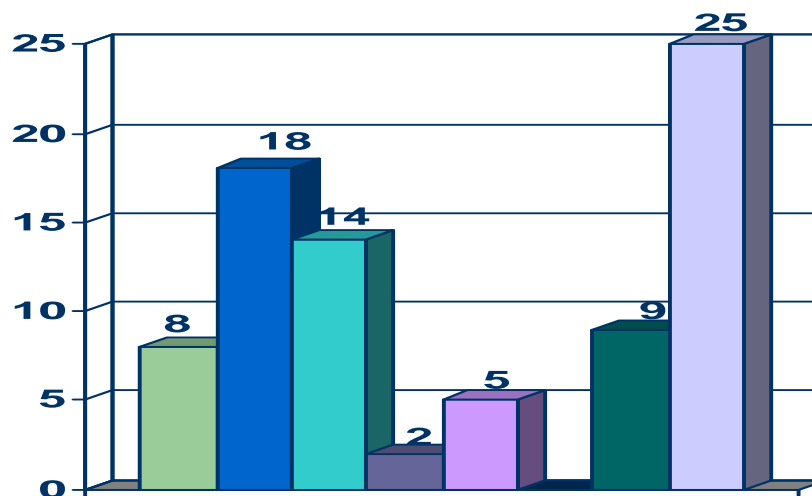
- **Policy papers on VCT** (*WHO/UNAIDS, 2004*) ;
- **VCT Toolkits** (*Family Health International, 2005*);
- **Client-centred model of counselling** (*Humanistic Psychology, C.Rogers, 1959*)
- **Method:** 24-items questionnaire with multiple choice and open-ended questions;
- **Administration:** self-filled, individual interview, focus group

Sample

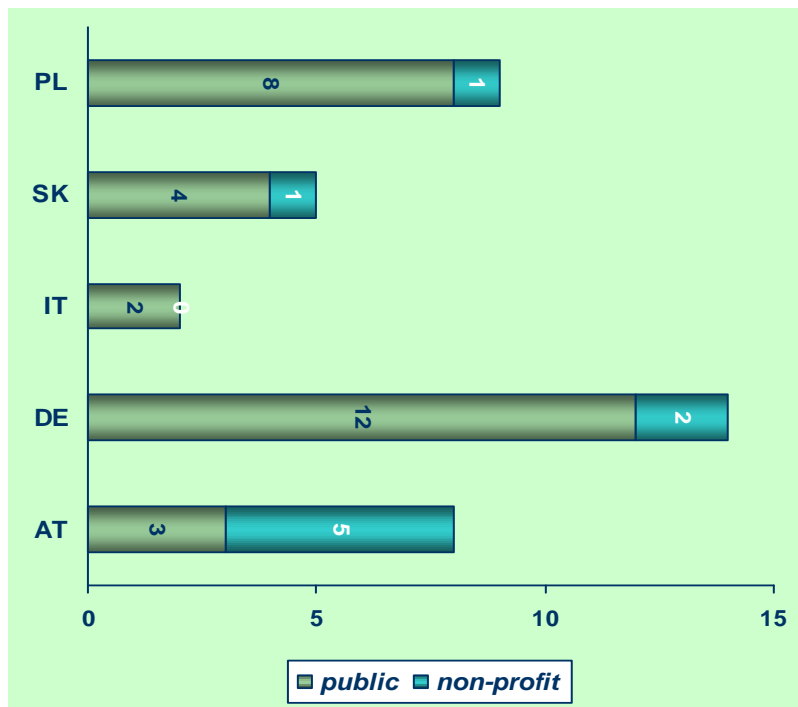
- **38 HIV-testing services**
- **5 EU countries: Austria (8), Germany (14), Italy (2), Poland (9), and Slovak Republic (5)**

HIV VCT-practices Assessment survey BORDERNET

Participants:

