



Voluntary Counselling and Testing (VCT)



■ **UNAIDS**
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At a Glance

HIV voluntary counselling and testing (VCT) has been shown to have a role in both HIV prevention and, for people with HIV infection, as an entry point to care. VCT provides people with an opportunity to learn and accept their HIV serostatus in a confidential environment with counselling and referral for ongoing emotional support and medical care. People who have been tested seropositive can benefit from earlier appropriate medical care and interventions to treat and/or prevent HIV-associated illnesses. Pregnant women who are aware of their seropositive status can prevent transmission to their infants. Knowledge of HIV serostatus can also help people to make decisions to protect themselves and their sexual partners from infection. A recent study has indicated that VCT may be a relatively cost-effective intervention in preventing HIV transmission.

There are several challenges related to the establishment and expansion of VCT services:

- **Limited access to VCT.** Many of the countries most severely affected by HIV are also among the poorest countries. Establishing VCT services is often not seen as a priority because of cost, lack of laboratory and medical infrastructure and lack of trained staff. This has resulted in VCT being unavailable to most people in high-prevalence countries. It is important to document the benefits of VCT in order to promote and expand access to it.
- **Improving the effectiveness of VCT.** Innovative ways can be developed to reduce the costs of VCT by using cheaper and more efficient HIV testing methods and strategies. Improving Information, Education and Communication (IEC) to advocate the benefits of VCT and raising community awareness may lessen the time required for pre-test counselling. Integrating VCT into other health and social services may also improve access and effectiveness and reduce cost. Social financing of VCT services has also been shown to be an effective approach in some settings.
- **Overcoming barriers to testing.** In some countries where VCT services have been established there has also been a reluctance of people to attend for testing. This may be because of denial and of the stigma and discrimination that people who test seropositive may face, and the lack of perceived benefits of testing. To overcome the barriers to establishing VCT services it is important to demonstrate its effectiveness and to challenge stigma and discrimination so that people are no longer reluctant to be tested. The role of VCT as a part of comprehensive health care, with links to and from other essential health care services (such as tuberculosis services and antenatal care), must be acknowledged. The structure of VCT services should be flexible and reflect an understanding of the needs of the communities they serve. Services should be easily accessible and closely linked with community organizations that can provide care and support resources beyond those offered by VCT services alone.
- **Publicizing the benefits of VCT.** Until recently, there was a paucity of data indicating that VCT may be important in changing sexual behaviour and a cost effective intervention in reducing HIV transmission. However, there are now studies available showing that VCT is a cost-effective intervention in preventing HIV transmission and that VCT gives seropositive people earlier access to medical care, preventive therapies and the opportunity to prevent mother-to-child transmission of HIV.
- **Understanding the needs of specific client groups.** VCT services should be developed to provide services for vulnerable or hard-to-reach groups. Community participation and involvement of people living with HIV is essential if these services are to be acceptable and relevant.

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What is VCT?

Voluntary HIV counselling and testing (VCT) is the process by which an individual undergoes counselling enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential.

UNAIDS policy statement on VCT¹

VCT has a vital role to play within a comprehensive range of measures for HIV/AIDS prevention and support, and should be encouraged. The potential benefits of testing and counselling for the individual include improved health status through good nutritional advice and earlier access to care and treatment/prevention for HIV-related illness; emotional support; better ability to cope with HIV-related anxiety; awareness of safer options for reproduction and infant feeding; and motivation to initiate or maintain safer sexual and drug-related behaviours. Other benefits include safer blood donation.

UNAIDS therefore encourages countries to establish national policies along the following lines:

- Make good-quality, voluntary and confidential HIV testing and counselling available and accessible
- Ensure informed consent and confidentiality in clinical care, research, the donation of blood, blood products or organs, and other situations where an individual's identity will be linked to his or her HIV test results.

- Strengthen quality assurance and safeguards on potential abuse before licensing commercial HIV home collection and home self-tests.
- Encourage community involvement in sentinel surveillance and epidemiological surveys.
- Discourage mandatory testing.

Elements of VCT HIV counselling

HIV counselling has been defined as "a confidential dialogue between a person and a care provider aimed at enabling the person to cope with stress and make personal decisions related to HIV/AIDS. The counselling process includes an evaluation of personal risk of HIV transmission and facilitation of preventive behaviour."² The objectives of HIV counselling are the prevention of HIV transmission and the emotional support of those who wish to consider HIV testing, both to help them make a decision about whether or not to be tested, and to provide support and facilitated decision-making following testing. With the consent of the client, counselling can be extended to spouses and/or other sexual partners and other supportive family members or trusted friends where appropriate. Counsellors may come from a variety of backgrounds including health care workers, social workers, lay volunteers, people living with HIV, members of the community such as teachers, village elders, or religious workers/leaders.

