For blood transfusion programmes, the primary concern is the provision of safe blood. However, it is essential that potential donors know that their blood will be tested for HIV, and that they will be informed of their results if they are positive. When blood or organ donors test HIV positive, it is essential that they are offered appropriate counselling and referred to ongoing care and support systems, and that their results are confidential.

This section looks at when HIV tests are used, possible reasons for HIV testing and the advantages and disadvantages of HIV testing.

1.1 When are HIV tests used?
An HIV test detects the presence of the HIV virus itself or antibodies to the virus, in blood, saliva or urine. HIV tests are used for screening blood or organs, diagnosing HIV infection in individuals, or conducting surveillance or research.

Screening blood or organs
Donated blood and organs are screened before transfusion or transplant to prevent transmission of HIV to recipients via infected blood or organs. Screening (testing all) donated blood to ensure that it is safe for transfusion accounts for most HIV tests performed worldwide. Screening programmes have helped to reduce the transmission of HIV through untested, infected blood, and are widely agreed to be a cost-effective HIV prevention strategy.

HIV testing is essential to ensure a safe blood supply. In Zimbabwe, high school students are encouraged to donate blood.
prevalence (percentage of a population infected with HIV). Surveillance uses anonymous unlinked testing, ensuring that the results cannot be linked to the individuals whose blood has been tested.

1.2 Questions to consider before implementing HIV testing

Surveillance has relatively few implications for the people who are tested, because it is usually unlinked and anonymous. However, HIV testing has many implications for the people being tested, in both blood transfusion and individual testing programmes.

Before introducing HIV testing programmes, the following questions need to be considered:
- Who is promoting testing and why?
- Who will be offered testing?
- How will this benefit them?
- Will the benefits outweigh the possible disadvantages for the people being tested, and for others?
- Is there a demand for counselling and testing services?
- Will further testing to confirm all initial positive results be available?
- Will testing be part of a comprehensive programme offering counselling, education, care and support?
- What are community attitudes towards people with HIV and AIDS, and is there community support for HIV-positive people?
- Is HIV testing the best use of the resources available for HIV prevention?

Where HIV testing may have benefits, the next step is to ask whether testing can be provided in a way that includes the following essential requirements:
- pre-test and post-test counselling
- informed consent
- confidentiality
- supervision and quality control
- follow up care and support for people with HIV.

Mandatory testing carries no benefits, either in supporting people who have HIV or in preventing further HIV transmission. The problems associated with mandatory testing are discussed in Section 1.5.

1.3 What are the advantages of voluntary HIV testing?

HIV testing can have benefits for the person who takes a test, their sexual partners and the wider community, provided that it is part of a package of prevention, counselling, care and support. It can lead to improved health and medical treatment, more informed decision-making, better practical and emotional support, increased motivation to prevent HIV transmission, and more positive attitudes towards living with HIV.
Improved health and medical treatment
Voluntary counselling and testing is an important starting point for access to prevention and care (see diagram below). People who take an HIV test may be more motivated to reduce the risk of HIV transmission for themselves and others.

Prompt and effective treatment of opportunistic infections (common infections in people whose immune system is damaged, that do not usually affect people with a healthy immune system) can help people with HIV to stay well. People who know that they have HIV infection can seek early medical care for health problems and obtain advice about good nutrition and how to look after themselves. HIV-positive people with tuberculosis infection, that has not yet progressed to active tuberculosis (TB), can benefit from treatment to prevent them developing TB disease (see page 32). In some places, people with HIV may have access to antiretroviral therapy (treatment with drugs that affect the HIV virus itself).

However, the benefits of testing depend on the availability of care to support the person. There is no advantage in knowing HIV status in places where treatment available is no different for people with or without HIV infection, or where there is no advice and support for people with HIV.

Informed decision-making
There is a risk of HIV transmission from a mother with HIV to her baby during pregnancy, birth or breastfeeding. If men and women know their HIV status, they can make more informed decisions about their sexual lives, whether to have children and how to feed their babies. In some places, pregnant women who know that they have HIV may have access to antiretroviral therapy and alternatives to breastfeeding, which can reduce the risk of mother-to-child HIV transmission.
WHY TEST FOR HIV?

Practical and emotional support
People who have been worried about HIV may benefit from learning their HIV status, if they have access to follow-up support from counsellors, their family and other people living with HIV. Well-trained counsellors can provide emotional and psychological support to help people to cope and to live positively with HIV. They can refer them to support groups and other forms of practical assistance, and they can help them to plan for the future.

Prevention of HIV transmission
People who know that they have HIV can take steps to protect themselves and sexual partners who may be uninfected. People who test negative can be counselled about how to avoid HIV infection. There is some evidence that HIV counselling and testing programmes can motivate people to change to safer sexual behaviour, if testing is voluntary and accompanied by high-quality post-test counselling, provision of condoms and ongoing care and support.

Living positively
Where HIV testing is part of a comprehensive programme of counselling, education, support and care, people with HIV can be helped to live positively. Such programmes are only likely to be effective if communities already have open attitudes towards people with HIV. Awareness-raising activities are needed to enable communities to understand about living positively with HIV, and to dispel myths about transmission through casual contact.

1.4 What are the disadvantages of voluntary HIV testing?

Having an HIV test and finding out one's HIV status can have considerable disadvantages for the person concerned. These disadvantages include problems with coping, stigma, rejection and discrimination, and human rights abuses.

