


**6<sup>th</sup> Asia-Pacific UN PMTCT Task Force Meeting**  
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**Session 11: Practices, Successes and**  
**Challenges**

**HIV Testing and counseling**

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# Testing and Counseling

1. WHO guideline comparing with Country guidelines and approaches
  2. Routine testing in ANC with counseling - Pros and Cons
  3. Primary prevention intervention at ANC
  4. Partner involvement in ANC
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# UNAIDS/WHO Statement on HIV Testing and Counseling

UNAIDS/WHO recommends 4 types:

1. Voluntary counseling and testing (VCT)
2. Routine offer of HIV testing (e.g. Pregnant women)
3. Diagnostic testing (e.g. TB patient)
4. Mandatory HIV screening (e.g. Blood/blood product transfusion)

# UNAIDS/WHO Statement on HIV Testing and Counseling

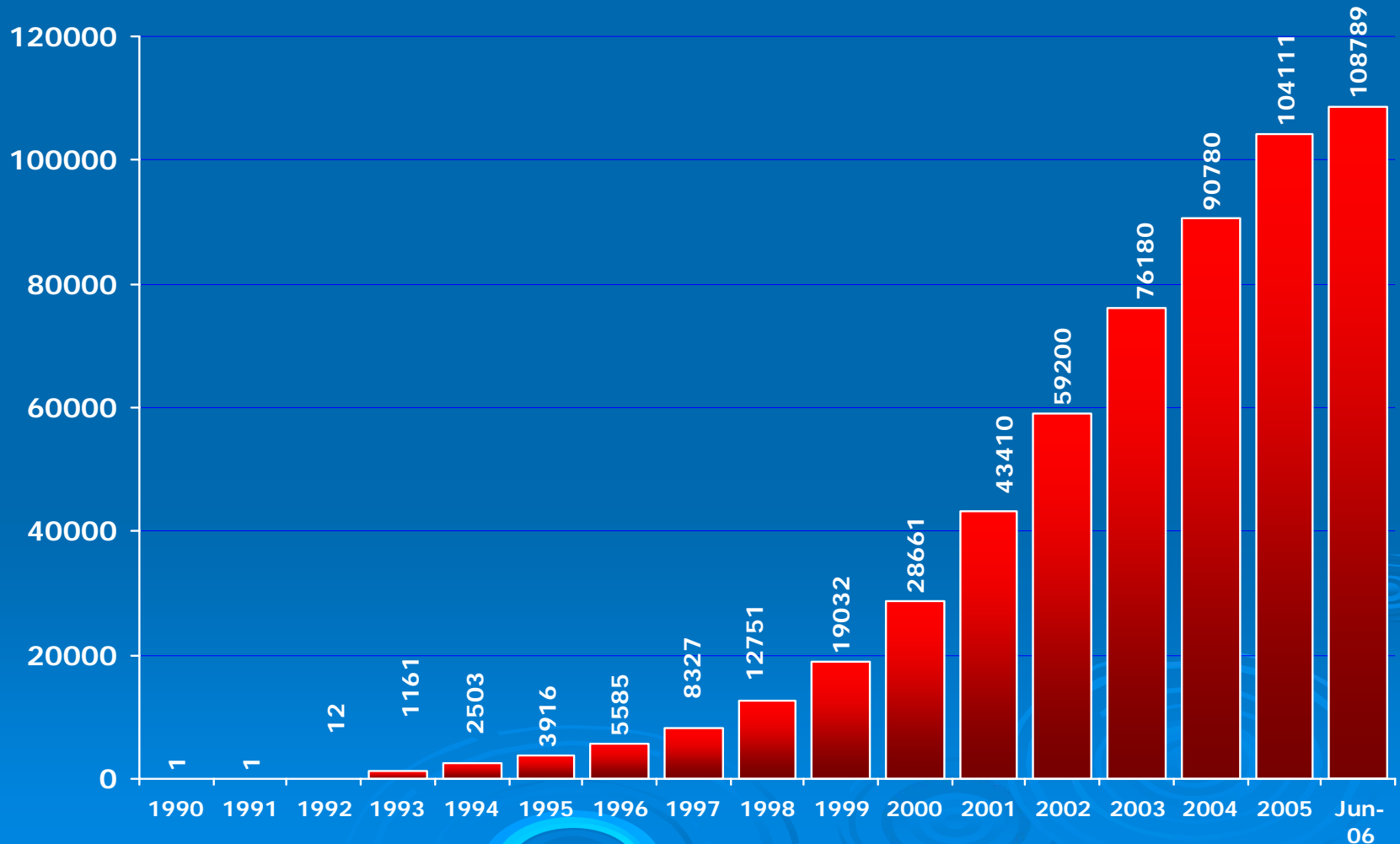
“3 Cs” must be respected:

1. Obtaining informed **consent**
2. Confidentiality of test result
3. Providing appropriate counseling

# Country Guidelines and Approaches

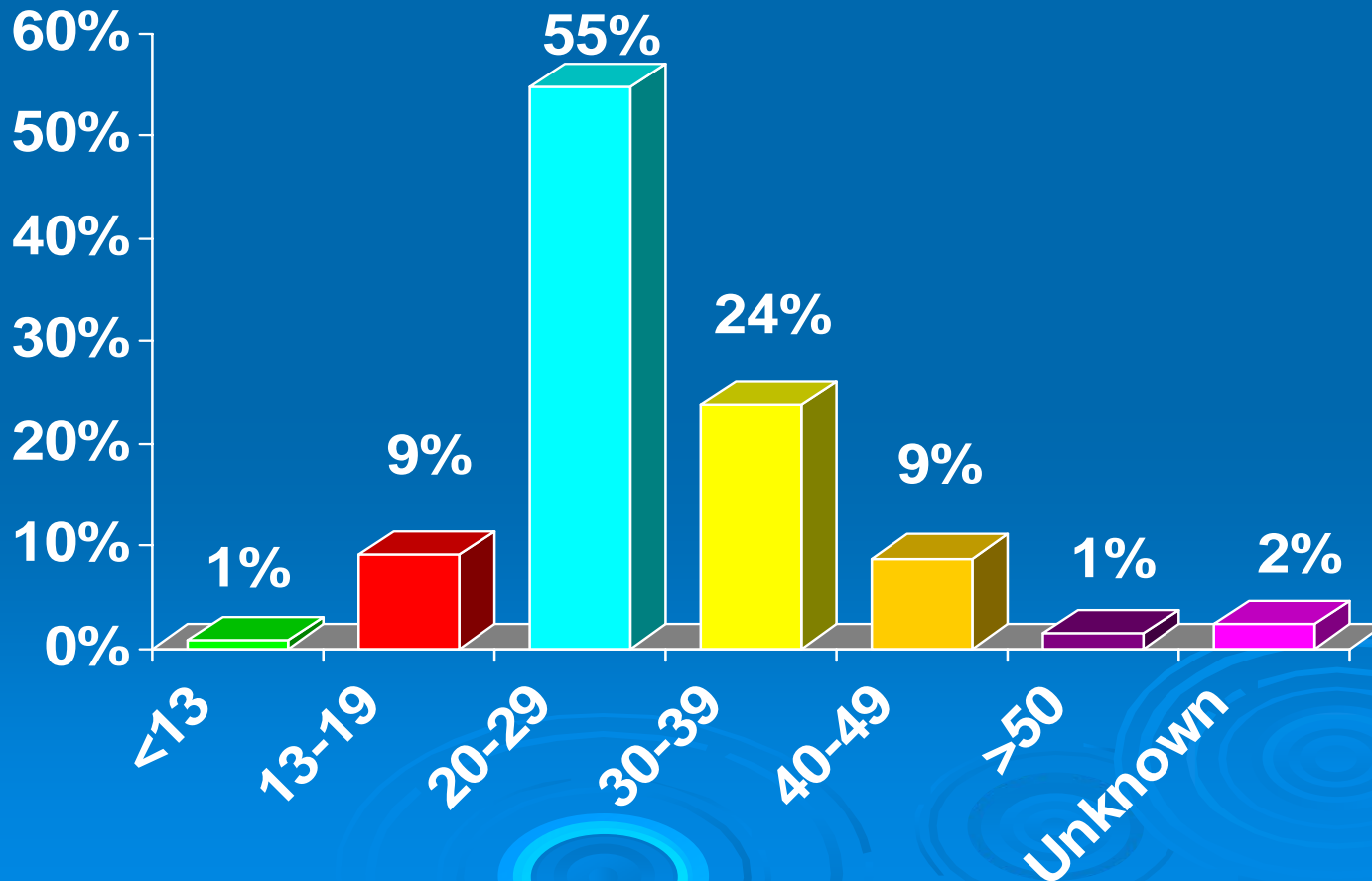


# CUMMULATIVE OF HIV/AIDS INFECTION IN VIET NAM (BY YEAR)

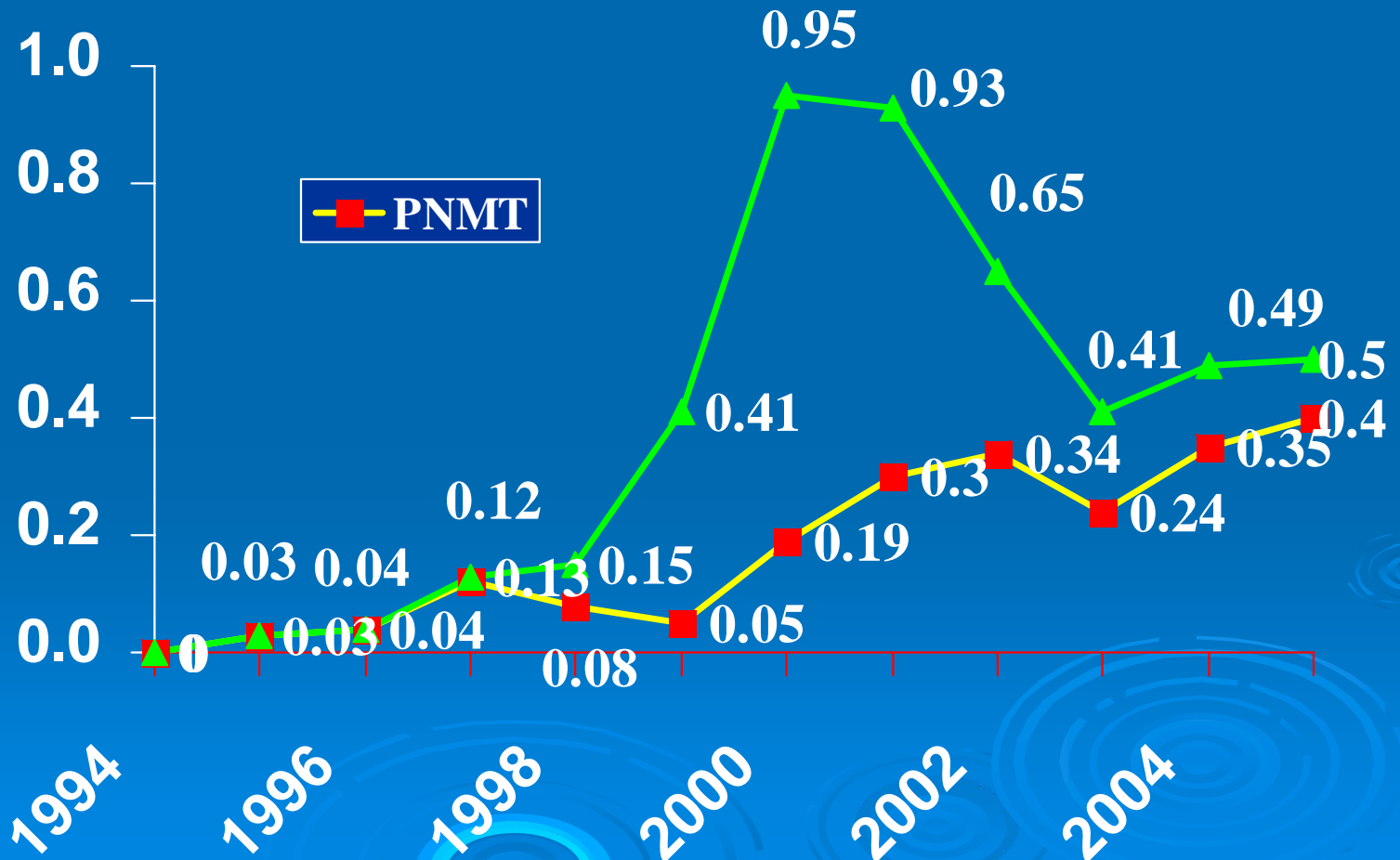


Source: General Dept. of Preventive Medicine and HIV/AIDS Control

