

Glossary of Terms of HIV Testing and Counselling

Client-initiated HIV testing and counselling

(Also called Voluntary Counselling and Testing or VCT) involves individuals actively seeking HIV testing and counseling at a facility that offers these services. Client-initiated HIV testing and counseling usually emphasizes individual risk assessment and management by counselors, addressing issues such as the desirability and implications of taking an HIV test and the development of individual risk reduction strategies.

Client-initiated HIV testing and counseling is conducted in a wide variety of settings including health facilities, stand-alone facilities outside health institutions, through mobile services, in community-based settings and even in people's homes.

Provider-initiated HIV testing and counselling

Refers to HIV testing and counseling which is recommended by health care providers to persons attending health care facilities as a standard component of medical care. The major purpose of such testing is to enable specific medical services to be offered that would not be possible without the knowledge of the person's HIV status.

As in the case of client-initiated HIV testing and counseling, provider-initiated HIV testing and counseling is voluntary and the "three C's" – informed consent, counseling and confidentiality – must be observed.

"Opt-in" approach

With "opt-in" approaches, patients must affirmatively agree to the test being performed, after pre-test information has been received. Informed consent is analogous to that required for special investigations or interventions in clinical settings such as surgical interventions.

"Opt-out" approach

With "opt-out" approaches, individuals must specifically decline the HIV test after receiving pre-test information if they do not want the test to be performed. This approach to informed consent is analogous to that required for common clinical investigations such as chest X-rays, and other non-invasive procedures.

Low-level epidemics

Although HIV may have existed for many years, it has never spread to substantial levels in any sub-population. Recorded infection is largely confined to individuals with higher risk behaviour; e.g. sex workers, drug injectors, men having sex with other men. Numerical proxy: HIV prevalence has not consistently exceeded five per cent in any defined sub-population.

Concentrated HIV epidemics

HIV has spread rapidly in a defined sub-population, but is not well-established in the general population. This epidemic state suggests active networks of risk within the sub-population. The future course of the epidemic is determined by the frequency and nature of links between highly infected sub-populations and the general population. Numerical proxy: HIV prevalence is consistently over five per cent in at least one defined sub-population but is below 1 per cent in pregnant women in urban areas.

Generalized HIV epidemics

HIV is firmly established in the general population. Although sub-populations at high risk may contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic independent of sub-populations at higher risk of infection. Numerical proxy: HIV prevalence consistently over 1 per cent in pregnant women.

Compulsory testing

Also known as involuntary testing, is defined as testing without a voluntary element – i.e., without informed consent, at the behest of someone or some institution other than the person tested, and sometimes, with neither the fact of having been tested nor the result being communicated to the person tested.

Mandatory testing

Testing that would occur *as a condition for some other benefit*, such as donating blood, immigrating to certain countries, getting married, joining the military or as a pre-condition of other kinds of employment.

UNAIDS and WHO does not support mandatory testing of patients on public health grounds.