HIV counselling can be carried out anywhere that provides an environment that ensures confidentiality and allows for

private discussion of sexual matters and personal worries. Counselling must be flexible and focused on the individual client's specific needs and situation.

In some settings HIV counselling is available without testing. This may help promote changes in sexual risk behaviour. In one rural area, community-based counselling significantly increased rates of condom use among adults.³

Voluntary testing

HIV testing may have far-reaching implications and consequences for the person being tested. Although there are important benefits to knowing one's HIV status, HIV is, in many communities, a stigmatizing condition, and this can lead to negative outcomes for some people following testing. Stigma may actively prevent people accessing care, gaining support, and preventing onward transmission. That is why UNAIDS stipulates testing should be voluntary, and VCT should take place in collaboration with stigma-reducing activities.

Confidentiality

Many people are afraid to seek HIV services because they fear stigma and discrimination from their families and community. VCT services should therefore always preserve individuals' needs for confidentiality. Trust between the counsellor and client enhances adherence to care, and discussion of HIV prevention. In circumstances where people who test seropositive may face discrimination, violence and abuse it is important that confidentiality be guaranteed. In some circumstances the person

1 UNAIDS. Policy statement on HIV testing and counselling. Geneva, UNAIDS, 1997 (see for full statement).

2 WHO. Counselling for HIV/AIDS: A key to caring. For policy makers, planners and implementers of counselling activities. Geneva, World Health Organization/GPA, 1994.

3 Mugula F et al. A community-based counselling service as a potential outlet for condom distribution. Abstract WeD834, 9th International Conference of AIDS and STD in Africa. Kampala, Uganda, 1995.

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requesting VCT will ask for a partner, relative or friend to be present. This shared confidentiality is appropriate and often very beneficial.

The counselling process

The VCT process consists of pre-test, post-test and follow-up counselling. HIV counselling can be adapted to the needs of the client/s and can be for individuals, couples, families and children and should be adapted to the needs and capacities of the settings in which it is to be delivered. The content and approach may vary considerably for men and women and with various groups, such as counselling for young people, men who have sex with men (MSM), injecting drug users (IDUs) or sex workers. Content and approaches may also reflect the context of the intervention, e.g. counselling associated with specific interventions such as tuberculosis preventive therapy (TBPT) and interventions to prevent mother-to-child transmission of HIV (MTCT).

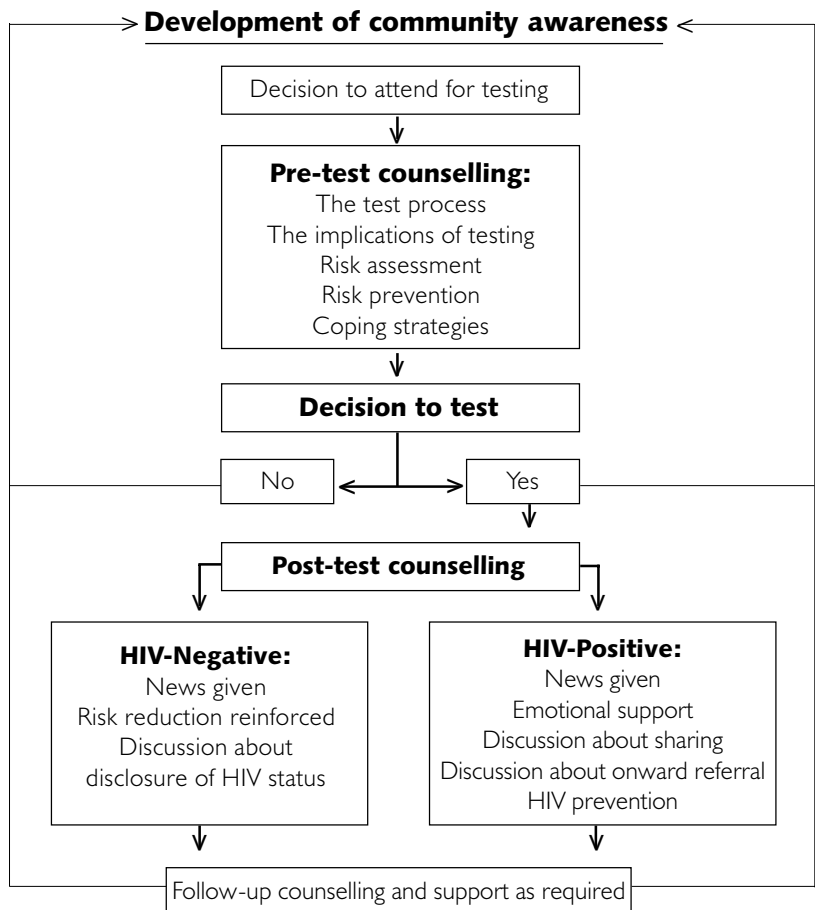
Establishing good rapport and showing respect and understanding will make problem-solving easier in difficult circumstances. The manner in which news of HIV serostatus is given is very important in facilitating adjustment to news of HIV infection.

