



UNAIDS Global Reference Group on HIV/AIDS and Human Rights

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How Should Guidance for National Policies Be Framed?

Selected Examples of Excerpts from Policies on HIV Testing and Counseling

Compiled below are excerpts from policies relating to HIV testing and counseling that were pulled from sources (as indicated) on the internet during the month of July 2003. Please note that these may not be the most up-to-date or accurate policies for the country and organization.

GLOBAL AND REGIONAL POLICIES

International Labour Organization (ILO)

An ILO Code of Practice on HIV/AIDS and the World of Work

http://www.ilo.org/public/english/protection/trav/aids/code/languages/hiv_a4_e.pdf

“Testing for HIV should not be carried out at the workplace except as specified in this code. It is unnecessary and imperils the human rights and dignity of workers: test results may be revealed and misused, and the informed consent of workers may not always be fully free or based on an appreciation of all the facts and implications of testing. Even outside the workplace, confidential testing for HIV should be the consequence of voluntary informed consent and performed by suitably qualified personnel only, in conditions of the strictest confidentiality.

“HIV testing should not be required at the time of recruitment or as a condition of continued employment. Any routine medical testing, such as testing for fitness carried out prior to the commencement of employment or on a regular basis for workers, should not include mandatory HIV testing.

“(a) HIV testing should not be required as a condition of eligibility for national social security schemes, general insurance policies, occupational schemes and health insurance.

(b) Insurance companies should not require HIV testing before agreeing to provide coverage for a given workplace. They may base their cost and revenue estimates and their actuarial calculations on available epidemiological data for the general population.

(c) Employers should not facilitate any testing for insurance purposes and all information that they already have should remain confidential.

“There may be situations where workers wish at their own initiative to be tested including as part of voluntary testing programmes. Voluntary testing should normally be carried out by the community health services and not at the workplace. Where adequate medical services exist, voluntary testing may be undertaken at the request

and with the written informed consent of a worker, with advice from the workers' representative if so requested. It should be performed by suitably qualified personnel with adherence to strict confidentiality and disclosure requirements. Gender-sensitive pre- and post-test counselling, which facilitates an understanding of the nature and purpose of the HIV tests, the advantages and disadvantages of the tests and the effect of the result upon the worker, should form an essential part of any testing procedure.

"8.5. Tests and treatment after occupational exposure

(a) Where there is a risk of exposure to human blood, body fluids or tissues, the workplace should have procedures in place to manage the risk of such exposure and occupational incidents.

(b) Following risk of exposure to potentially infected material (human blood, body fluids, tissue) at the workplace, the worker should be immediately counselled to cope with the incident, about the medical consequences, the desirability of testing for HIV and the availability of post-exposure prophylaxis, and referred to appropriate medical facilities. Following the conclusion of a risk assessment, further guidance as to the worker's legal rights, including eligibility and required procedures for workers' compensation, should be given.

"(a) Employers should encourage workers with HIV/AIDS to use expertise and assistance outside the enterprise for counselling or, where available, its own occupational safety and health unit or other workplace programme, if specialized and confidential counselling is offered.

(b) To give effect to this, employers should consider the following actions:

- identify professionals, self-help groups and services within the local community or region which specialize in HIV/AIDS-related counselling and the treatment of HIV/AIDS;
- identify community-based organizations, both of a medical and non-medical character, that may be useful to workers with HIV/AIDS;
- suggest that the worker contact his or her doctor or qualified health-care providers for initial assessment and treatment if not already being treated, or help the worker locate a qualified health-care provider if he or she does not have one.

(c) Employers should provide workers with HIV/AIDS with reasonable time off for counselling and treatment in conformity with minimum national requirements.

(d) Counselling support should be made accessible at no cost to the workers and adapted to the different needs and circumstances of women and men. It may be appropriate to liaise with government, workers and their organizations and other relevant stakeholders in establishing and providing such support.

(e) Workers' representatives should, if requested, assist a worker with HIV/AIDS to obtain professional counselling.

(f) Counselling services should inform all workers of their rights and benefits in relation to statutory social security programmes and occupational schemes and any life-skills programmes which may help workers cope with HIV/AIDS.