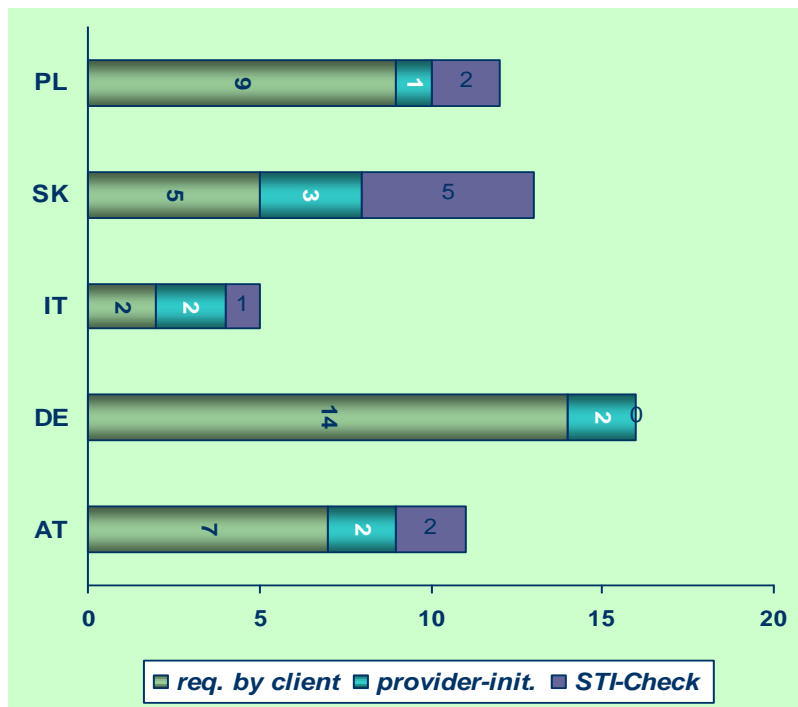


VCT survey – types of services



- The majority (**29 of 38**) are public, mostly in Germany (12):
 - public health office (*GA*),
 - clinic (in- and out-patient);
 - specialised STI service
- Non-profit (**9 of 38**), mostly in Austria (6):
 - *AIDS-HELP (AIDS-Hilfe)*
 - 2 mobile units (outreach)
 - No NGO in Italy

VCT survey – types of HIV-testing offer



- **Client-initiated - main HIV-testing offer (37 of 38):**
 - mostly Polish, German, Austrian testing-sites
- **Provider-initiated** (*upon detection of HIV/AIDS-related symptoms*) - **10 of 38:**
 - mostly health care services (*only 1 Polish NGO*);
 - **!!!! NO DATA on OPT-OUT - testing !!!!**
- **STI-Check- related HIV-testing (10 of 38), mostly in Slovak Republic;**

HIV-testing in antenatal counselling (1)

The Guidelines

- CDC - HIV-testing promoted in the routine panel of prenatal screening;
- WHO/UNAIDS – no special differentiation between pregnant women and other groups;
- Germany - new instructions on HIV-test during pregnancy – active offer to all pregnant women but voluntary decision/ VCT-basis

HIV-testing in antenatal counselling (2)