Counselling as part of VCT ideally involves at least two sessions (pre-test counselling and post-test counselling). More sessions can be offered before or after the test, or during the time the client is waiting for test results.

Pre-test counselling

HIV counselling should be offered before taking an HIV test. Ideally the counsellor prepares the client for the test by explaining what an HIV test is, as well as by correcting myths and misinformation about

Figure 1: Pre-test and Post-test Counselling



HIV/AIDS. The counsellor may also discuss the client's personal risk profile, including discussions of sexuality, relationships, possible sex and/or drug-related behaviour that increase risk of infection, and HIV prevention methods. The counsellor discusses the implications of knowing one's serostatus, and ways to cope with that new information. Some of the information about HIV and VCT can be provided to groups. This has been used to reduce costs and can be backed up by providing written material. It is important, however, that everyone requesting VCT has access to individual counselling before being tested.

People who do not want pre-test counselling should not be prevented

from taking a voluntary HIV test (for example people who have had VCT may request testing but not wish to have further pre-test counselling). However, informed consent from the person being tested is usually a minimum ethical requirement before an HIV test.

Post-test counselling

Post-test counselling should always be offered. The main goal of this counselling session is to help clients understand their test results and initiate adaptation to their seropositive or negative status.

When the test is seropositive, the counsellor tells the client the result clearly and sensitively, providing emotional support and discussing how he/she will cope. During this

session the counsellor must ensure that the person has immediate emotional support from a partner, relative or friend. When the client is ready, the counsellor may offer information on referral services that may help clients accept their HIV status and adopt a positive outlook. Sharing a seropositive result with a partner or trusted family member or friend is often beneficial and some clients may wish someone to be with them and participate in the counselling. Prevention of HIV transmission to uninfected or untested sexual partner/s must also be discussed. Sharing one's HIV status with a sexual partner is important to enable the use of safer sex practices, and should be encouraged. However, it may not always be possible, especially for women who face abuse or abandonment if known to be seropositive.

Counselling is also important when the test result is negative. While the client is likely to feel relief, the counsellor must emphasize several points. Counsellors need to discuss changes in behaviour that can help the client stay HIV-negative, such as safer sex practices including condom use and other methods of risk reduction. The counsellor must also motivate the client to adopt and sustain new, safer practices and provide encouragement for these behaviour changes. This may mean referring the client to ongoing counselling, support groups or specialized care services.

During the "window period" (approximately 4-6 weeks immediately after a person is infected), antibodies to HIV are not

always detectable. Thus, a negative result received during this time may not mean the client is definitely uninfected, and the client should consider taking the test again in 1-3 months.

Counselling, care, and support after VCT

VCT services should offer the opportunity for continued counselling to people whether they are seropositive or seronegative. For seropositive people, counselling should be available as an integral part of ongoing care and support services. Counselling, care, and support should also be offered to people who may not be infected, but whom HIV affects, such as the family and friends of those living with HIV.⁴

HIV testing

The diagnosis of HIV has traditionally been made by detecting antibodies against HIV. There has been a rapid evolution in diagnostic technology since the first HIV antibody tests became commercially available in 1985. Today a wide range of different HIV antibody tests are available, including ELISA tests based on different principles, and many newer simple and rapid HIV tests.⁵ Most tests detect antibodies to HIV in serum or plasma, but tests are also available that use whole blood, dried bloodspots, saliva and urine.⁶

VCT as an entry point to prevention and care

VCT is an important entry-point to both HIV prevention and HIV-related care. People who test seropositive can have early access to a wide range of services

including medical care, ongoing emotional support and social support. People who test seronegative can have counselling, guidance and support to help them remain negative.

Entry point to medical care

Health care services may refer people, particularly those with symptomatic disease, to VCT, to aid with further management. Collaboration and cross-referral can ensure that people with HIV receive appropriate medical care, including home care and supportive and palliative care. There are benefits of other health care services, such as tuberculosis services, working in close collaboration with VCT services. People attending VCT can be screened for clinical TB and treated appropriately, or offered TBPT if TB screening is negative, and TB services can refer people to VCT. This may be particularly important in countries where dual infection is common, with up to 70% of people with TB also having HIV infection, and TB being a major cause of morbidity and mortality in people with HIV.⁷ Prevention or early treatment of TB in people with HIV can be a cheap and effective intervention.