(g) In the event of occupational exposure to HIV, employers should provide workers with reasonable paid time off for counselling purposes."

Southern African Development Community (SADC)

Code on HIV/AIDS and Employment

<http://www.cosatu.org.za/docs/1998/sadc-hiv.htm>

“In general, there should be no compulsory HIV testing for training. HIV testing for training should be governed by the principle of non-discrimination between individuals with HIV infection and those without and between HIV/AIDS and other comparable health/medical conditions.”

NATIONAL POLICIES

African Region

Botswana

- Botswana has recently considered implementation of routine screening within its public health services. The Minister of Health has repeatedly called for “bold” steps to address the epidemic and for routine HIV-testing in health care settings in the public interest.

If routine testing were to be implemented in Botswana, this would represent a major change from the current policy. The September 2002 report by The Policy Project titled, *National and Sector HIV/AIDS Policies in the Member States of the Southern Africa Development Community*, states that,

“Botswana’s testing protocols are set up in the Ministry of Health’s policy on HIV/AIDS which upholds the principle that testing for diagnosis should be voluntary. Surveillance testing is anonymous and unlinked. Routine testing should not be carried out, and testing should not be done without the knowledge of the subject. Counselling should be offered and confidentiality maintained. [P]re-employment testing is unnecessary and should not be conducted.”

Lesotho

Source: The Policy Project (September 2002). *National and Sector HIV/AIDS Policies in the Member States of the Southern Africa Development Community*. USAID: Washington, DC.

“Lesotho’s policy gives clear guidance about testing. Testing for diagnosis should be voluntary, linked and confidential. Pre- and post-test counselling and informed consent are required. Testing for sentinel surveillance is unlinked and anonymous. Pre-employment testing is unnecessary and should not be carried out. HIV testing should not be carried out as part of a periodic medical examination. Testing for rapists and suspected rapists will be mandatory, but counselling shall be provided. Testing for victims will be free, voluntary and confidential. Pre-conception testing and counselling should be encouraged.”

“...counselling services should be extended to include spouses and family members.”

Malawi

Source: The Policy Project (September 2002). National and Sector HIV/AIDS Policies in the Member States of the Southern Africa Development Community. USAID: Washington, DC.

“Malawi accepts the principle of voluntary counselling and testing and links the uptake of voluntary testing with discrimination. Increased information, education and communication (IEC) and more vigorous application of legal and human rights codes would encourage people to come forward for testing.”

Mozambique

Source: The Policy Project (September 2002). National and Sector HIV/AIDS Policies in the Member States of the Southern Africa Development Community. USAID: Washington, DC.

“VCT is a priority of the Mozambique strategic plan and listed as an ‘essential activity.’ The Ministry of Health has a target of conducting 50,400 voluntary tests and counselling sessions by the year 2002. Similar activities are targeted within the ministries of National Defence and Justice.”

South Africa

HIV/AIDS Policy Guideline: Testing for HIV

<http://www.cadre.org.za/BAC/BACpdf/HIV%20testing.pdf>

“Testing for human immuno-deficiency (HIV) virus may be done only in the following circumstances:

- upon individual request, for diagnostic and treatment purposes, with the informed consent of that individual; on the recommendation of a medical doctor that such testing is clinically indicated, with the informed consent of the individual;
- as part of HIV testing for research purposes, with the informed consent of the individual and in accordance with national legal and ethical provisions regarding research;
- as part of screening blood donations, with the informed consent of the individual and in accordance with statutory provisions regarding blood donations;
- as part of unlinked and anonymous testing for epidemiological purposes undertaken by the national, provincial or local health authority or an agency authorised by any of these bodies, without informed consent, provided that HIV testing for epidemiological purposes is carried out in accordance with national legal and ethical provisions regarding such testing;
- where an existing blood sample is available, and an emergency situation necessitates testing the source patient’s blood (eg. when a health care worker has sustained a risk-bearing accident such as a needle-stick injury), HIV testing may be undertaken without informed consent but only after informing the source patient that the test will be performed, and
- providing for the protection of privacy. The information regarding the result may be disclosed to the health care worker concerned but must otherwise remain

confidential and may only be disclosed to the source patient with his or her informed consent; or

- where statutory provision or other legal authorisation exists for testing without informed consent.