# DISTRIBUTION OF HIV/AIDS INFECTION (BY AGE)



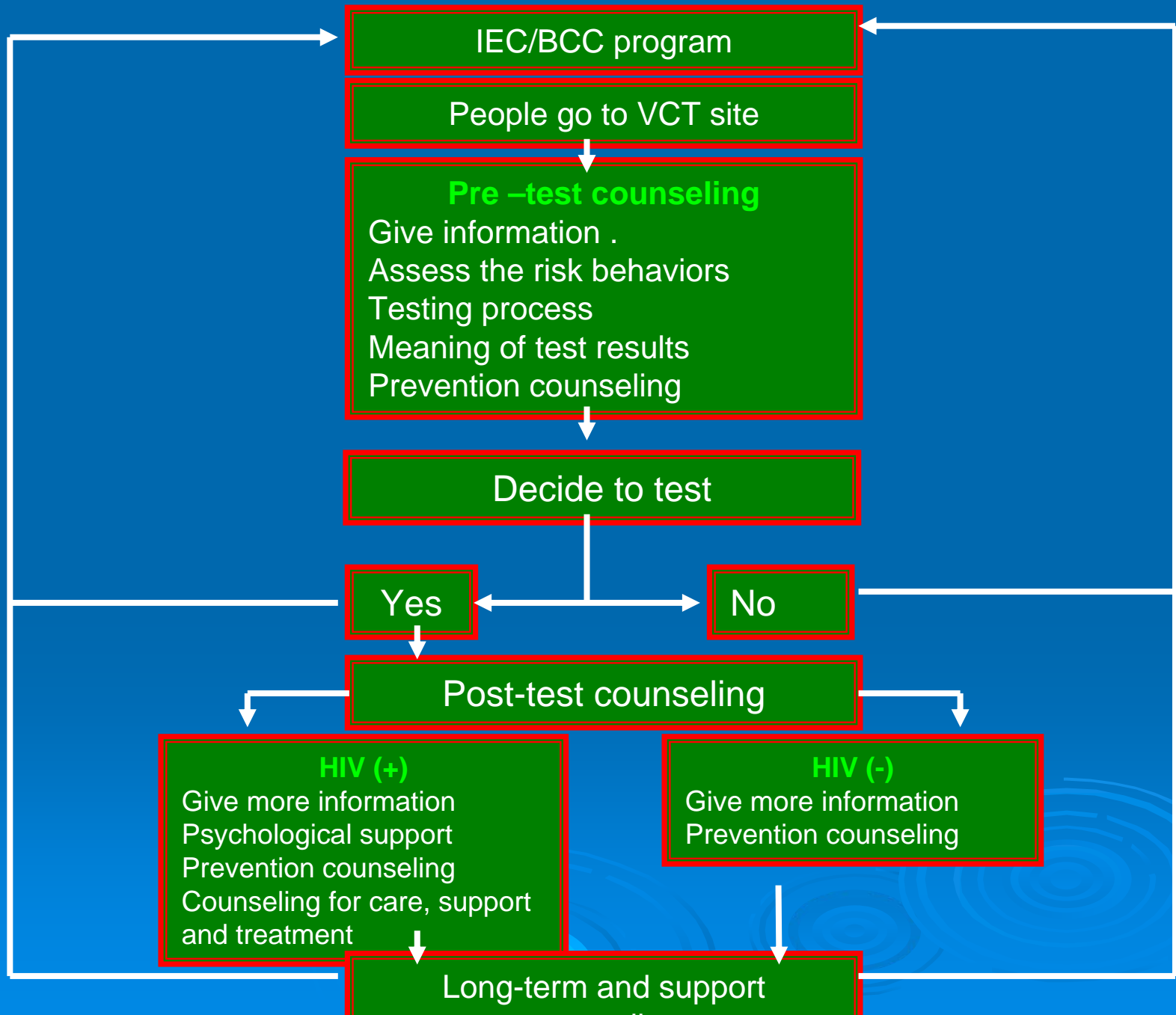
# trend of hiv prevalence among low risk groups: pregnant women and new military recruits



# Testing and counseling in Vietnam

- 1987- 1995: Establish lab system on HIV testing in 20 sentinel provinces
- 1995- 2000: Ordinance on AIDS control, VCT Guideline .Start VCT program in 20 provinces
- 2000- present: Scaling up VCT activities in provincial level in 64 provinces and start VCT in district level with the support of some project (CDC, GF, UNICEF...). Integration VCT in ANC in 7 Obstetric hospitals, piloting integration in district level (40 sites)