Entry point for preventing mother-to-child transmission of HIV infection (PMTCT) interventions

Increasing numbers of countries are now offering interventions to PMTCT. VCT is offered within the antenatal setting or close links are formed with VCT services. It is important that women receiving VCT in this setting have adequate time to discuss their

4 WHO. Source Book for HIV/AIDS Counselling Training. Geneva, WHO/GPA, 1994.

5 WHO. The importance of simple and rapid tests in HIV diagnostics: WHO recommendations, Weekly Epidemiological Record 73 (42):321-328, October 1998.

6 UNAIDS. HIV testing methods: UNAIDS Technical Update. Geneva, UNAIDS, November 1997.

7 Elliott A et al. The impact of HIV on tuberculosis in Zambia: a cross sectional study. British Medical Journal, 1990, 301: 412-415.

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own needs and not just those concerned with PMTCT, and that there are links with services which can provide ongoing support and care for women with HIV.

When counselling women in the antenatal setting for PMTCT interventions, special consideration should be given to:

- counselling about infant feeding options
- counselling about all available PMTCT options
- family planning counselling
- for seropositive women, referral for ongoing medical and emotional support
- for negative women,

counselling about prevention of HIV infection during pregnancy and breast-feeding

- counselling on the advantages and disadvantages of disclosure, particularly to her partner
- involving the partner in counselling and decision-making

Entry point for ongoing emotional and spiritual care

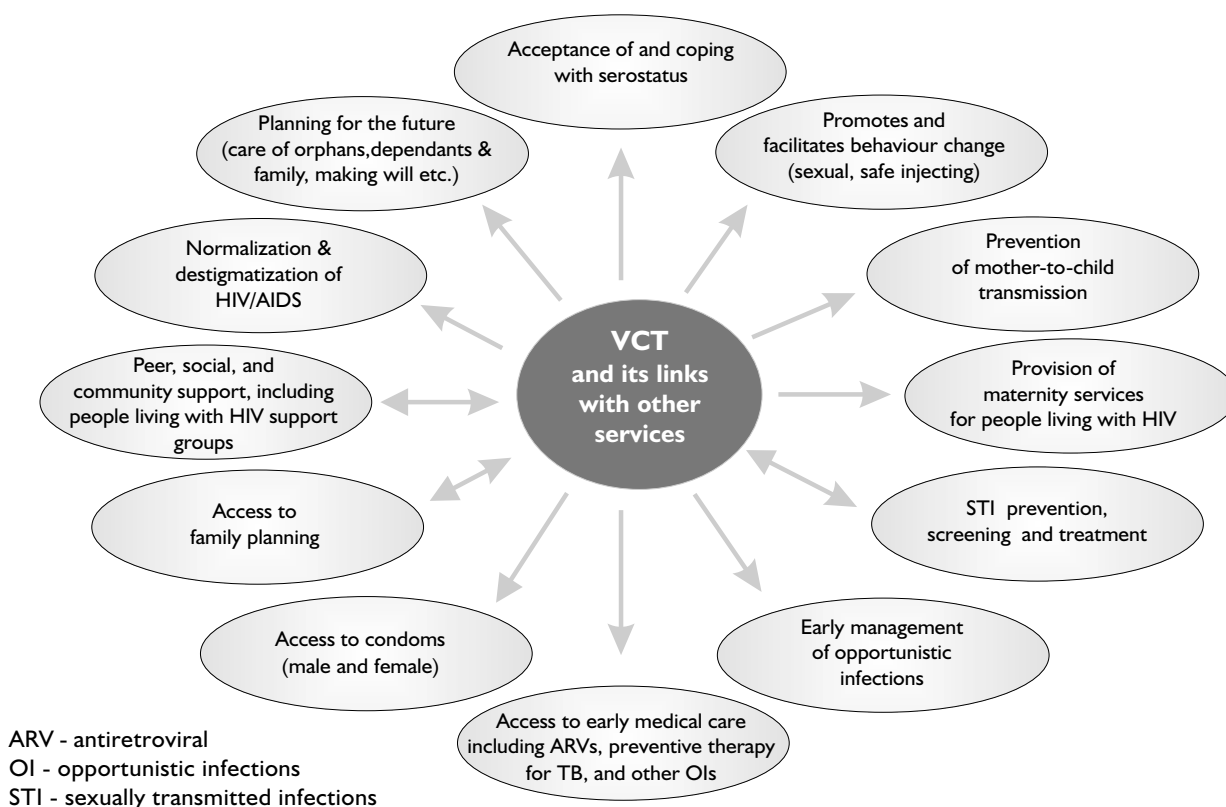
Although the immediate emotional needs of people following VCT may be met by the counselling service some people will require longer-term support and care. Counsellors will need to be aware of all services available for people following testing. These may include

spiritual services, traditional medical practitioners and support groups for people living with HIV.