“Routine testing of a person for HIV infection for the perceived purpose of protecting a health care worker from infection is impermissible regardless of consent. HIV testing for an employee in the workplace is prohibited unless justified by an order of the Labour Court, in accordance with the Employment Equity Act No. 55 of 1998, section 7(2).

“Testing for HIV infection at all health care facilities will be carried out with informed consent, which includes pre-test counselling. The information regarding the result of the test must remain fully confidential, and may be disclosed in the absence of an overriding legal or ethical duty only with the individual’s fully informed consent. In the context of HIV/AIDS, testing with informed consent means that the individual has been made aware of, and understands the implications of the test. Consent in this context means 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.

“Pre-test counselling is that counselling given to an individual before an HIV test, to make sure that the individual has sufficient information to make an informed decision about having an HIV test. Pre-test counselling should include discussions on:

- what an HIV test is, the purpose of the test;
- the meaning of a positive result, including the practical implications such as medical treatment and care, sexual relations, psycho-social implications, work etc;
- assessment of personal risk of HIV infection;
- safer sex and strategies to reduce risk;
- coping with an HIV positive test result, including who to tell and identifying needs and support services; and
- an opportunity for decision making about taking the HIV test.

Tanzania

National Policy on HIV/AIDS

<http://www.tanzania.go.tz/healthf.html>

“6.0 HIV TESTING

6.1. Objective

The main objective is to outline the ethical conditions in testing for HIV for surveillance of the epidemic, diagnosis, voluntary testing and research.

6.2. Testing for HIV/AIDS

- i) For voluntary HIV testing, pre-and-post test counselling shall be done to enable

test results to be communicated to the person tested or, in the case of minors, to parents or guardians. The main aim is to reassure and encourage the 85 - 90% of the population who are HIV negative to take definitive steps not to be infected, and those who are HIV positive to receive the necessary support in counselling and care to cope with their status, prolong their lives and not to infect others.

ii) For unlinked HIV testing, no pre and post-test counselling shall be required. For blood donors who wish to know their test results, provision shall be made for follow up voluntary HIV testing with pre- and post test counselling.

6.3. Confidentiality

All HIV Testing shall be confidential. Nevertheless, public health legislation shall be made to authorize health care professionals to decide on the basis of each individual case and ethical considerations, to inform their patients or sexual partners of the HIV status of their patients. Such a decision shall only be made in accordance with the following criteria:

- i) The HIV-positive person in question has been thoroughly counseled.
- ii) Counselling of the HIV-positive person has failed to achieve appropriate behavioural changes.
- iii) The HIV-positive person has refused to notify, or consent to the notification of his/her partner.
- iv) A real risk of HIV transmission to the partner(s) exists.
- v) The HIV-positive person is given reasonable advance notice.
- vi) Follow-up is provided to ensure support to those involved, as necessary.

6.4. Informed Consent

- i) Informed consent following adequate counselling shall be obtained from the person before HIV testing can be done.
- ii) Hospitalized patients or ambulatory patients in semiconscious states and those deemed to be of unsound mind, may not be able to give informed consent. Counselling shall involve a close relative or the next of kin in order to obtain the consent before proceeding with diagnostic testing, treatment, and clinical care.

6.5. Partner Notification

Physicians and other health workers are not allowed to notify or inform any person other than the individual tested of the test results without his or her consent. Counselling shall emphasize the duty to inform sexual partners and married couples will be encouraged to be tested together. In the event of refusal of the person tested to inform any other person, the decision to inform the third party shall adhere to the conditions laid down in section 3.2(b) on Confidentiality. Partners who cannot be involved in the same counselling session with the tested person, shall be persuaded to go for counselling before they can be notified of the tested person's HIV test results.