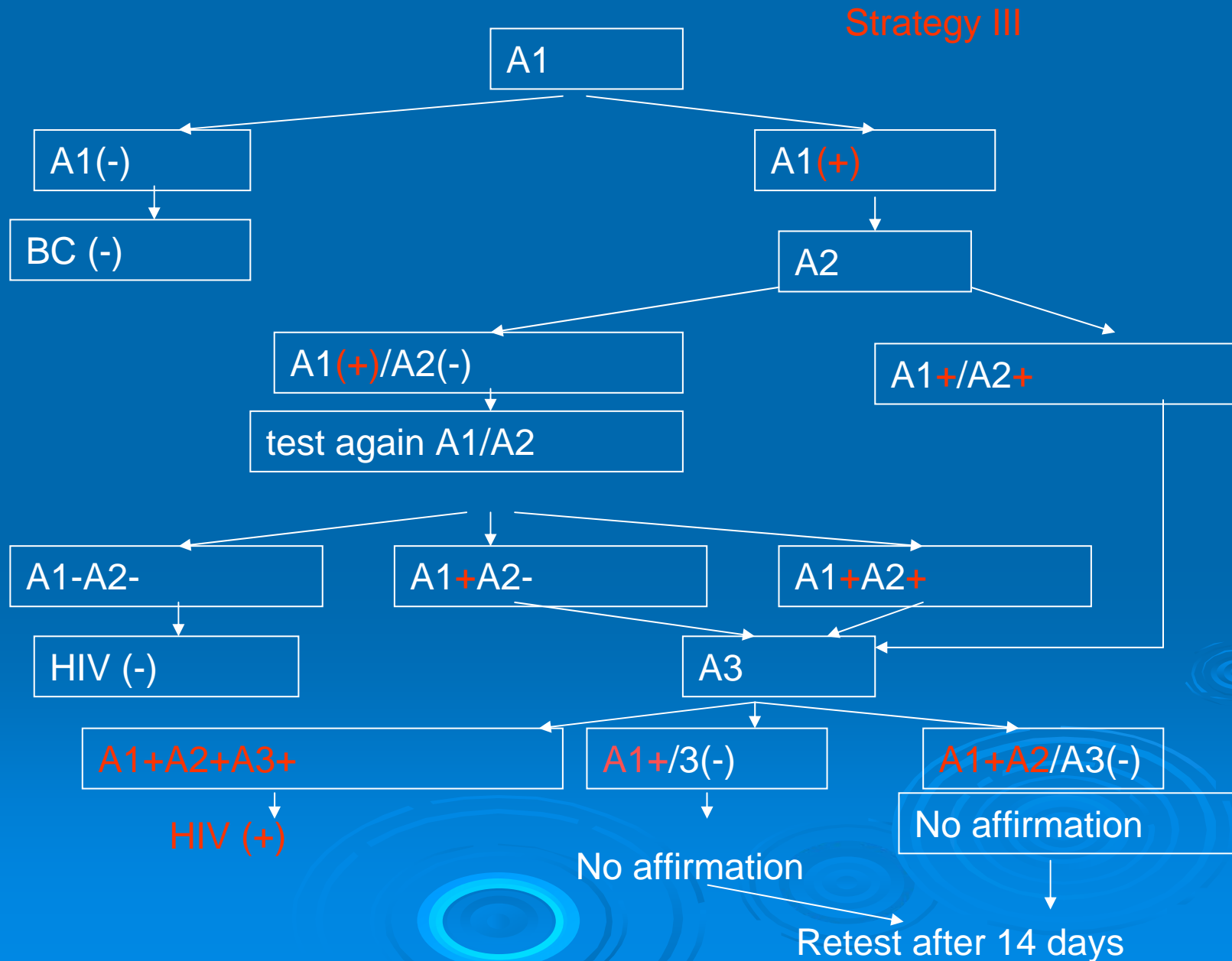
# VCT procedure

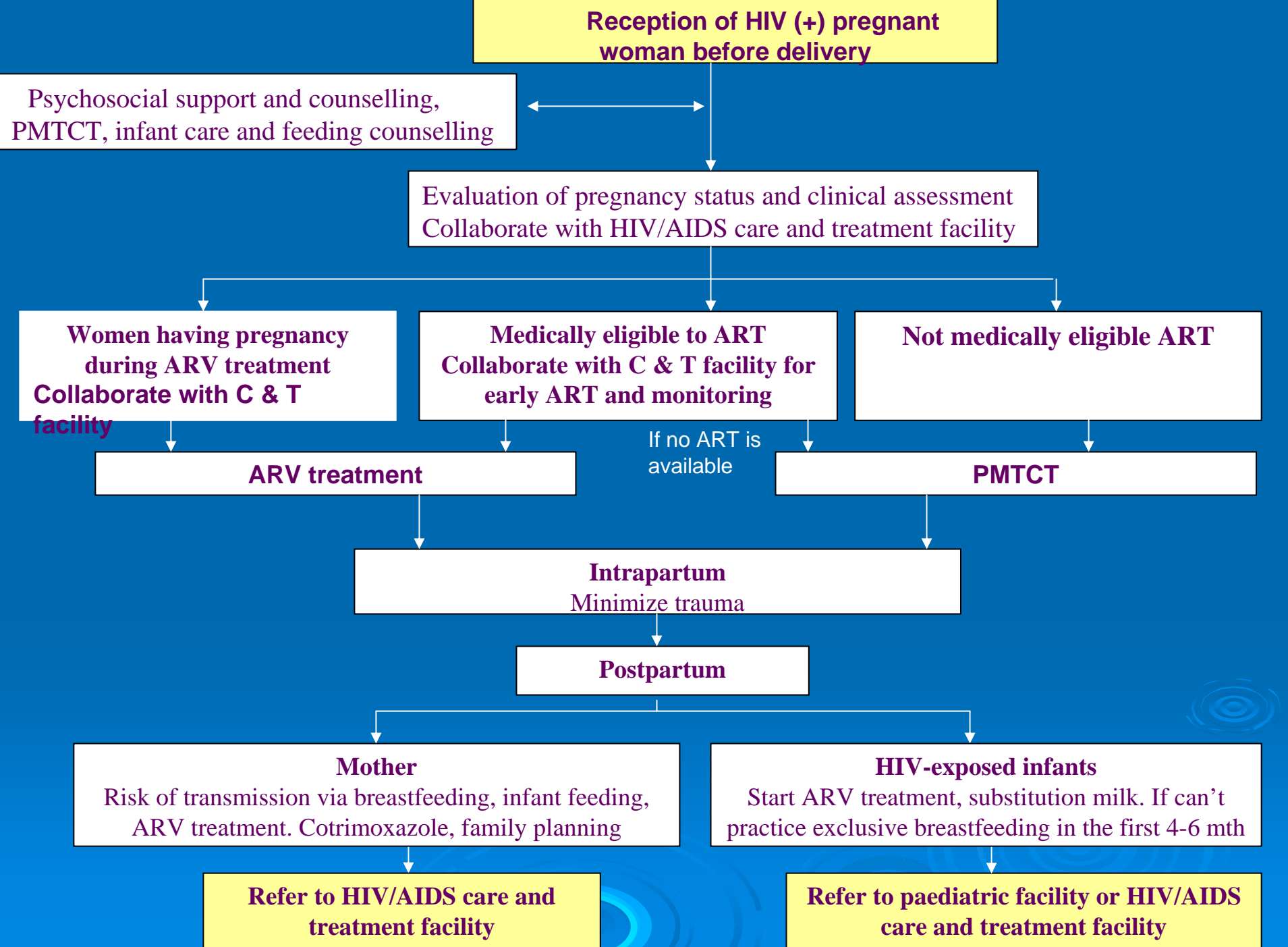


# Testing strategies

- Screening : Strategy I
- Surveillance : Strategy II
- Diagnosis : Strategy III

# Confirmation : Strategy III





# Reception of HIV (+) adults

Support Counseling

TB service

STI service

Clinical and laboratory assessment

Obs/Gyn services, PMTCT

Treatment of OI and other diseases

Expert consultation, or referral

Complex, severe

Severe side effects, treatment failure, switching regimen

NOT eligible to ART

Eligible to ARV treatment

On ART

Adherence preparation (4 wks)

Start ART

Long-term monitoring

## Reception of children

- Children with HIV exposure but no confirmation
- Children with suspected symptoms but no confirmation
- Children with confirmed HIV infection