The Practice

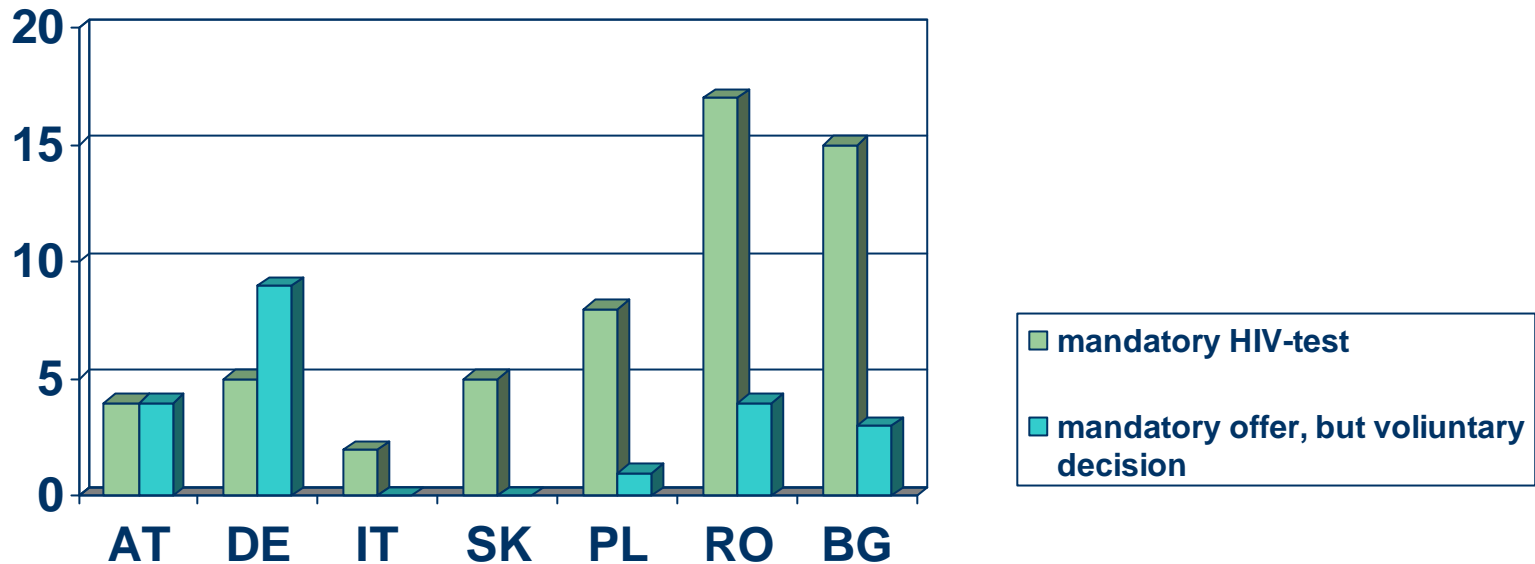
- The majority services (23) offer HIV-test to pregnant women, **ONLY** if requested by them;
- Only 12 (5 Slovak, 5 Polish) offer provider-initiated testing **BUT** sporadically;
- Widespread attitudes (28 of 38 services) favouring mandatory HIV-test:

?? Provider-initiated = mandatory test ??

- **No data** about HIV test offered in gynaecological/SRH practices;
- Unexplored motivation and competence of antenatal care professionals (gynaecologists, midwives) to offer HIV-test counselling

HIV-testing in antenatal counselling (3)

Should the HIV-test be mandatory for pregnant women?



VCT survey - The Counselling Process

Counsellors' stance

(Roger's client-centred counselling model)

- Genuineness;
- Non-possessive empathy;
- Unconditional positive regard;
- Acceptance;
- Non-judgemental approach

Challenges in practice

- How to maintain authenticity on routine basis?
“when you work under long waiting time pressure”;
“when same clients tend to present same problems over and over again”
- How to safeguard your personal boundaries?
“when you deal with highly personal and emotional topics as sexuality”
- How to refrain from prejudices?
“when they do not seem to learn from the counselling”, or “come for 3rd time with syphilis...”

HIV Pre-test Counselling

- Time – 10 up to 60 min (on av. 15 min./Austria to 30 min./Germany) ;
- **Standard components** – integrated from completely to a great extent :
 - **Build trust, ensure confidentiality;**
 - **Provide information about HIV/AIDS, HIV test and results;**
 - **Assess personal sexual behaviour and risk exposure**
- **Optional components** – integrated from occasionally/ to a small extent:
 - **Assess costs and benefits of risk taking for the client;**
 - **Identify barriers to risk reduction;**
 - **Explain connection between HIV and STIs and refer to other STI/SRH services;**
- **Missing components (often) – reduced prevention effect of pre-test counselling!!!!**
 - **Personal risk reduction plan,**
 - **Partner communication and condom use**

HIV Post-test Counselling

HIV negative result

- Time – 5 to 20 min: rather short, simplified to test result delivery
 - “*The result giving is not a counselling. One sentence and they are gone*”;
- ??? Delivery of test result – personally in counselling conversation, hand-out in written form, on the telephone???
- **Standard components :**
 - **Discussion of window period and re-testing**
 - **Personal risk reduction plan** – only for the majority of the Austrian services and about half of the German, Slovak and Polish

!!!! Omitted chance...