Entry point for social support

One of the benefits of VCT is that it can help people with HIV to make plans for their future and the future of their dependants. HIV counsellors should be knowledgeable about legal and social services available to help people with these decisions. Material and financial support is sometimes requested, and counsellors need to be aware of any available services, although these are often limited in developing countries.

Figure 2: VCT as an entry point for prevention and care



Limited access to VCT

VCT has not been seen as a priority in HIV care and prevention programmes in many developing countries and has therefore often not been widely available. Reasons for this include:

- complexity of the intervention
- the relatively high costs of its various components
- the lack of evidence of its effectiveness in reducing HIV transmission
- the lack of evidence of its cost-effectiveness as measured by number of cases of HIV averted

It is sometimes difficult to measure the impact of counselling on behaviour change. It is understandable that VCT will often not have an easily measurable effect, because of the complexity of sexual behaviour and relationships, and factors which affect these, such as gender inequalities, and lack of empowerment of women in many high-prevalence settings. In countries where resources are very limited VCT services may, therefore, not obtain priority in government planning, and counselling may not receive the official approval, resources, and support it needs to be implemented effectively. Decision-makers may also question the benefit of providing counselling and testing services in places where clinical care options are limited.

Improving effectiveness of VCT

Even where VCT is considered important, its widespread implementation is often limited by

lack of funding, infrastructure, trained and designated staff, clear policies on staffing and service sustainability. Counsellors often have other roles within a health care system – such as nursing or social work – which reduce the time available for counselling as a part of HIV testing. Without adequate staffing levels and policies guaranteeing counselling as a priority, pre-test and post-test counselling are often not delivered at all, or are done so hurriedly that clients are not given the time and attention they need.

Inadequate preparation of the settings in which VCT services are offered may also be a problem. This may result in insufficient privacy during counselling sessions, inconvenient opening times or difficult physical access. Clients may feel intimidated by reception staff or have fears regarding the confidentiality of their test results.

Burnout – emotional exhaustion that results when a counsellor has reached his or her limit to deal with HIV and its related emotional stress – may result in rapid turnover of counsellors. This is especially true in high-prevalence areas, where the “breaking of bad news” may occur several times a day. Effective VCT services must find ways to ensure ongoing support and supervision of counsellors and help them to cope with burnout and remain motivated.

Overcoming barriers to VCT

Although VCT is becoming increasingly available in developing and middle-income countries, there is still great reluctance for many people to be tested. There are several possible

contributing factors that must be addressed if VCT is to have an important role in HIV prevention and care:

Stigma HIV is highly stigmatized in many countries and people with HIV may experience social rejection and discrimination.⁸ In low-prevalence countries, or places where HIV is seen as a problem of marginalized groups, rejection by families or communities may be a common reaction. This fear of rejection or stigma is a common reason for declining testing.

Gender inequalities The need for protection and support of vulnerable women who test seropositive must be considered when developing VCT services. In Zambia, women said that it was thought to be shameful to have HIV and if they were known to be seropositive, they worried that they would suffer discrimination. Studies from Kenya have also shown that women may be particularly vulnerable following VCT and in some cases have lost their homes and children or have been beaten or abused by their husbands/partners if their status became known.⁹

Discrimination In some countries people with HIV are subject to discrimination at work or in education. Unless legislation is in place to prevent this some people will be reluctant to undergo VCT.

Publicizing benefits of VCT

Even in areas where VCT services are available, uptake of services is often poor. A common barrier to VCT is the lack of perceived benefit.¹⁰ If VCT is linked with medical care, and effort is made

8 Karim Q., Karim S., Soldan K., Zondi M. (1995) Reducing the stigma of HIV infection among South African sex workers: socioeconomic and gender barriers. *American Journal of Public Health* 85 (11): 1521-5

9 Temmerman M et al. *The right not to know HIV-test results*. *Lancet*, 1994, 345:696-697.

10 Baggaley R, et al. Barriers to HIV counselling and testing (VCT) in Chawama, 1995, Lusaka, Zambia, 9th International Conference on AIDS and STDs in Africa, December 1995.