6.7. Pre-marital HIV Testing

Pre-marital testing shall be promoted and made accessible and affordable all over the country. Like all other testing it should be voluntary with pre- and post-test

counselling

6.11. HIV testing during pregnancy

Voluntary counselling and HIV testing services shall be promoted and made available to pregnant mothers for the purpose of prevention of mother to child transmission of HIV infection.”

Uganda

The National Strategic Framework for HIV/AIDS Activities in Uganda: 2000/1-2005/6

<http://www.aidsuganda.org/newsite/pdf/nsf.pdf>

“Expand HIV testing and counselling facilities to all districts through:

- Development and provision of VCT guidelines to NGOs undertaking VCT and all districts;
- Training VCT counsellors and technical staff;
- Establishment of additional HIV VCT sites in other districts and sub-counties;
- Carrying out VCT outreach activities;
- Integration of VCT into IEC messages related to HIV/AIDS;
- Sensitisation of community members on VCT; and
- Consistent supervision and monitoring of VCT services.”

Zimbabwe

Source: The Policy Project (September 2002). National and Sector HIV/AIDS Policies in the Member States of the Southern Africa Development Community. USAID: Washington, DC.

“Zimbabwe’s policy on HIV/AIDS addresses the issue of client testing in great depth. All testing should be subject to client consent. The client should be fully counselled prior to testing and have discussed the social and medical implications of the test. Until the legal age of consent, a child is considered a minor and consent is obtained from parents or a legal guardian. Where ‘cognitive impairment’ has occurred, and there is no valid reason for a test, no test should be carried out. If medical grounds for testing exist, consent should be obtained from the appropriate next of kin or the head of the medical institution. In a separate section, it states that persons charged with any sexual offence that could involve the risk of HIV transmission should be required to take a test. The assaulted person should be offered voluntary testing and, where appropriate, treatment by the state.

More problematically in terms of human rights, however, sexually transmitted diseases are currently a notifiable disease under the Public Health Act Chapter 15:09. This means that the personal details of people found to be HIV-positive are systematically recorded. The policy undertakes to look into the question of notification and confidentiality in the future.”

European Region

France

Voluntary Counseling and Testing (Operational Framework)

http://www.france.diplomatie.fr/cooperation/dgcid/publications/reperes/sida_gb/page_08.html

“Screening policy must be based on a voluntary choice by individuals, with anonymity and/or strict confidentiality being an absolute imperative. The approach to testing should provide for counselling prior to the procedure, the test itself, followed by a consultation at which the results are given, enabling work to be done on prevention or the individual helped to obtain proper care. This voluntary test and counselling process and the departments operating it are an essential link in the chain of measures providing greater assurance of prevention and support in the area of HIV/AIDS infection.”

Norway

Plan of Action for Combating the HIV/AIDS Epidemic 1996-2000

<http://odin.dep.no/archiv/shdvedlegg/01/04/HIVA1068.pdf>

“How should the HIV test be carried out?”

The result of an HIV test, especially if it is positive, is an extremely sensitive piece of information.

Confidentiality must be observed, and information about HIV status must be kept in a secure manner.

The patient must be allowed to take the HIV test anonymously. HIV testing of people with other cultural backgrounds and language difficulties can present particular difficulties. It may be difficult for the doctor to provide information in a language that the patient understands, and it will be difficult to maintain confidentiality if the patient needs an interpreter. Good communication models between patient and doctor must be developed so as to enable *informed consent, personal counselling about protection from infection and tracing the transmission route.*

Informed consent

A person should not feel obliged to take an HIV test if he or she does not wish to have one. The offer of a test, and information about it, should be communicated in a language and manner which ensure that the individual understands the consequences of a possible HIV positive result. The Communicable Diseases Control Act requires the doctor to provide information about the infection that the test might identify, and this should include details about the nature of the infection such as the way it is transmitted, degree of infectiousness, course of the disease, available treatment and prognosis.

Counselling about protection from infection

When testing for dangerous infectious diseases, the Communicable Diseases Control Act requires the doctor to provide personal counselling about protection from

infection. This counselling must include an assessment of the probabilities of the patient having been infected by the disease. The doctor must discuss the issues, based on this assessment, and give advice to the patient on how he or she can avoid infection, or avoid passing it on to others.

