

INTRODUCTION

HIV testing continues to be very important for monitoring the progress of the epidemic, for making sure that blood is safe for transfusion and for diagnosing HIV in individuals.

HIV testing for individuals was used at the start of the epidemic, mainly to confirm that someone had HIV disease. Now it is often also used by people without symptoms who want to know whether they are infected with HIV. For example, there are some benefits in testing pregnant women, because new interventions can reduce the risk of transmission from an HIV-positive mother to her baby. There can also be advantages for people in knowing that they have HIV as early as possible, because of improvements in preventive care and treatment. Test technology has also improved. Tests are more accurate and a wider range of tests is available, including tests that are simpler, quicker and can be used in resource-poor settings.

Despite these developments, HIV testing for individuals is still a complex issue. Programmes are often under pressure to introduce testing without making sure that they can ensure confidentiality, counselling and support, and that people have given informed consent.

Experience over the past ten years has shown that introducing HIV testing without counselling, education, care and follow-up support for people who test HIV-positive, creates many problems. Lack of choice about being tested can often lead to stigma, discrimination and personal distress, which in turn can lead to lack of acceptance of HIV test results and lack of behaviour change.

Implementing good voluntary counselling and testing services is not easy. Counsellors need good training and ongoing support. People need to be told their test results in culturally appropriate ways. Counselling does not always result in people changing

their behaviour. Many people fail to collect their test results. Many people deny their result or do not disclose their HIV infection to sexual partners. To address these issues, some programmes are adapting their approach to suit local circumstances – for example, encouraging a person to share their HIV diagnosis with another person they trust.

HIV testing: a practical approach is for people who are responsible for providing health services, including counselling and laboratory services, for policy makers and planners, and for non-governmental organisations that provide counselling and testing services. It updates the technical information in *Practical issues in HIV testing*, published by Healthlink Worldwide (then AHRTAG) in 1994. It also includes new information to reflect developments in counselling and testing and lessons learned from experience.

This publication is in five sections. Section 1 looks at what you need to consider before beginning HIV testing, including why you want to provide HIV testing services and the potential benefits and disadvantages of HIV testing. Section 2 covers the technical aspects of testing, including choice of test and testing strategy, depending on the purpose of testing. Sections 3 to 5 discuss how to implement programmes for screening blood, testing individuals and surveillance.

Two appendices provide more detailed technical information about the characteristics of some of the most commonly used HIV tests, and checklists that can be used as a tool for planning a suitable HIV testing strategy and for training.

Some problems in HIV testing remain unresolved, and Healthlink Worldwide would like to hear from readers about how they have tackled difficult issues. Please write to us with examples of your own work and how you are addressing the issues raised in this publication.