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to improve medical services for people with HIV, this will help to reduce this barrier to testing. Offering interventions to prevent MTCT can also be recognized as a major benefit of VCT.

Understanding the needs of specific client groups

The HIV epidemic does not affect all sectors of society equally, or in the same way within countries or cities. Some groups are particularly vulnerable to HIV for a variety of reasons including age, profession or specific risk behaviours. For example in the former Soviet Union HIV is largely a problem among IDUs and the HIV prevalence in the general population is low. It may therefore be appropriate to provide specific resources for VCT for IDUs rather than provide a comprehensive service for the general population. VCT services which are acceptable to one group – for example, to men who purchase the services of commercial sex workers – may not be acceptable for other groups, such as the sex workers themselves. Rapid assessment techniques for analysing potential client needs in a given area may exist, and are relatively inexpensive and simple to carry out. However, there may not be adequate and locally available management expertise for creating effective services in response to the findings of an assessment.

Expanding access to VCT

For VCT services to be promoted and developed it is important to document their usefulness in:

- Reducing HIV transmission
- Improving access to medical and social care
- Facilitating MTCT interventions
- Improving coping for people with HIV

Several studies have demonstrated that VCT can prevent HIV transmission among serodiscordant couples. There have also been some studies showing significant behaviour change in individuals following VCT. A recent multi-site study conducted in Kenya, United Republic of Tanzania and Trinidad has provided data on the role of VCT in HIV prevention and its cost-effectiveness compared with other HIV prevention interventions.¹¹ This study demonstrated that VCT significantly reduced sexual risk behaviour – specifically, unprotected sex with non-primary partners, with commercial sex workers, and among couples who have been tested and counselled together. Furthermore VCT did not increase the occurrence of negative effects such as stigmatization or disintegration of relationships. The study also showed that VCT could be cost-effective in terms of the cost per HIV infection averted. The cost per client for VCT was \$29 in the United Republic of Tanzania and \$27 in Kenya, and was more cost-effective when targeted to HIV-positive persons, couples, and women.

There are several examples where VCT has been shown to help people access appropriate medical and social services.¹²

In industrialized countries VCT enables people to access antiretrovirals (ARVs) earlier and therefore decrease HIV-associated morbidity. In developing countries PLHA can have access to TBPT and targeted health care.

If pregnant women are to have access to interventions to prevent MTCT it is important that they know and understand their HIV status. VCT associated with MTCT interventions has been shown to be acceptable in some settings.¹³ However, barriers to VCT services in antenatal clinics exist where associated ongoing care and support are not available for pregnant women.

Reducing the costs of VCT

The cost of HIV testing has been reduced significantly over the past decade, as cheaper testing methods are manufactured. Simple/rapid testing enables testing to be carried out without laboratory facilities and equipment or highly trained personnel. These factors could enable HIV testing to be made more widely available and can be suitable for rural areas and sites outside capital cities.

Innovative approaches can be devised to help make the counselling component of VCT less labour-intensive. Group education prior to pre-test counselling can shorten the length of time required for one-to-one counselling, and hence reduce costs. Sometimes counselling can be carried out by trained volunteers or lay people and this may also reduce costs. However, if volunteers or lay counsellors are employed adequate training, supervision and support must be ensured, otherwise counsellors may leave and burnout

11 Sweat ML et al. Cost-effectiveness of voluntary HIV-1 counselling and testing in reducing sexual transmission of HIV in Nairobi, Kenya and Dar Es Salaam, Tanzania: the voluntary HIV-1 counselling and testing efficacy study. *Lancet*, 2000, July.

12 WHO. TASO Uganda, the inside story: Participatory evaluation of HIV/AIDS counselling, medical and social services, 1993-1994. Geneva, WHO/Global Programme on AIDS, 1995.

13 Bhat G et al. Same day HIV voluntary counselling and testing improves overall acceptability among prenatal women in Zambia, 1998. Abstract no. 33283, XII international Conference on HIV/AIDS, Geneva, Switzerland.

will be common.

Integrating VCT services into other existing health and social services may also help to reduce costs and make services available to a wider range of people.

Cost sharing has been used in some countries to help provide a more sustainable service. In Uganda, where the AIDS information centre provides VCT, clients are expected to pay a share of the costs. One day a week is set aside for free testing, to enable people who are unable to pay to still have access to VCT. When this was introduced it did not lead to a decline in testing.

Social marketing of VCT has also been proposed as a way of increasing access to sustainable VCT services and has been successfully implemented in Zimbabwe.