Tracing the transmission route

When a person has been diagnosed as HIV positive, the doctor must trace the contacts in the transmission route. Informing other people with HIV, and people who have been exposed to risk of infection, about the way HIV is passed on and giving them counseling about safer sex is an important preventive measure.

Who should be offered an HIV test on a routine basis?

Since 1987, pregnant women have been routinely offered a voluntary HIV test. People who are diagnosed and treated for STDs, together with refugees and asylum seekers arriving in Norway, should also be offered a voluntary HIV test as a matter of routine. The offer of an HIV test should be a high priority for people who may have been exposed to HIV infection.”

Central and Eastern Europe

Riga Statement on HIV/AIDS in the Countries of Central and Eastern Europe 1993

<http://209.27.118.7/>

“We will respect and protect human rights and human dignity in our HIV and AIDS prevention efforts. Our aim is that no individual or group will suffer discrimination or stigmatization in relation to HIV or AIDS. We accept the principles of informed consent and confidentiality, and stress the importance of voluntary testing.”

Asian Region

China

China’s Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2001-2005)

[http://www.ncstdlc.org/english/Details/English-detail%20\(publications\)/key%20documents/action.htm](http://www.ncstdlc.org/english/Details/English-detail%20(publications)/key%20documents/action.htm)

Work goal to be completed by the end of 2005:

- “Establish a complete HIV/AIDS preventive health and medical therapeutic services network. Make full advantage of Chinese traditional medicine to carry out both AIDS treatment with traditional Chinese medicine and with a combination of Chinese traditional and western medicine. Preventive health and therapeutic institutions at the provincial level as well as in cities and counties having a high HIV/AIDS prevalence shall provide preventive health, clinical diagnosis, and therapeutic services. By the end of 2001, prefectures/regions and city level cities as well as cities and counties having a high HIV/AIDS prevalence shall designate at least one therapeutic institution or a department within such an institution that is prepared to provide treatment to people infected with HIV and

AIDS sufferers.”

- “For pregnant women who are infected with the HIV virus, use drug therapy and other interventions, including surgical abortion and feeding infants with formula to reduce the risk of mother to infant HIV transmission. Reform the STD diagnosis and therapy market, implement a system of anonymity in clinical visits, standardize STD clinic work and improve the quality of STD services.”

India

National AIDS Policy

http://www.indianembassy.org/policy/AIDS/HIV_Testing.html

- “The Government feels that there is no public health rationale for mandatory testing of a person for HIV/AIDS. On the other hand, such an approach could be counter-productive as it may scare away a large number of suspected cases from getting detected and treated. HIV testing carried out on a voluntary basis with appropriate pre-test and post-test counseling is considered to be a better strategy and is in line with the WHO guidelines on HIV testing. Govt. of India has earlier issued a comprehensive HIV testing policy and the following issues are reiterated here:
 - (i) No individual should be made to undergo a mandatory testing for HIV
 - (ii) No mandatory HIV testing should be imposed as a precondition for employment or for providing health care facilities during employment.
 - (iii) Adequate voluntary testing facilities with pre-test and post-test counseling should be made available throughout the country in a phased manner. There should be at least one HIV testing centre in each district in the country which can be done in a phased manner.
 - (iv) In case a person likes to get his HIV status verified through testing, all necessary facilities should be given to that person and results should be kept strictly confidential and should be given out to the person and with his consent to the members of his family. Disclosure of the HIV status to the spouse of the person will entirely depend on the person's willingness to share the information. However, the person should encouraged to share this information with the spouse and family as it helps the person in getting proper home-based care when he is afflicted with AIDS.
 - (v) In case of marriage, if one of the partners insists on a test to check the HIV status of the other partner, such tests should be carried out by the contracting party to the satisfaction of the person concerned.