Problems with coping A positive test result can come as a great shock and be very difficult for a person to cope with. There is often a big difference between knowing a test result and accepting the result. Denial is a common reaction. Some people continue to deny their HIV status even when they are near death. People diagnosed with HIV also experience anxiety, depression, fear, stress and suicidal feelings. Counselling can help a person to accept their test result and to cope with their concerns.

Stigma, rejection and discrimination In many places, people are very afraid of HIV. HIV-positive people have been rejected by their family or community and have experienced discrimination or violence. This is why confidentiality is so important. Media coverage about the fact that local people have HIV can lead to calls for widespread testing, without considering people's needs for care and support. Little work has been done to address community fears and reactions, and to ensure that people who disclose their positive HIV status are accepted.

Women with HIV are particularly vulnerable. Some women have lost their homes and children, or have been beaten and abused when their HIV status has become known. Under some religious laws, a woman who has HIV can be divorced and lose her property. Partners and children of people with HIV, who may not be infected themselves, also face stigma and discrimination.
1 WHY TEST FOR HIV?

they have HIV, when in fact they do not. A negative test result could be a 'false negative' which would mean that the person believes that they do not have HIV, when in fact they do. (For more information on understanding about the accuracy of test results, see Section 2.3, pages 11-12).

Cost of testing

HIV testing is extremely expensive. It places a strain on health budgets in places with limited resources. The benefits of testing, except for blood transfusion services, where it is essential, need to be carefully considered. In one hospital in Uganda, for example, patients are not tested for HIV, because most people who come to hospital have HIV-related diseases. Also, despite having sufficient trained counsellors, the hospital does not have enough money to cover the cost of testing kits, and the supply is unreliable.

1.5 What problems are associated with mandatory testing?

Mandatory testing is when people are tested for HIV without having any choice, or when it is difficult for them to refuse to be tested. Mandatory testing has been applied to sex workers, military recruits, drug users, migrants, refugees, international travellers, students and scholarship recipients, pregnant women, patients in health facilities, people being treated for sexually transmitted infections (STIs), people planning to marry, visa applicants and job applicants. The reason that is often given for mandatory testing of certain groups, or in certain situations, is that it will protect the wider community from HIV. However, mandatory testing has serious disadvantages, both for the people who are tested and for the wider community.

- Mandatory testing of a particular group will not ensure that members of the group are or will remain 'HIV free', because it does not detect HIV in people who have recently acquired HIV or who acquire HIV after being tested.
- Mandatory testing may prevent people from seeking medical care, advice and counselling, if they fear that this will require being tested against their will.
- Testing without informed consent and counselling also reduces the likelihood that a person will change risky behaviours to prevent HIV transmission to others.
- Testing without informed consent and counselling can be devastating. There are many reports of people who had no idea that they were being tested committing suicide after finding out that they were HIV positive.
- Mandatory testing may create a false sense of security. For example, health workers may not follow infection control procedures if all patients are tested for HIV, and clients of sex workers may not see the need to use condoms if sex workers are tested for HIV.
In some places, fears about HIV and mandatory testing have resulted in unscrupulous doctors selling people certificates stating that they are HIV negative, even though they have not taken a test. Two common situations in which HIV testing is compulsory are pre-employment testing (testing job applicants) and pre-marital testing (testing couples before they get married).

Pre-employment testing is an abuse of human rights. However, some employers continue to test job applicants, often without their knowledge or consent. Pre-employment testing for HIV is:

- discriminatory, because it stigmatises prospective employees and excludes them from employment
- ineffective, because it does not provide accurate information about people’s HIV status – the test result may be negative because of the window period, and the person being tested may become infected later
- expensive and wasteful, because it diverts resources that could be spent on prevention, education and care.

Pre-marital testing may help couples who are planning to get married, if both partners are prepared for the test and counselled. However, if one partner tests positive, they may be prevented or prohibited by law from marrying, even when their partner wants to marry them. It is essential that pre-marital testing is voluntary and confidential.

---

**PRE-EMPLOYMENT TESTING**

The Zimbabwe National Code of Practice on HIV/AIDS and Employment states that:

- there shall be no pre-employment testing for HIV. Employees shall be given the normal medical tests of current fitness for work and these shall not include HIV testing.
- there shall be no indirect screening, such as through questions in written and verbal form or enquiries about previous tests.
- there shall be no compulsory workplace testing for HIV.
- people with HIV have the right to confidentiality about their HIV status in any aspect of their employment.
- information regarding HIV status shall not be disclosed without an employee’s written consent.
- there shall be no compulsory HIV testing for training. HIV status shall not be a criteria for refusing to train and develop an employee.

Similarly, in South Africa, the new Employment Equity Bill bans pre-employment testing for HIV. However, preemployment testing is still carried out and people who are found to have HIV are often denied employment or offered sub-standard conditions. Pre-beneficiate screening for HIV – for example, for obtaining medical insurance – is not banned. One problem is that workers are often unaware of the law and their rights, or have no access to legal help or the chance to enforce existing laws.

Eskom, a large public enterprise in South Africa with a workforce of about 40,000, stopped mandatory preemployment HIV testing in 1993, because they found that it had no benefits and was not cost-effective. The company had spent Rand 200,000 (about US$33,000) in three years conducting 10,000 tests to detect 14 cases of HIV.

The company decided instead to focus its resources on planning for human resource management, counselling, condom provision, peer education and improving treatment for sexually transmitted infections and community outreach, in addition to monitoring prevalence in the workforce through voluntary, confidential, anonymous testing.