Challenging stigma and improving education and awareness

In countries where stigma and discrimination have been

challenged with political and financial commitment, VCT has been an important component of the process. However, in many communities HIV remains a stigmatizing problem and VCT is not recognized as being an important part of HIV prevention and care. Societal attitude towards HIV can have a strong impact on individual choices, and if people known to have HIV face discrimination and stigma, VCT is unlikely to be a popular intervention. Stigma and discrimination must be challenged by government and in communities.

Greater involvement of people living with HIV/AIDS in developing and promoting VCT and providing education and awareness about its benefits can be important in providing a more relevant service.

Legislation to protect the rights of people living with HIV in employment and education and to prevent discrimination, need to be in place if people are to feel comfortable and secure

about seeking VCT. Mandatory testing should also be discouraged.

Although there are public health benefits of partner notification, making this a compulsory component of VCT has not been shown to be helpful, and may lead to discrimination of the infected partner.

Promotion of the benefits of VCT

The benefits of VCT are often not widely known and understood. Promotion of the advantages of VCT should be an integral part of HIV education programmes and included in IEC materials.

VCT without associated support and care services has been shown to be unpopular in many settings. An explicit policy of care and support for people following VCT should be developed in conjunction with VCT.

If VCT services are to be effective, some important considerations include:

- The location and opening hours of the service should reflect the needs of the particular community. VCT has been carried out in STI clinics, hospital outpatient departments and hospital wards, but also in centres specially dedicated to HIV counselling.¹⁴ VCT services for sex workers, as well as condom supplies, are sometimes offered in the vicinity of nightclubs, and operate at night.¹⁵
- Counselling sessions need to be monitored to ensure that they are of high quality and that informed consent is always sought and counselling offered before a client takes an HIV test.
- Counselling should be integrated into other services, including STI, antenatal and family planning clinics. Community-based counselling services should be initiated and expanded.
- A referral system should be developed in consultation with NGOs, community-based organizations, hospital directors and other service managers, as well as with networks of people living with HIV and AIDS. Regular meetings among service providers should be held to review and improve the referral system.
- Counsellors need adequate training and ongoing support and supervision to ensure that they give good-quality counselling and can cope with their stresses and avoid burnout. Development of tools for monitoring the quality and content of counselling and counsellor needs would be useful.

14 Sittitrai W and Williams G. Candles of Hope: The AIDS Programme of the Thai Red Cross Society, London, TALC (*Strategies for Hope No. 9*), 1994.

15 Laga M., et al. Condom promotion, sexually transmitted disease treatment and declining incidence of HIV-1 infection in female Zairian sex workers *Lancet*, 1994, 344(8917):246-8.

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If VCT services are to be effective, some important considerations include: (con't.)

- Innovative ways of scaling up VCT services and making them more accessible and available should be explored. Interventions to prevent MTCT have provided an important impetus to make VCT more widely available for women and their partners. Pre-test group information can reduce the costs and staff needed for VCT, but individual or couple counselling should also be available.
- New testing methods such as simple/rapid testing will make VCT more available, especially in rural areas and where laboratory facilities do not exist. Quality control, basic training and supply systems need to be organized to ensure that these services are delivered safely and appropriately.
- Home testing and self-testing are likely to be more commonly used. This will provide greater access to VCT for people who are reluctant to attend formal VCT services. However, it is important that adequate information about and provision of follow-up support services are available.
- Linkages to crisis support, follow-up counselling and care for those testing seropositive, and strategies to enable people who test seronegative to stay negative, should be developed.

Development of VCT for specific groups

When VCT services are being developed consideration should be given to the different needs of the people attending and the communities for which the VCT services are designed.

VCT for prevention of mother-to-child transmission

Counselling and testing can benefit women who are or who want to become pregnant. Ideally, women should have access to VCT before they become pregnant so that they can make informed decisions about pregnancy and family planning. For women who test seropositive, counselling can help them decide whether or not to have children, and help explore family planning options. For women who are already pregnant and who test seropositive, counsellors can help them make decisions about terminating their pregnancy if abortion is a safe, legal and

acceptable option. For women who choose to continue with their pregnancy, counsellors can discuss the use of interventions, such as short-course zidovudine (ZDV, also known as AZT), to reduce the risk of transmitting HIV to the unborn child, if this is available. Infant feeding choices can also be discussed.¹⁶ Where possible, and when the woman agrees, partners should be involved in counselling sessions in which decisions about their present and future children are being discussed and made.

Counselling services for women should not be confined to those associated with MTCT interventions. Services should reflect the multiple roles and responsibilities of women and embrace a comprehensive approach to meet the health needs of seropositive women.