.....To promote and support safer sexual behaviour choices

HIV Post-test Counselling

HIV positive result

- Time – 60 to 120 min, often followed by second counselling session
- Standard components :
 - Empathic presence, emotional support, crisis intervention;
 - Indications on medical assistance;
 - Psychological referral;
- Optional components, integrated during second session:
 - Rights and responsibilities
 - Positive living with HIV

VCT standards and quality assurance (1)

- **VCT training guidelines and curricula – important interface between policy guidelines (WHO/UNAIDS) and the quality of HIV-test counselling;**
- **Psychosocial and communication competence – not yet systematically integrated in the university study courses of the medical professions;**
- **HIV-test and VCT – still prevalingly medicalized in many countries;**
- **Medical institutions – still predominantly preferred as HIV-testing sites**
- **Psychosocial professionals (social workers, psychologists) - engaged predominantly in free-standing services (NGOs)**

VCT standards and quality assurance (2)

- Nationally standardized VCT training curriculum and certification: only in 9 services (Poland, monitored by the National AIDS Centre) from all 5 EU countries;
- Specific training guidelines either nationally or locally (AIDS-HELP): free-standing testing sites (in Germany - 4 services, in Austria-3);
- Management and quality control of VCT: depending on local resources and service's policy;
- Further training: sporadic practices of in-service continuous education;
- Ongoing supervision: **NEVER PLANNED BUDGET FOR** alias lacking

VCT standards and quality assurance (3)

Burn-out Factors

- Perceived from rather low (NGOs) to very high (public services, clinics);
- Discrepancy between time resources and work requirements (*“lot of paper work”*);
- Lack of financial security, low recognition of non-medical performance;
- High emotional pressure - working alone, being exposed (*„emotional dustbin“ syndrome*), boredom and resignation (*“rewind button” syndrom*)

Copying Strategies

“Counsellor is not a full-time job”

- Team work and de-briefing;
- Supervision;
- Regular upgrade training;
- Time management - proper balance counselling/prevention;
- Involvement of health workers in decision taking
- Reflection stance w.r.t. own sexuality

VCT survey- Challenges and Perspectives

ACTION NEEDS

- International exchange among practitioners;
- Update with the newest medical developments in AIDS treatment, ART, vaccination, STI diagnostic and therapy;
- Training in counselling process for medical doctors;
- Counselling skills update – interactive role-play training;
- Social-legislative aspects of the counselling for HIV+ persons;

CHALLENGES

- Internationally - synchronized standards of counselling
- Nationally - unified training curricula and certification
- Locally – further training and ongoing supervision

VCT survey - Conclusions

Prevention can't do
without HIV Test



Can HIV Test do without
prevention counselling?

VCT survey - Conclusions

- The issue at stake is **NOT as much whether to offer counselling,**
BUT how to:
 - safeguard wide coverage and high quality of counselling considering the constraints of health care settings;
 - advertise better low-threshold HIV-testing offers and raise awareness and attendance of clients
 - conduct risk assessment in a non-stigmatizing manner;

VCT survey - Conclusions

- The issue at stake is **NOT as much whether to offer counselling**

BUT how to:

- encourage behaviour change and risk management/reduction plan over a short-term (sometimes single-date) interaction;
- accompany the dynamic process of stepwise progress and relapses in behaviour change adopting a client-centred perspective;
- keep balance between public health benefits and human rights and autonomy

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Thank you for your attention !!!!

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