At present people are tested for – a) Screening in blood banks; b) epidemiological surveys; and c) confirmatory testing for clinical management and voluntary testing. In the case of screening for blood donation, a single test by Rapid/ELISA is done to eliminate the possibility of HIV-positive blood. In the case of epidemiological surveys also the same procedure is adopted, i.e. with one or two tests either with ELISA or Rapid or Simple with high sensitivity. In both the above cases the testing is anonymous and the result is not given to the person concerned unless asked for. In the case of clinical management and for confirmatory testing of HIV status of persons who voluntarily ask for it, the sample will be tested with at least two ELISA

and one Rapid/Simple by a different antigen preparation. The result is given out with proper pre-test and post-test counseling.”

Americas

Brazil

National Programme for Combating Sexually Transmitted Diseases and AIDS

Source: “The Brazilian Experience on Increasing Access to HIV Testing” Presented by Marco Antônio Ávila Vitória, Brazilian STD/AIDS Program – MOH (November 2002)

- 250 accredited VCT centers in Brazil (major focus is on high risk populations such as MSM, IVDUs, and CSWs)
- 420 accredited services within antenatal care services and maternity hospitals
- 138 accredited public health laboratory centers which are linked to hospital/ambulatory services at the primary, secondary, and tertiary levels

Source: “The Brazilian Experience on Antiretroviral Therapy: Do We Have a Model?” Presented by Paulo R. Teixeira, Brazilian STD/AIDS Program – MOH at the Global Health Council Meeting (May 2002)

- In the mid 1990s, the Brazilian MOH implemented a policy of universal free of charge access to antiretroviral therapy
- 1996, Presidential decree that guaranteed all HIV infected citizens free access to essential medication to combat HIV, including protease inhibitors.

Source: Reardon, C. (2003). AIDS: How Brazil turned the tide. *Ford Foundation Report*.

http://www.fordfound.org/publications/ff_report/view_ff_report_detail.cfm?report_index=352&print_version=1

“As other developing nations look at ways to emulate Brazil's success, they are finding many explanations for why it is winning the fight against AIDS. Some analysts point to aggressive prevention campaigns, while others stress the access to free treatment.”

- “Brazil's AIDS program has two major, overlapping initiatives: prevention and treatment. The prevention work began first, at a time when the number of people with H.I.V. was doubling every 10 months. Conventional wisdom then held that Brazilians' relaxed attitudes about sexuality were hastening the spread of H.I.V. But in retrospect, this openness has allowed for particularly frank and candid public education campaigns that are helping to keep sexually transmitted diseases in check.
- Since 1994, with partial support from the World Bank, the National S.T.D./AIDS Program has sponsored some 1,500 prevention projects nationwide. All have been designed and implemented by nongovernmental organizations that bid for government funds. These projects include efforts to distribute condoms, to broadcast public service announcements on radio and television and to incorporate H.I.V./AIDS awareness in school curricula. Others seek to curb

mother-to-child transmission, to make clean needles available to injection drug users and to protect highly vulnerable groups like truck drivers, prostitutes and indigenous people.”

United States

Advancing HIV Prevention: New Strategies for a Changing Epidemic (April 2003)

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5215a1.htm>

“The initiative consists of four key strategies:

- **Make HIV testing a routine part of medical care.** CDC will work with professional medical associations and other partners to ensure that all health-care providers include HIV testing, when indicated, as part of routine medical care on the same voluntary basis as other diagnostic and screening tests. Previously, CDC has recommended that patients be offered HIV testing in high HIV-prevalence acute care hospitals and in clinical settings serving populations at increased risk (e.g., clinics that treat persons with STDs). This initiative adds to those recommendations to include offering HIV testing to all patients in all high HIV-prevalence clinical settings and to those with risks for HIV in low HIV-prevalence clinical settings. Because prevention counseling, although recommended for all persons at risk for HIV, should not be a barrier to testing, CDC will promote adoption of simplified HIV-testing procedures in medical settings that do not require prevention counseling before testing. In 2003, CDC will support state and local health departments in conducting demonstration projects offering HIV testing to all patients in high HIV-prevalence health-care settings and referral into care, treatment, and prevention services, and will assess the outcomes of these projects.
- **Implement new models for diagnosing HIV infections outside medical settings.** In 2003, CDC will fund new demonstration projects using OraQuick® to increase access to early diagnosis and referral for treatment and prevention services in high-HIV prevalence settings, including correctional facilities. In addition, CBOs will pilot new models, particularly in nonmedical settings, for diagnosis and referring persons for treatment and prevention services. Also, because 8%--39% of partners tested in studies of partner counseling and referral services (PCRS) were found to have previously undiagnosed HIV infection (11), CDC will increase emphasis on PCRS. In 2004, CDC will implement these new models through health departments and CBOs.
- **Prevent new infections by working with persons diagnosed with HIV and their partners.** Although many persons with HIV modify their behavior to reduce their risk for transmitting HIV after learning they are infected, some persons might require ongoing prevention services to change their risk behavior or to maintain the change. In 2003, CDC, in collaboration with the Health Resources and Services Administration (HRSA), the National Institutes of Health, and the HIV Medical Association of the Infectious Diseases Society of America, will publish *Recommendations for Incorporating HIV Prevention into the Medical Care of Persons with HIV Infection*. CDC will work with professional associations to disseminate the new guidelines to primary care providers and infectious disease specialists and to assess their integration into medical practice. CDC will work