VCT for couples

Counselling and testing can be provided to couples who wish to attend sessions together before and after testing. This has been

shown to be a successful approach in some countries.^{17,18} During pre-test counselling couples can discuss what they propose to do depending on their test results and thus help prepare the couple for their results. Post-test counselling helps the couple understand their HIV test results. If a couple has serodiscordant test results this can pose difficult challenges in the relationship. Counselling can help the couple overcome feelings of anger or resentment (which in some cases can lead to violence, particularly against women). Counselling is important to help couples accept safer sex practices to prevent transmission to the uninfected partner.

Couple counselling for HIV can also be provided as part of pre-marital counselling, and can continue after the testing is completed.

VCT for children

In many countries, HIV increasingly affects children. Children may themselves be

16 UNAIDS. Mother-to-child transmission of HIV/AIDS: UNAIDS Technical Update. Geneva, UNAIDS, October 1998.

17 Allen S et al. Confidential HIV testing and condom promotion in Africa. JAMA, 1992, 8:3338-3343.

18 Allen S, Serufilira A, Gruber V. Pregnancy and contraceptive use among urban Rwandan women after HIV counselling and testing. American Journal of Public Health, 1993, 83:705-10.

infected, or they may be part of a family in which one or both of the parents are either infected or have died of AIDS.

When children have clinical signs suggestive of possible HIV infection, VCT can provide a confirmatory diagnosis. The counselling sessions may include both the parents and the child. HIV-positive children have special counselling needs such as understanding and coping with their own illness, dealing with discrimination by other children or adults, and coping with the illness and deaths of other HIV-infected family members. HIV-negative children who are affected by HIV through the illness of a parent or sibling also have special counselling needs, such as coping with the emotional trauma of seeing their loved ones ill or dying and dealing with social stigma related to HIV. Older children may need counselling related to developmental issues (such as sexuality and the avoidance of risk behaviours) or coping with and healing from childhood sexual abuse that has put them at risk for HIV infection. In all cases, counselling provided to children should use age-appropriate educational and counselling methods.

VCT for young people

Teenagers are often particularly vulnerable to HIV infection. For VCT services to be effective for young people they must take into account the emotional and social contexts of young people's lives, such as the strong influence of peer pressure (e.g. to take drugs or alcohol) and development of sexual and social identities. They must also be "user-friendly", offered in non-threatening, safe, easily accessible environments. Counselling should be age-appropriate, using examples of situations that are familiar and

relevant to youth, and language that is non-technical and easily understood.

Anonymous VCT services may be preferable for some young people. However, different countries and cultures may have their own legal requirements and social expectations that prevent young people from accessing VCT services without parental consent or notification. Although VCT services must always take into account any relevant laws regarding the rights and autonomy of minors and the responsibilities of parents for their children, they must also remember that the dignity and confidentiality of the young persons must be protected and respected.

VCT for injecting drug users

Services targeting injecting drug users (IDUs) must take into account several factors. Injecting drug use is a practice that is illegal and socially stigmatized in many cultures. Because many drug users have experienced social stigma and unpleasant encounters with the law, they may distrust or fear government-based or hospital-based social services. VCT services that are part of such institutions may, therefore, be unlikely to attract drug-using clients. Examples of more successful VCT programmes for drug users are those coordinated with existing HIV prevention and social service outreach programmes that go to the places that drug users frequent. Often, the outreach workers are former drug users themselves, so they can understand the drug culture's particular social norms and values. Also, because they have already established trust with the drug using community, counselling and prevention messages delivered by such outreach workers are often

perceived as being more credible. Such outreach workers, when trained as HIV counsellors, can explain HIV testing and the importance of knowing one's status in terms with which the drug users are familiar and which they can accept.

While HIV counsellors should discuss risk reduction with their clients at both pre- and post-test, they should also understand that IDUs may not be willing or able to change certain behaviours, such as their drug use or having unprotected sex. In these cases, HIV counsellors should discuss safer methods of practising these behaviours – such as not sharing needles or sterilizing needles and syringes before sharing – in order to prevent the clients from becoming infected or spreading their HIV infection to others.

Counselling for sex workers

VCT for commercial sex workers need to be sensitive to the problems of stigma and illegality associated with commercial sex in many societies. Sex work is usually the client's livelihood and thus stopping some or all risk behaviours may reduce the sex worker's ability to earn a living. Furthermore, sex workers may be under considerable pressure to perform especially risky activities (e.g. sex without a condom), either through financial inducement or coercion by a pimp or client. Counsellors must understand these issues, and help the sex worker find ways to work around or reduce the obstacles they face when trying to reduce their risk. In some cases, counsellors may want to work closely with community organizations that empower and support sex workers' desire to keep themselves healthy and safe.

Selected Key Materials

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