

3rd Steering Committee Meeting

HIV Voluntary Counselling and Testing

Background - 3 “Cs” of the HIV testing (*promoted by WHO/UNAIDS*):

1. **Confidential**
2. **Accompanied by Counselling**
3. **Conducted with informed Consent**

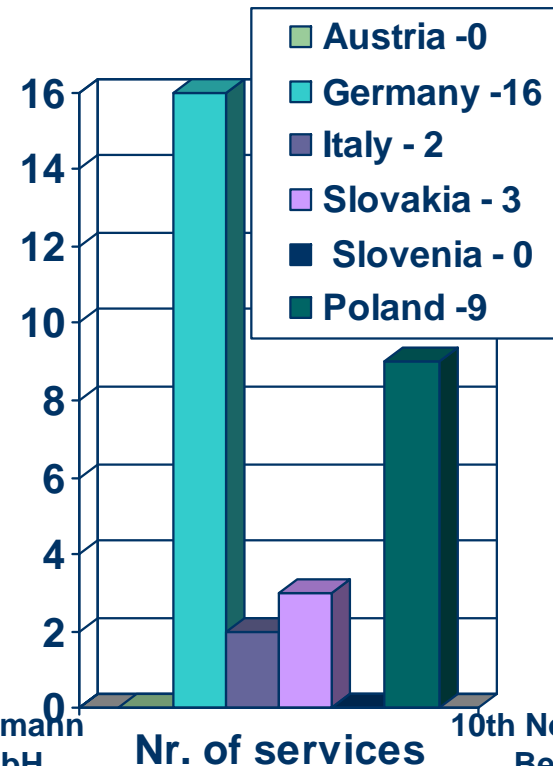


HIV Voluntary Counselling and Testing (Draft)

Comparison of HIV Counselling and Testing Practices across Borders

Participants:

- 30 HIV/STI testing/counselling centres:
 - 25 public (Public Health Services, in- and out-patient clinics);
 - 5 freestanding sites (NGOs, Family Planning, AIDS-Hilfe etc.)



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Types of HIV Testing offered (1)

Most usual access to HIV Test:

- **requested by the client – all 30 services;**
- **offered by counsellor during an STI check-up – 11 services;**
- **initiated by health worker (detection of HIV symptoms)-6 services (clinics only);**
- **offered to pregnant women – 7 services – quite rarely;**
- **offered to surgery patients – 3 services (hospitals)**

Additional access channels used:

- Internet;
- Street-work in sex work scenes;
- Referral network of MSM organisations/projects;
- Referral network of self-help groups of PLWHA (AIDS-Hilfe)

Types of HIV Testing offered (2)

Is the HIV Test anonymous and free-of charge?

- **Anonymous but not any longer free-of-charge in all public health services in Germany (3 services), and the free-standing services in Germany (2 services)**
- **Anonymous and free of-charge – 9 (Germany); all 3 (Slovakia); all 2 (Italy); 6 free standing (Poland),**
- **“Exception rules” for socially disadvantaged persons, covering up to 60% of the HIV test cases or cost-free test – 3 (Germany);**

Problems: *insufficient availability of tests, even paid tests are not offered in each private lab, GPs and gynaecologists do not offer free-of-charge tests (Poland)*

How available is the HIV Test?

- **Large scale from 5 days/week to 1 day/week or even 1 day/2 weeks;**
- **Clients per week – from 5-10 (small town, 1-2 days weekly) to 35-50 (big city, big public health facility, 5 days weekly) in average**

Clients of HIV Test

- General population – most often (20 services) adult men (slightly more) and women;
- Couples – „engagement test“ (Germany, Italy);
- Young people – 60 % of clients in Italy, Slovakia
- MSM – 2nd group by 3 services (Italy, Slovakia);
- Female sex workers – more often clients of STI counselling (Germany, Poland, Italy);
- Heterosexuals with risky behaviour – 1st group in 4 Polish services, Italy, Slovakia;
- IDUs – Poland,

HIV Test for pregnant women
should be obligatory offered and voluntary chosen or not by the woman?