## HIV counseling and testing

**HIV (+) confirmed**

**Children < 18 months with HIV antibody (+)**

**HIV (-) confirmed**

## Health care

- Counselling on Infant feeding, Psychosocial support, long-term treatment
- Monitor, assess clinical stage, lab tests if necessary, Cotrimoxazole prophylaxis, treatment of OI, common diseases, screening for TB and palliative care.
- Regular growth monitoring, development assessment
- immunization, referral

- Care and psychological support
- Counselling and educating care givers
- Refer to special care facilities in case of orphans or abandon children

**Eligible to ARV treatment**

No

Yes

**Preparation of adherence for children/caregiver (at least 4 wks prior to treatment)**

**Start ART**

## Follow up plan

- Periodical examination, Drug distribution according to prescription
- Linking with community and home-based care and support
- HIV confirmation test for whose infection status is not yet determined

# Country Guidelines and Approachs

## 1. Policy/Guideline

- The Law on HIV/AIDS control:
  - Voluntary HIV testing
  - Pre- and post- test counseling
  - Confidentiality of test results
- Strategy for HIV/AIDS control till 2010 with a vision to 2020: 9 action plans.
  - Plan of action for VCT and PMTCT 2006-2010
  - ART procedure including integration VCT, HIV care and PMTCT, STI, TB,..
- 2. ANC/PMTCT
  - Client – initiated VCT in general
  - Provider-initiated routine testing at some provincial obstetric hospitals and UNICEF project in 5 districts.

# Provider –initiated Routine offer of HIV testing

1. To enable people to benefit from HIV prevention, care and treatment services by knowing HIV status as early as possible
2. “3 Cs” : Consent, Counseling, Confidentiality
3. Clients retain the right to refuse testing “opt-out”
4. “Shorter” Pre-test counseling-informed consent
5. Intensive post-test counseling for positive clients- referral to/provision of PMTCT, care, treatment and support services

# Routine Offer of HIV testing at ANC

## Advantages

Enable more pregnant women, her infant and her partners to benefit from available services:

- Knowing HIV status contributing to primary prevention
- PMTCT
- HIV care, treatment and support

# Routine Offer of HIV testing at ANC

## Possible Disadvantages

- Not cost –effective in low prevalence countries or areas
- PMTCT, care and treatment services may not be easily accessible after diagnosis
- Clients may not exercise rights to “opt-out”
- Increased burden for laboratory – testing, shipping specimen

# Primary prevention interventions at ANC

- ❖ Group education session at ANC “ Mothers class” as forum to convey HIV prevention messages linking with offer of HIV testing
- ❖ Post-test counseling for HIV negative clients focusing on HIV prevention methods
- ❖ ANC could serve as an entry point for STI treatment and stigma and discrimination reduction
- ❖ Women to act as family educators to provide basic information to partner and family members

# Partner involvement in ANC

- ❖ In most countries male involvement and support is critical in improving women's uptake of PMTCT services:
  - ❖ Decision to test
  - ❖ Returning for test results
  - ❖ Correctly taking ARV drugs
  - ❖ Choosing and carrying out infant feeding methods
- ❖ Also vital for primary prevention and avoiding unwanted pregnancy

# Partner involvement in ANC

## Recommended Activities

- ❖ Offer couple-counseling at ANC
- ❖ Give referral slip or invitation letter to women to give to their partners for HIV testing and counseling
- ❖ Community-based IEC activities to encourage male participation to ANC (e.g. through media campaign, community leaders)

# Partner involvement in ANC

## Challenges

- ❖ ANC services are women's space that cannot be easily adapted to accommodate men
- ❖ Not easy to engage men (e.g. due to their work schedule and social norms)
- ❖ Couple counseling may lead to negative consequences ( e.g. domestic violence, divorce)

# Conclusion

1. Political support (Law on HIV/AIDS control, National strategy on HIV/AIDS control)
2. Country guidelines include confidentiality, counseling and counseling principles
3. VCT being the most common approach in the regions while provider-initiated routine testing introduced to ANC in some countries
4. Policy/program decision for routine testing to ANC should be made taking into account its pros and cons.
5. ANC provider potentially effective opportunity for primary prevention interventions-Could be strengthened based on the best practices.
6. Partner involvement is vital to promote PMTCT while creative and careful strategies may be needed

# Thank you !