closely with HRSA and other partners to reach persons in whom HIV infection has been diagnosed but who are not in ongoing medical or preventive care. CDC also will conduct demonstration projects through state and local health departments to provide prevention case management for persons living with HIV to reduce HIV transmission. Finally, CDC will increase emphasis on partner notification and also will support new models of partner notification, including offering rapid HIV testing to partners and using peers to conduct partner prevention counseling and referral. In 2004, acting through health departments and CBOs, CDC will implement these prevention services for persons living with HIV. CDC also will require grantees to employ standardized procedures for prevention interventions and evaluation activities.

- **Further decrease perinatal HIV transmission.** CDC will promote recommendations for routine HIV testing of all pregnant women, and, as a safety net, for the routine screening of any infant whose mother was not screened. CDC will work with prevention partners, including the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Nurse-Midwives, to disseminate the recommendations and support their implementation. CDC also will develop guidance for using rapid tests during labor and delivery, or post partum if the mother was not screened prenatally, and provide training for health departments and providers in conducting prenatal testing. In 2003, CDC will expand its activities to monitor the integration of routine prenatal testing into medical practice.”

NON-GOVERNMENTAL POLICIES

Institute of Medicine (IOM), USA

<http://books.nap.edu/books/0309062861/html/109.html#pagetop>

“...the committee’s central recommendation is for the adoption of a national policy of universal HIV testing, with patient notification, as a routine component of prenatal care.”

“Eliminating the requirement for extensive pre-test counseling, while requiring the provision of the basic information to all patients, would likely increase the proportion of women tested for HIV. The committee therefore recommends that pre-test counseling consist primarily of notification that HIV testing is a regular part of prenatal care for everyone, and that women have a right to refuse it. Patients’ explicit written consent to be tested should not be necessary...This recommendation is not intended to diminish more extensive counseling when providers feel it is warranted.”

“Refusal of the HIV test at the initial prenatal visit should not necessarily be taken as final, but providers should assess the clinical circumstances and, in some cases, counsel women at later prenatal care visits about the benefits of HIV testing...Patients who continue to refuse testing should never be coerced or denied services, and providers should understand that for some women a positive test may lead to severe consequences, such as discrimination, eviction from housing, and domestic violence.”

“The committee’s de-emphasis of pre-test counseling also should not be taken to undermine the need for health care professionals to counsel their patients in routine

encounters about the risks of sexually transmitted diseases or methods for preventing them, or in practices where providers decide routine pre-test counseling is appropriate. Rather, providers should not allow the requirements for pre-test HIV counseling to become a barrier to testing itself.”

Organizations such as the Canadian HIV/AIDS Legal Network and Lawyer’s Collective HIV/AIDS Unit have put together comprehensive reports on HIV testing policies, which can be accessed below:

<http://www.aidslaw.ca/Maincontent/issues/testing/12recomme.html#1.%20Consent>

http://www.lawyerscollective.org/lc-hiv-aids/Informatives/volume_1_index.htm

This Supporting Document was prepared by the Reference Group Secretariat to facilitate discussion at the Reference Group’s August 2003 meeting

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