- Not frequently offered, but surprisingly large views favouring an obligatory test – Italy, Brandenburg/Germany, Slovakia, Poland partly;
- **Does not obligatory contradict to voluntary?**
- No data about HIV test offer by gynaecologist practice;
- Gynaecologists' unwillingness/anxiety towards a case of HIV+ pregnant woman

The Counselling Process

Who carries out the HIV counselling?

- Medical doctors – dermatovenerologists, gynaecologists, infectious disease specialists, epidemiologists, GP, hygiene experts;
- Psychologists, psychiatrists
- Social workers, pedagogues
- Nurses

What are the background attitudes towards the client?

- Is it possible to be authentic?

“when I am trained to work, I can’t be authentic”, “how can I keep apart my personal life from my professional role?”,

“I do not talk about sex like that”

- Is it possible to regard and accept unconditionally?

“respect in any case, but giving the pressure back if needed”

- Is it possible to withhold prejudices?

“....when they come for 3rd time with syphilis...”

HIV Pre-test Counselling

- Time – 10 up to 60 min;
- Standard components – completely to a great extent integrated:
 - **greeting, ensuring confidentiality;**
 - **information about HIV/AIDS and the test;**
 - **exploration of personal sexual behaviour and risk exposure**
- Optional components – only to a small extent integrated:
 - **assess of costs and benefits of risk taking**
 - **connection between HIV and STIs;**
 - **referral to other STI counselling centres;**
- **Often missing components !!!!!**
 - **Personal risk reduction plan, partner communication and condoms**

HIV Post-test Counselling

HIV negative result

- Time – 5 to 20 min:
- **Standard components :**
 - Discussion of window period
- **Missing components !!!!!!!**
 - Personal risk reduction plan
 - “The result giving is not a counselling. One sentence and they are gone”;*
 - “They all tremble before that and fly out afterwards”*
 - “Only when the person asks questions”*

HIV Post-test Counselling

HIV positive result

- Time – 60 to 120 min, often 2nd counselling session
“The most difficult case is to have to share a + diagnosis”
- Standard components :
 - Emotional support
 - Indications on medical assistant
 - Psychological referral
 - Positive living with HIV
- Optional components:
 - Rights and responsibilities

HIV Counselling Training and Certification

- Training Curricula and Guidelines are nationally standardized (National AIDS Programme) in Poland and Slovakia, but nowhere else (Italy – internal service guidelines based on CDC; Germany – Brandenburg’s federal state guidelines)
- The main training and quality ensurance bodies:
 - Ministry of Health;
 - National AIDS centre
 - The German AIDS-Hilfe -

Discussion:

- *Should an unified certificate be adopted?;*
- *Can certificate alone prove quality of counselling?*

HIV Counselling's Quality Assurance

Burn-out Risk Factors

- Subjectively perceived from rather low (NGOs) to very high (Public services, clinics);
- Discrepancy between time resources and work requirements (*“lot of paper work”*);
- Lack of support and financial security, lack of recognition and gratification resulting in apathy;
- High emotional pressure - working alone, being exposed (*„emotional dustbin“ syndrome*), becoming bored and resigned (*“the same all over” again*)

Copying Strategies

“Counsellor is not a full-time job”

- Team work and de-briefing;
- Supervision;
- Regular upgrade training;
- Time management - proper balance between counselling and prevention activities;
- Involvement of health workers in decision taking
- Reflection stance with regards to own sexuality

HIV Counselling's Challenges and Perspectives

Further training in BORDERNET

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

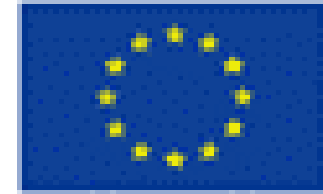
Special Topics for practical training:

- **Counselling of „AIDS-phobic“ and „Test-fanatics“;**
- **Counselling of HIV+ clients who do not respond to standard health education;**
- **Counselling of migrants;**
- **Confronting fears and impatience – counselling during a window period;**
- **Confronting risky behaviour of youth;**
- **Confronting changing scenes and behaviour patterns in border regions – prostitution and VCT**

HIV Counselling's Challenges and Perspectives

Future Challenges

- Internationally synchronized standards of counselling;
- Unified training curricula;
- Ongoing supervision;



Thank you for your attention !!!!

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The sole responsibility of any use that may be made of the information lies with the author (SPI Research gGmbH)

